

**STATE OF NEW JERSEY  
COUNTY COMPREHENSIVE PLAN  
FOR THE ORGANIZATION AND DELIVERY OF  
ALCOHOL AND DRUG ABUSE SERVICES**

**ATLANTIC COUNTY  
PLANNING CYCLE 2024-2027**

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# TABLE OF CONTENTS

<b>TABLE OF CONTENTS</b>	<b>i</b>
<b>SECTION ONE: FOUNDATIONS, PURPOSE AND PRINCIPLES</b>	<b>2</b>
<b>SECTION TWO: LOOKING BACK, ASSESSING THE NEEDS AND LOOKING FORWARD</b>	<b>4</b>
<b>SECTION THREE: THE 2024-2027 COUNTY COMPREHENSIVE PLAN</b>	<b>6</b>
<b>A. VISION</b>	<b>10</b>
<b>B. PLANNING PROCESS</b>	<b>10</b>
<b>C. PREVENTION AND EARLY INTERVENTION</b>	<b>14</b>
<b>D. LOGIC MODEL NARRATIVES</b>	<b>16</b>
<b>APPENDIX 1: DEFINITIONS OF PLANNING CONCEPTS</b>	<b>19</b>
<b>APPENDIX 2: REFERENCES</b>	<b>21</b>
<b>APPENDIX 3: LIST OF PARTICIPANTS IN THE PLANNING PROCESS</b>	<b>22</b>
<b>APPENDIX 4: LOGIC MODELS</b>	<b>23</b>

## SECTION ONE: FOUNDATIONS, PURPOSE AND PRINCIPLES

### From the Division of Mental Health and Addiction Services:

#### A. STATUTORY AND POLICY FOUNDATIONS

Every four years, New Jersey's 21 counties prepare a County Comprehensive Plan (CCP) for Alcoholism and Drug Abuse Prevention, Treatment and Recovery Support Services according to a) the statutory requirements of state legislation establishing the Alcoholism, Education, Rehabilitation and Enforcement Fund (AEREF), (P.L.1983, c.531, amended by chapter 51 of P.L.1989) and b) the requirements of state planning policy. The CCP documents the county's current and emergent drug use trends as well as both the availability and organization of substance abuse services across the county's continuum of prevention, early intervention, treatment and recovery support. The enabling legislation further stipulates that the CCPs pay special attention to the needs of youth, drivers under the influence, women, persons with a disability, employees, and criminal offenders. Since 2008, Division policy requires the counties to add persons with co-occurring disorders and senior citizens to that list. On the basis of this documented need and analysis of measurable service "gaps," counties are charged with the responsibility to propose a rational investment plan for the expenditure of AEREF dollars plus supplementary state appropriations, both of which are distributed to the counties according to the relative weight of their populations, per capita income, and treatment needs, in order to close the identified service "gaps."

#### B. ADMINISTRATIVE FOUNDATIONS

Every four years, counties prepare a CCP and submit it for review to the Assistant Director for Planning, Research, Evaluation, and Prevention, or PREP, in the Division of Mental Health and Addiction Services (DMHAS) of the New Jersey Department of Human Services (DHS). PREP reviews each CCP for compliance with all aforementioned requirements, a process that provides counties technical assistance in the use of data in decision-making as well as in the articulation of clear and logical relationships between county priorities and proposed investments in service programs. Each year, counties evaluate their progress implementing the CCP and report that evaluation to PREP. Allowance is made for the counties to adjust the CCP according to "lessons learned" from whatever obstacles were encountered in any given year.

The CCP is also submitted to the Governor's Council on Alcoholism and Drug Abuse (GCADA). Thus, in the domain of prevention, the CCP is designed to coordinate with the strategic plans of both the Regional Prevention Coalitions and Municipal Alliances.

#### C. PURPOSE AND PRINCIPLES

**Purpose:** The purpose of the CCP is to rationally relate existing county resources to the behavioral health needs of persons using legal drugs like alcohol, marijuana, and prescription medicines or illegal drugs like heroin, cocaine and various hallucinogens. The DMHAS, in collaboration with the state's 21 Local Advisory Committees on Alcoholism and Drug Abuse as represented by the 21-county alcoholism and drug abuse directors, CADADs, recognizes that this purpose is best achieved by involving county residents and treatment providers, called "community stakeholders", in both identifying the strategic priorities of the plan and monitoring its successful implementation. Thus, the CCP is the product of a community-based process that recommends to county authorities the best ways to ensure that county resources serve to: 1) protect county residents from the bio-psycho-social disease of substance abuse, 2) ensure access for county residents to client-centered detoxification and rehabilitative treatment, and 3) support the recovery of persons after treatment discharge.

**Principles:** County Comprehensive Planning is grounded in:

- 1) *Epidemiological community surveillance.* As a local public health authority, the county will both *observe* the changing prevalence of substance abuse and *monitor* the changing capacity of the local health care system to respond to it.
- 2) *“Gap analysis.”* As the product of *surveillance*, the CCP will evaluate “gaps” both in coverage of total treatment demand and in the county’s continuum of care. Because treatment need and demand always exceed treatment capacity, the CCP seeks to reduce disease incidence (prevention, early intervention, and recovery support services) and expand access to treatment services over the short, medium, and long terms.
- 3) *Resource allocation.* As the product of “gap analysis”, the CCP will recommend “best uses” of AEREF and other state and county resources to meet *feasible* goals and objectives for the maintenance and continuous improvement of the county’s substance abuse continuum of care.<sup>1</sup>

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<sup>1</sup> For a glossary of planning terminology used in the CCP, please see Appendix One.

## SECTION TWO: LOOKING BACK, ASSESSING THE NEEDS AND LOOKING FORWARD

### LOOKING BACK AT THE OUTCOMES OF THE 2020-2023 CCP

INSTRUCTIONS: In one or two paragraphs of 5 to 7 sentences each, summarize your county's 2020-2023 plan for each domain of the continuum of care. What was the county trying to achieve, how many residents benefitted from the county's actions, and what were the measurable benefits for the community? For prevention and early intervention, be sure to describe your county's participation in its regional coalition.

#### A. PREVENTION

Looking back during that time the Atlantic County Municipal Alliance Program faced many challenges directly related to the global pandemic, changes in the fiscal year and nearly a 60% reduction in funding. One direct effect of this was that Somers Point and Port Republic decided to withdraw from the program. The funding from non-participating municipalities was redistributed based on the following criteria 1) history of meeting reporting requirements accurately and on time, 2) community of need, 3) history of ability to utilize 95% or more of funds appropriately.

Atlantic County's prevention action plan for 2020-2023 was focused on decreasing the rate of underage drinking and prescription drug misuse in Atlantic County. This was done through Municipal Alliances and the Regional Prevention Coalition to conduct grassroots prevention programming which implemented evidence-based programs and practices.

With available Chapter 51 moneys the county proposed to increase Life Skills training in at risk school districts within the county. However, the COVID-19 pandemic disrupted the prevention plans of the as the outbreak and shutdown crisis was announced in the first quarter of 2020 and safety restrictions were maintained during most of the previous plan period. Although, restrictions were gradually lifted, the impact effects were significant. The goal was to utilize available Chapter 51 funding to increase the number of students receiving this training. Additionally, utilizing Public Health budget dollars, the county proposed to continue providing FASD and Alcohol Awareness trainings to all clients at the county Intoxicated Driver Resource Center classes.

#### Atlantic County Municipal Alliance Programming

During 2020-2022, the County/Municipal Alliance grant operated on a modified fiscal year. The modified fiscal year consisted of 5 quarters in FY2020, 3 quarter in FY2021 and 4 quarters in FY2022. The funding for each year was substantially different because of the modification to the fiscal years along with nearly a 60% reduction in funding in FY2021 and FY2022. Following is a total funding awarded and spent per year for county and municipal alliance prevention education programming.

#### **FY2020 (5 quarters) - Atlantic County Award \$435,744**

	<u>Allocated</u>	<u>Spent</u>
Atlantic County	\$14,041.00	\$9,294.18
County Coord.	\$75,000.00	\$73,788.34
Municipal Alliances	\$318,884.80	\$174,138.36
Municipal Cash Match	\$79,721.20	\$50,308.25
<b>Total =</b>	<b>\$487,674.00</b>	<b>\$307,529.13</b>

#### **FY2021 (3 quarters) – Atlantic County Award \$141,608.00**

	<u>Allocated</u>	<u>Spent</u>
Atlantic County	\$6,625.50	\$4,094.30
County Coord.	\$52,500.00	\$43,231.09
Municipal Alliances	\$82,482.50	\$51,795.43
Municipal Cash Match	\$20,620.62	\$16,538.66
<b>Total =</b>	<b>\$162,228.62</b>	<b>\$115,659.48</b>

**FY2022 (4 quarters) – Atlantic County Award \$188,811.00**

	<u>Allocated</u>	<u>Spent</u>
Atlantic County	\$2,764.19	\$2,763.14
County Coord.	\$70,000.00	\$46,671.41
Municipal Alliances	\$116,046.81	\$82,239.44
Municipal Cash Match	\$29,011.73	\$24,975.63
<b>Total =</b>	<b>\$217,732.73</b>	<b>\$156,649.62</b>

**FY2023 (4 quarters) – Atlantic County Award \$188,811.00**

	<u>Allocated</u>
Atlantic County	\$2,764.19
County Coord.	\$70,000.00
Municipal Alliance	\$116,046.81
Municipal Cash Match	\$29,011.73
<b>Total =</b>	<b>\$217,732.73</b>

**B. EARLY INTERVENTION**

Atlantic County Opioid Awareness and Narcan Trainings

The Atlantic County Division of Public Health, Substance Abuse Services Unit provides Opioid Awareness and Narcan trainings to residents, businesses, schools, and County employees. The trainings 45 minutes to an hour in length. The training provides an overview of addiction, stigma of mental health and addiction, signs and symptoms, local and state overdose data, proper steps to take when rendering help to someone who has overdosed, prevention and treatment resources, legal rights and additional support information and resources. Each participant receives a free “Opioid Overdoes Emergency Kit” with two 4mg doses of Narcan, face shield, gloves and a Drug and Alcohol Treatment Resource Guide.

In 2020 through 2022 the Substance Abuse Unit had to budget for the purchase of Narcan. However, after applying in August of 2022, the New Jersey Department of Human Services (DOH) began providing Narcan to the Atlantic County Division of Public Health, Substance Abuse Service Unit at no cost with an unlimited amount. Below is breakdown of the number of trainings and amount of Narcan that was distributed.

	<u>Trained</u>	<u>Narcan Distributed</u>	<u>Suspected Overdoses Deaths</u>
2020	261	251	216
2021	102	215	188
2022	204	287	255
2023	85	194(January – March)	N/A

The Opioid Awareness and Narcan trainings as previously planned have expended significantly and will continue with the addition of the Narcan being supplied through NJDOH. This training is highly sought after and in high demand. The information and statistics are continually being updated adding in current drug trends and what we are seeing locally and at the State and federal level. We have successfully carried this out over the years and plan on continuing our efforts moving into the future.

### **C. TREATMENT (Including Detoxification)**

For the years 2020 to 2023, the Atlantic County's action plan was to enhance the continuum of care for residents under the 350% Federal Poverty Level Index or on Medicaid in Atlantic County. Atlantic County allocated AEREF (Chapter 51) dollars to AtlantiCare Health Services is a Federally Qualified Healthcare Center (FQHC), Maryville, Inc., and New Hope Integrated Behavioral Health Care, for detox treatment services for medically indigent residents of Atlantic County. John Brooks Recovery Center, Maryville, Inc., and New Hope Integrated Behavioral Health Care provided Atlantic County residents who needed residential addiction treatment services were served. Adults 18 years old and over and who met the American Society of Addiction Medicine (ASAM) were assessed for medically monitored, intensive Inpatient Detoxification, Short term residential services for adults and (for adolescents were treated by New Hope Integrated Behavioral Health Care). The Hendricks House Group, Inc. provided halfway house treatment for adults. Outpatient and Intensive Outpatient treatment providers in Atlantic County treated medically indigent, underinsured, and non-Medicaid eligible, Atlantic County also funded a few initiatives to address the gap in treatment services access. For example, Atlanticcare Health Services is a Federally Qualified Healthcare Center (FQHC) (Mission Healthcare/Health Plex in Atlantic City) provided ambulatory detoxification (day treatment services). The program was designed to provide medical monitoring and early rehabilitation services to clients diagnosed with addiction disorders or co-occurring addictive disorders. Atlantic Prevention Resources – APR (Pleasantville) The agency provided Intensive Outpatient (IOP) treatment services. The program was designed to provide IOP services to clients diagnosed with substance use disorders or co-occurring addictive disorders. APR served the indigent and low-income population in need of treatment services with level of care indicated for Intensive Outpatient. The model utilized is the American Society of Addiction Medicine for a Patient Placement Criteria and course of treatment indicated. The standard of for Intensive Outpatient is nine hours per week over three visits and treatment care per week for an ASAM treatment plan of three months (90 days); and Behavioral Crossroads Recovery – Adult/Co-occurring (Egg Harbor Township) the program was designed for those individuals who require a higher level of care than traditional outpatient programming. The typical IOP treatment services occur three times a week with sessions lasting 2-3 hours.

As of July 1, 2018, Medicaid expanded its reimbursable services for Addiction Treatment Services. Due to the Medicaid expansion, and additional funding streams such as the Board of Commissioners Initiative, and County Match dollars, Atlantic County underspent New Jersey State Alcohol Education, Rehabilitation, and Enforcement Funds (AEREF). Each year, a portion of unspent funds was reallocated to contracted Atlantic County providers who provided other services such as partial care, intensive outpatient, outpatient, and adolescent treatment.

The statewide *Substance Abuse Overview* provides statistics on substance abuse treatment in New Jersey for calendar year 2021. In 2021, there were 87,745 treatment admissions and 86,626 discharges reported to the New Jersey Department of Human Services, Division of Mental Health, and Addiction Services by substance abuse treatment providers. These data were submitted through the web-based New Jersey Substance Abuse Monitoring System (NJSAMS). This report is based on the information provided in the April 2022 NJSAMS download data.

The Statewide Overview includes:

- State Totals for Substance Abuse Treatment Admissions
- Substance Abuse Treatment Trend Charts for Admission, Primary Drug, Level of Care and Age Group
- Substance Abuse Admissions by County and Primary Drug
- Substance Abuse Admissions by Primary Drug within County
- Substance Abuse Admission Rates by County and Primary Drug
- Map for Number of Substance Abuse Admissions by County of Residence
- First Time Clients by County of Residence and Primary Drug
- Admissions by Age Group, Gender, and Primary Drug
- State Totals for Substance Abuse Treatment Discharges
- Length of Stay by Level of Care
- Waiting Time to Treatment Admission
- Reasons for Waiting Time over 3 Days to Treatment Admission
- Time to First Readmission
- Detox Continuing Care Status at Discharge
- Detox Continuing Care within 90 days by Level of Care
- Substance Abuse Treatment Demand Estimate

Reports for individual counties can be found by clicking on the

county names. If you have any questions about this report, you may

contact by email at:

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## **D. RECOVERY SUPPORT SERVICES**

Atlanticare Behavioral Health (Atlantic County) provided recovery support services for an average of 100 unduplicated Atlantic County residents. Recovery Specialists provided peer related services, such as peer to peer services, group peer services, recovery planning, resource navigating, mentoring, follow up services, community outreach, etc. ABH provided recovery support services for those individuals recovering from opioid addiction. Atlantic Prevention Resources (Pleasantville) provided recovery support and peer mentoring services for Atlantic County residents. Services included housing assistance, employment assistance, educational opportunity assistance, transportation, various wrap around services, etc. John Brooks Recovery Center (Pleasantville, Mays Landing, Atlantic City) agency provided recovery

support services to Atlantic County indigent residents. Individual peer to peer services and group peer to peer services were provided at two agency operated Recovery Community Centers in Atlantic County. Services included individual recovery coaching, recovery management services, individual discharge planning, support groups, opioid overdose education, housing and employment assistance, social and recreational activities, etc. Maryville, Inc. (Pemberton/Williamstown) provided recovery support services to Atlantic County indigent residents. Individual peer to peer services and group peer to peer services were operated at two Recovery Centers in Atlantic County. Services included individual recovery coaching, recovery management services, individual discharge planning, support groups, opioid overdose education, housing and employment assistance, social and recreational activities.

Hope All Day Recovery Community Center had closed in the summer of 2022; however, had accomplished much of the sought after Innovative Recovery Support Services prior to closing. For example, during the period of September 30, 2021 to September 29, 2022, the unduplicated clients received support that identified themselves as receiving medication assisted treatment for opioid use disorder elsewhere were: Methadone- 11, Buprenorphine- 39, and other following services: Recovery Housing – 65, Recovery Coaching or Peer Coaching – 305, and Employment Support – 19. Recovery Support including linkage to treatment, Recovery Housing and OUD and other support services: 301 unduplicated individuals with one-on-one support services; approximately 600 individuals that visited the Center for events, support groups, Narcan Training, Overdose Awareness Day, CPRS Trainings, Sober Sports activities, 12-Step meetings, and community events or just stopped in to talk to someone, use the computers or take clothing from the community clothes closet for rehab or job interviews. There were over 240 non-duplicated individuals who came to the Center weekly for support through the activities and groups taking place and partnered with several local rehabs to have their clients come and visit the Center and attend various meetings, including Behavioral Crossroads, Ancora Co-Occurring, and Hansen House attended regularly. Support Groups offered at Hope All Day Center were Grief Support: Andy's Glow Foundation provided grief support groups twice a month. The Foundation serves approximately 15-20 individuals regularly; Family Support Program: Met weekly and grew to 20 families with the focus on assisting families with the many issues surrounding substance use (Programs were run by a certified counselor). Hope All Day Center hosted a Family Group Appreciation Dinner which had over 60 individuals and family members with 3 speakers, and everyone was told about the various resources and activities at the Center. Other support groups met at the center were Naranon: Met weekly with 15-20 participants. This program has helped countless families deal with the many issues surrounding substance use of their loved ones utilizing a 12-Step Program; Mental Health Support: A volunteer started a weekly Mental Health Anonymous Group with the help of Mental Health Association; 12-Step Fellowships: There were 10 NA groups that meet at the Center with the recent addition of an LBGTQIA group. Participation varied by on average saw 20 people per meeting. There were several NA Events that brought hundreds of people together for fellowship and 3 subcommittees of our local area meet

regularly at the Center as well the NJ Region (bi-monthly); Healthy Activities: We offered a Free weekly Chi Gung Defense and Meditation Group and a weekly Yoga & Meditation group. We have also joined together with Behavioral Crossroads Recovery to form The South Jersey Sober Sports League. The first of its kind in South Jersey. Community Events, Awareness, Education & Prevention: Working with NA, we held holiday events to support those without family supports. Over 100 people attended a FREE Thanksgiving speaker jam and dinner. In December, we held a FREE Holiday Tree Trimming Party with food and Andy's Glow Foundation gave away FREE toys to children in attendance who have been affected by addiction (approximately 70 people attended). In February we held a FREE Super Bowl Party with food, raffles and lots of fun, there were about 60 people who attended. We also worked with City of Angels to host 2 CPRS Training classes, one in October (40 hours) and one in March (16 hours) to provide affordable training to 16 people who are now on their way to being Certified Peer Recovery Support Specialists. Three of the attendees are volunteers at the HADRCC and will add to our Peer Support capabilities. As noted above, we have had many Narcan Trainings in conjunction with Hope One Atlantic County. We will continue to develop Education and Prevention programs with other local organizations.

Unfortunately, Hope All Day Recovery Community Center closed effective September 2022. Description of barriers and how you have addressed them. Include any barriers still left to address. Part of the model for opening the center was to identify fundraising opportunities to make the program sustainable and proved harder than expected. Efforts created the South Jersey Sober Sports League and opened a gift shop at the Center but neither proved sustainable post-COVID-19; finding suitable, reliable, and committed volunteers proved to be difficult; a decrease in participation of the local recovery community (post-COVID-19). It was believed due to several factors including less people in recovery than before Covid, many people prefer participating on Zoom rather than in person and the increase of MAT and other "harm reduction" methods as an alternative to "community" support for recovery, lack of transportation and funds to come to the Center in person, and lack of funding to pay for overhead including salaries and to provide free services as needed by much of the community.

## ASSESSING THE NEEDS

**Guideline:** Using both quantitative and qualitative data that you have gathered and analyzed, identify those major issues or challenges the county will face during the 2024-2027 planning cycle in each dominium of care.

The significant issues regarding treatment access that Atlantic County will face during the 2024-2027 planning cycle will be regarding the number of detox providers in the County and other obstacles such as navigating support services, transportation, and homelessness. While the expansion of Medicaid has been helpful for some individuals to access detox treatment, there is still limitations in provider services in Atlantic County who can serve low-income, un-insured and under-insured individuals. In the Atlantic County Substance Use questionnaire, of those surveyed cited a lack of health insurance as being one of the main obstacles to accessing substance abuse treatment in Atlantic County. Data from overdose deaths indicates that in 1999-2021 are trending upwards, and Atlantic County residents are no acceptance for need of Substance Abuse Treatment as seen in the chart below:

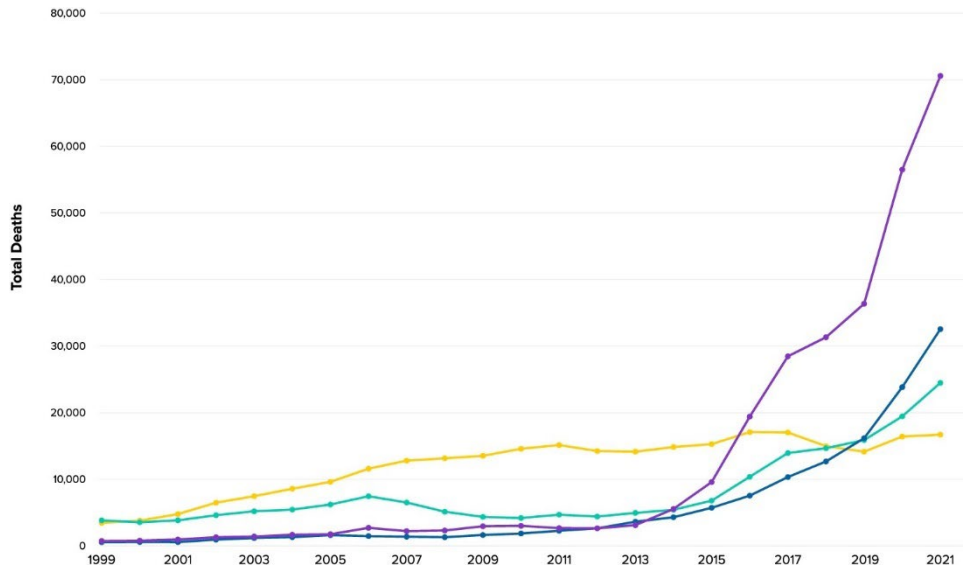
### **The overdose crisis is national, but the impact is personal.**

As the overdose crisis continues to change, we must take a pragmatic, evidence-based approach to saving lives, reducing risk, and removing barriers to effective interventions. This requires that we provide care and services that respect the health and dignity of people who use drugs.

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## Trends in U.S. Drug Overdose Deaths (1999 - 2021)

The overdose crisis has evolved over time and is now largely characterized by deaths involving illicitly manufactured synthetic opioids, including fentanyl, and, increasingly, stimulants.



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**Synthetic opioids** excluding methadone overdose deaths increased **97-fold**

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**Psychostimulants with abuse potential** (primarily methamphetamine) overdose deaths increased **59-fold**

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**Cocaine** overdose increased **6.4-fold**

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**Rx opioid** overdose deaths increased **4.9-fold**

*This graph shows the total number of drug overdose deaths in the United States from 1999 to 2021 (the 2021 are provisional). The data shows that overdose deaths involving synthetic opioids excluding methadone have increased 97-fold. Overdose deaths involving psychostimulants (primarily methamphetamine) with abuse potential have increased 59-fold.,. Overdose deaths involving cocaine have increased 6.4-fold. And overdose deaths involving prescription opioids have increased 4.9 -fold. [Source: National Vital Statistics System Mortality File](#)*

## Substance Abuse Admissions by Municipality and Primary Drug 2021 NJ Resident Admissions

Atlantic	Primary Drug														Total	
	Alcohol		Cocaine/ Crack		Heroin		Other Opiates		Marijuana/ Hashish		Metham phetamines		Other Drugs& Unknown			
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
ABSECON CITY	87	4	5	2	116	3	31	6	21	4	6	4	11	3	277	4
ATLANTIC CITY	452	22	109	34	1002	28	114	23	170	36	21	16	79	24	1947	26
BRIGANTINE CITY	47	2	1	0	77	2	10	2	4	1			6	2	145	2
BUENA BORO	40	2	1	0	34	1	5	1	7	1	1	1	3	1	91	1
BUENA VISTA TWP	38	2	7	2	43	1	2	0	13	3	4	3	10	3	117	2
CORBIN CITY	1	0			1	0					3	2			5	0
EGG HARBOR CITY	78	4	10	3	180	5	19	4	8	2	7	5	15	5	317	4
EGG HARBOR TWP	242	12	46	14	464	13	67	13	57	12	21	16	38	12	935	13
ESTELL MANOR CITY	12	1			4	0	5	1							21	0
FOLSOM BORO	5	0			6	0	3	1	1	0			1	0	16	0
GALLOWAY TWP	131	6	29	9	241	7	33	7	50	11	11	8	26	8	521	7
HAMILTON TWP	110	5	20	6	200	6	39	8	34	7	7	5	29	9	439	6
HAMMONTON TOWN	110	5	8	2	138	4	22	4	8	2	14	10	9	3	309	4
LINWOOD CITY	30	1	1	0	11	0	2	0	2	0					46	1
LONGPORT BORO	1	0			1	0	1	0							3	0
MARGATE CITY	51	2			72	2	9	2	4	1	1	1	11	3	148	2
MULLICA TWP	18	1	1	0	46	1	5	1	7	1			4	1	81	1
NORTHFIELD CITY	57	3	12	4	93	3	9	2	8	2	3	2	3	1	185	2
PLEASANTVILLE CITY	155	7	36	11	323	9	42	8	54	11	3	2	13	4	626	8
PORT REPUBLIC CITY	5	0			2	0			1	0					8	0
SOMERS POINT CITY	96	5	2	1	112	3	18	4	11	2	14	10	7	2	260	3
UNKNOWN					2	0									2	0
VENTNOR CITY	81	4	13	4	152	4	21	4	7	1	6	4	27	8	307	4
WEYMOUTH TWP	14	1			27	1	3	1			3	2	11	3	58	1
NOT Stated	215	10	23	7	250	7	45	9	5	1	9	7	23	7	570	8
<b>Total</b>	<b>2076</b>	<b>100</b>	<b>324</b>	<b>100</b>	<b>3597</b>	<b>100</b>	<b>505</b>	<b>100</b>	<b>472</b>	<b>100</b>	<b>134</b>	<b>100</b>	<b>326</b>	<b>100</b>	<b>7434</b>	<b>100</b>

## A. PREVENTION

During this time the Atlantic County Municipal Alliance Program faced many challenges directly related to the global pandemic, changes in the fiscal year and nearly a 60% reduction in funding. One direct effect of this was that Somers Point and Port Republic decided to withdraw from the program. The funding from non-participating municipalities was redistributed based on the following criteria 1) history of meeting reporting requirements accurately and on time 2) community of need 3) history of ability to utilize 95% or more of funds appropriately.

Currently in FY2023 Funding provides for base grants to be awarded to 16 participating municipal alliances, representing 19 Atlantic County municipalities. The total funding is \$188,811.00. This total includes \$70,000.00 which is used for coordination, and \$2,764.19 which is used for County Alliance special activities focusing on substance use prevention with a special focus on the stigma of mental health and addiction. This is accomplished through collaborative efforts with many different local organizations including the local Join Together Atlantic County (JTAC) a substance misuse prevention coalition, Cape Atlantic Bridge Regional Coalition (CAB), along with prevention, treatment and recovery support providers and the Mental Health Association in Atlantic County. Municipal Alliance programming efforts accounts for the remaining \$116,046.81 which focuses on a plethora of different evidence-based prevention programs and additional community outreach initiatives.

In addition to the traditional Municipal Alliance Drug Enforcement Demand Reduction (DEDR) funding the County has received a two-term supplemental Youth Leadership grant from the Governor's Council on Alcoholism and Drug Abuse (GCADA) which is funded through the Division of Mental Health and Addiction Services (DMHAS). The total funding amount for term one in 2023 is \$40,617. The grant focuses on addressing some of the following topics: ACES/trauma, resiliency, life skills, peer leadership, vaping and marijuana education, community, and other strength-based youth programs. This allows the municipal alliance to reimplement programs that may have been discontinued because of reduction in DEDR funding and allows them to expand on their efforts to strengthen their communities through many different initiatives. Funding provides for base grants to be awarded to the 16 participating municipal alliances, representing 19 Atlantic County municipalities.

Although, not legal for minors, the perception of youth tends to have an impact on preventative measures with the New Jersey legalization passage of recreational use of marijuana. The recreational use of marijuana went into effect in 2023 and those results are too early to analyze prevention challenges that Atlantic County will face in 2024-2027.

## **B. EARLY INTERVENTION**

Opioid abuse and dependence are the primary concern of all participants in this planning process. And, the need for prevention programming and/or trainings for youth certainly remain of paramount importance due to the fact that the opioid epidemic has affected all segments of our population. Atlantic County has consistently been ranked number one per capita in overdose deaths statewide over the past few years. However, school personnel and the local coalition have also identified underage drinking and vaping (both tobacco and marijuana) as presenting problems that should be addressed. Should the state complete the legalization of marijuana, this issue will bring added challenges to the county. As a note, it should be stated that the CDC has indicated that nationally, 1 in 5 High School students and 1 in 20 Middle School students currently use e-cigarettes.

### Opioid Abuse:

There are 21 counties within the State of New Jersey. Atlantic County has historically ranked 15<sup>th</sup> of 21 counties in the state with reference to population. The US Census Bureau estimated the 2016 Atlantic County population at 270,991 people.

The New Jersey Department of Health annually publishes overdose death statistics for the entire state. The following is a breakdown of overdose deaths in Atlantic County for the period of 2015 - 2017.

2015: Atlantic County was tied with one other county for 6<sup>th</sup> in the state in total overdose deaths, with 85 total overdose deaths. However, when looked at from a per capita (per 100,000 population) perspective, Atlantic County ranked 3<sup>rd</sup> in the state with 31.4 deaths per 100,000 per county residents.

2016: As the state began to look more closely at overdose deaths due to the emerging opioid epidemic, Atlantic County ranked 5<sup>th</sup> in total overdose deaths in 2016, with 171 total deaths. However, once again when looking at this number from a per capita perspective, Atlantic County moved to 1<sup>st</sup> in the state with 61.3 deaths per 100,000 county residents. Additionally, Atlantic County ranked 1<sup>st</sup> in per capita deaths for Heroin (35.8 per 100,000); Fentanyl (23.6 per 100,000); and Oxycodone (9.2 per 100,000).

2017: 2017 found Atlantic County ranked 6<sup>th</sup> overall in the state in total overdose deaths, with 678 total deaths. But once again, when looked at from a per capita perspective, Atlantic County again ranked 1<sup>st</sup> in total deaths at 31.4 deaths per 100,000 county residents.

The initial estimates for 2018 indicate that these numbers will remain somewhat constant. Although the overall drug death ranking may drop slightly, the county is expected to retain their 1<sup>st</sup> ranking with reference to per capita drug deaths.

Opioid abuse, especially non-prescription opioid pain medication use is the biggest problem the county faces. Additional substance use prevention education must be addressed within our schools, and the continued expansion of the NARCAN Overdose Reversal trainings should be presented at the local High School level if possible.

### Marijuana and Vaping:

Although most reports, including the National Youth Risk Behavior Surveillance System and Risk Behavior Survey, show that marijuana use by teens has decreased over the past 10 years, it does remain a concern of those individuals participating in this planning process. When we couple marijuana use with vaping, the problem magnifies this issue. The CDC estimates that 1 in 5 High School students and 1 in 20 Middle School students are currently using e-cigarettes. The CDC also notes that 15% of all persons using e-cigarettes or vaping are under the age of 18.

Additionally, the National Youth Tobacco Survey notes an alarming increase in the number of youth utilizing e-cigarettes and/or vaping. It is estimated that between 2017 and 2018 there were 3.05 million new high school e-cigarettes and/or vaping users. This figure represents a 78% increase in school age users in this one-year period.

The CDC further reports that lung injury cases associated with e-cigarette use or vaping products, have been reported in 49 states (excluding Alaska), the District of Columbia and one US Territory. It is also reported by the CDC that vaping and e-cigarette deaths have been reported in 21 different states.

One of the biggest problems faced about youth e-cigarette and vaping is the fact that most users don't even know what it is they are using. The National Institute of Drug Abuse reports that 66% of teens report that there is only flavoring in their e-cigarette; 13.7 % don't know what's in their e-cigarette; 13.2 % say it contains nicotine; 5.3 % say it's marijuana; and 1.3 % just say other. The major issue is that manufacturers don't have to report e-cigarette ingredients, so users have no idea what it is that they are using.

In Atlantic County, the local coalition and the resident New Jersey Prevention Network affiliate are working diligently to address the issue of e-cigarettes and vaping. Working closely with the local Municipal Alliance network, vaping presentations have thus far been presented in six communities (Atlantic City, Egg Harbor Township, Hamilton Township, Hammonton, Pleasantville, and Ventnor). This agency will continue to reach out to other communities to make this presentation available.

Although it becomes harder to schedule presentations within the county schools due to limited time available within the schools due to mandatory curriculum requirements, all Atlantic City schools have had vaping presentations. Presentations have also taken place within all Northfield schools and their

public library. The agency will continue to work with all county school districts to provide vaping presentations whenever time permits.

This local Prevention Education agency has also presented vaping information at a regularly scheduled Superintendent of Schools round table meeting. They have also presented this information to numerous local School Board Associations within the county.

Lastly, Atlantic Prevention Resources, the local NJPN affiliate, is proposing that school districts change their school policy by replacing punitive suspension terms for e-cigarette/vaping violations within the school, with a free educational interactive video game known as ASPIRE. This vaping-based program is completed online by teens and takes 4 hours to complete. Violating teens are required to complete this prevention education module on their time in lieu of facing suspension.

### Underage Drinking:

Underage drinking has been a concern of Atlantic County for many years, and although some national studies show a decrease in overall underage drinking, it remains a concern of school personnel participating in this planning process. Prior Atlantic County PRIDE surveys completed by either the Substance Abuse Services Unit and/or the local Coalition note that although the national average for first time alcohol users stands at 12 years of age, Atlantic County has averaged out at a starting age of first-time users at 11 years of age.

The CDC notes that alcohol is the most commonly used and abused drug among youth in the entire United States. They further note that excessive drinking is responsible for more than 4,300 deaths among underage youth each year. The economic cost of youth drinking amounts to over \$24 billion per year.

When discussing underage drinking, the CDC reports that although underage drinking accounts for only 11 % of all the alcohol consumed in the United States, the major problem with youth drinking is that 90% of the alcohol consumed by underage drinkers is done in the form of binge drinking (5 or more drinks on a least one occasion in the past thirty days). It was also reported that on average, underage drinkers consume more drinks per occasion than adult drinkers. In 2013, the CDC reports approximately 119,000 emergency room visits by persons aged 12 to 21 for injuries or other conditions linked to alcohol consumption.

The 2017 Youth Risk Behavior Survey found the following with reference to High School students and their activities within the past 30 days: 30% drank some amount of alcohol; 14 % binge drank (5 or more drinks on one occasion in the past 30 days); 6% drove after drinking; and 17% rode with a person who had used alcohol.

The 2017 Monitoring the Future Survey reported the following: 8% of 8<sup>th</sup> graders and 33% of 12<sup>th</sup> graders drank in the past 30 days; and 2% of 8<sup>th</sup> graders and 19% of 12<sup>th</sup> graders binge drank in the past 30 days.

The 2016 National Survey on Drug use reported the following: 19% of youth aged 12 to 20 years of age drank alcohol; and 12 % of this same age group reported binge drinking in the past 30 days.

Lastly, the CDC lists many consequences associated with underage drinking, to include the following: school problems such as high absences and poor or failing grades; social problems such as fighting or lack of participation in school activities; unwanted, unplanned and unprotected sexual activity; disruption of normal growth and development; higher risk of suicide and homicide; alcohol related car crashes and driving offenses; abuse of other drugs; life-long effects in brain development; and death from acute alcohol poisoning.

The local coalition, the Municipal Alliance network and the county Substance Abuse Services Unit continue to address underage drinking as a presenting problem among county youth. The Municipal Alliances, via their individual school districts, routinely present alcohol awareness and alcohol abuse programs to the student bodies in both the High Schools and Middle Schools. The local substance abuse prevention education provider agency works directly with the alliances in providing many of these programs. This same provider agency, as mentioned previous in this plan, is actively involved in the vaping issue and is working diligently to incorporate vaping education into all school curriculums. And the Atlantic County Substance Abuse Services Unit continues to provide Alcohol Awareness/Fatal Vision programming throughout the county upon request. During the 2016- 2018 time period this program was provided to 1778 individuals.

### **C. TREATMENT (Including Detoxification)**

Quantitative and qualitative data was analyzed to identify access to treatment challenges that Atlantic County will face in 2024-2027. From these findings, the demand for treatment services is higher than the access to treatment services for Atlantic County residents across the lifespan. Treatment has shown to have a benefit-cost ration, as every \$1 spent on addiction treatment saves \$4 in healthcare costs and \$7 in crime and criminal justice costs (SAMHSA, 2009).

Regarding access to treatment, NJCARES recognizes the critical need to expand access to treatment for people suffering from addiction, and is working on the state, county, and local levels to link people in crisis to care. Atlantic County and NJCARES regularly collaborate with public and private entities, e.g., mental health and substance use advocates, institutions of higher education, medical providers, public health officials, court officials, and medical licensing bodies, on a wide range of issues and strategies. For instance, NJCARES is partnering with county law enforcement officials across the State to connect persons suffering from substance use disorder with recovery specialists who can navigate them into appropriate care. NJCARES is also partnering with municipal police departments to assemble emergency response teams consisting of local police officers, recovery coaches, and EMTs to respond to persons in crisis and connect them to treatment and recovery services.

Examples of about Atlantic County and NJCARES collaborate on increasing access to treatment by working with Atlantic County Prosecutor's Office; Hope One Recovery Support Services; Atlantic Prevention Resources for Treatment and Atlantic Prevention Resources for Prevention; and JTAC Coalition| for services.

According to Atlantic County IDRC treatment provider reports from 2018 through 2022, the number of residents referred for substance use disorder treatment services are 1786 vs the previous cycle reports 2016-2018 the numbers were 1328. The treatment needs increased 458 over and above the previous period.

Stakeholder surveys were conducted during 2022 that revealed these top needs assessment: Sober living (housing for continuum of care to treatment), transportation (to and from treatment and other essential needs for sustainable living), and case management. The list surveyed were: AtlantiCare; Atlantic Prevention Resources – JTAC, Career Opportunity CODI, Professional Alcohol and Drug Abuse Council, Local Alcohol and Drug Abuse Council, Hope One, OFRT, Children Interagency Coordinating Council, John Brooks Recovery Center.

#### **APPENDIX 5:**

Atlantic County Residents Admitted to Substance Use Disorder Treatment by Municipality of Residency

Note. NJSAMS (2019).

The top five Municipalities were Atlantic City 2124; Egg Harbor Twp 870; Pleasantville City 667; Galloways Twp 614; and Hamilton Twp 502.

#### **APPENDIX 5:**

Atlantic County Residents Admitted to Substance Use Disorder Treatment by Municipality of Residency

Note. NJSAMS (2020).

The top five Municipalities were Atlantic City 1617; Egg Harbor Twp 840; Pleasantville City 521; Galloways Twp 484; and Hamilton Twp 426: (Lower than the previous year during the onset of the pandemic).

#### **APPENDIX 5:**

Atlantic County Residents Admitted to Substance Use Disorder Treatment by Municipality of Residency

Note. NJSAMS (2021).

The top five Municipalities were Atlantic City 1947; Egg Harbor Twp 915; Pleasantville City 626; Galloways Twp 521; and Hamilton Twp 439: (higher than the previous year during the middle of the pandemic).

#### **APPENDIX 5:**

Atlantic County Residents Admitted to Substance Use Disorder Treatment Discharges

Note. NJSAMS (2019).

Total Discharges = 7,465  
Unduplicated Clients Discharged = 3,689

Note. NJSAMS (2020).

Total Admissions = 6,464  
Unduplicated Clients Admitted = 3,244

Note. NJSAMS (2021).

Total Admissions = 7,434  
 Unduplicated Clients Admitted = 3,461

There was a total of 10,394 Atlantic County unduplicated residents admitted from 2019 through 2021 for SUD treatment according to NJSAMS. There was a slight dip in admissions during 2020 at the height of the global shutdown. Treatment providers unofficially reported to the office of addiction services of Atlantic County that an unusually high rate of long-term recovery persons had sought treatment due to a relapse back into addiction. The pandemic of the century posed undue hardship for many, and long-term recovery was no exception.

In addition, according to NJSAMS from 2019 through 2021, 2,019 Atlantic County residents (41% - 44% of the residents seeking substance use disorder treatment) had legal problems, and according to NJSAMS from 2019 through 2021 the Atlantic County residents 22% to 24% seeking treatment were homeless or dependent living arrangements (in other words homeless). Homelessness, transportation, and case management issues were the concerns that surveyed stakeholders identified. These findings correlated with NJSAMS results. Case management services support the effectiveness of treatment as wrap-around ancillary to the counseling approach to addiction treatment. The importance of case management is well documented in SAMHSA’s publication TAP-27, see reference to this publication.

2021

No Insurance	519	7%
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2020:

Health Insurance

No Insurance	882	8%
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2019

Federal Poverty Level (0-133%)	6,018	91%
Health Insurance / No Insurance	1,577	21%

The 2,978 Atlantic County residents without insurance sought inpatient, standard/traditional outpatient services or intensive outpatient services. According to the NJSAMS 2019 Federal Poverty Level (0-133%) 6,018 (91%). Treatment providers inform the office of addiction services of Atlantic County that underinsured cases are not captured in the data gathering process and having insurance precludes the addicted population from eligibility for funding level of care treatment. The AEREF is the last payor of resort and insured cases are rejected from access to these funds intended upon providing needed substance use disordered treatment services.

Detox (withdrawal management) services will be of primary concern and a priority due to the intensity of the drugs introduced in society (clandestine fentanyl is 100 times more potent than heroin, carfentanyl is 1000 times more potent than heroin, and more recently the Xylazine is challenging to withdrawal and thus harder to detox and treatment.

#### **D. RECOVERY SUPPORT SERVICES**

There was a total of 10,394 Atlantic County unduplicated residents admitted from 2019 through 2021 for SUD treatment according to NJSAMS, that’s nearly twice as many in 2017, 5,793 substance abuse

treatment admissions for Atlantic County residents, of these admissions reported heroin or other opiates as the presenting drug problem.

Progress report on the following positive impacts, discovered by a study conducted over a ten-year period, on the effectiveness of receiving peer recovery support services:

- Reduced substance use (increase, impacted by COVID)
- Reduced relapse rates (increase, impacted by COVID)
- Decreased criminal justice involvement (improved)
- Decreased emergency service utilization (improved)
- Improved access to social supports (improved)
- Increased treatment retention (increase, impacted by COVID)

Recovery Support services are a relatively new treatment service to the previous cycle and was addressed within Atlantic County. AEREF grant dollars for this treatment service were utilized to support Atlantic County residents accessing these services during calendar years 2019-2021. Based upon statistics available in the 2021 Substance Abuse Overview, and utilizing comparable statistics, this would mean that 3,451 of the unduplicated clients accessing treatment in 2021 would have the opportunity to access recovery support services.

The challenge was met for Atlantic County with the introduction of Hope All Day Recovery Support in Atlantic County followed by All Roads Recovery by John Brooks Recovery Centers in Atlantic City and Pleasantville. However, Hope All Day Recovery Support closed in September of 2022 and Angels In Motion responded to an Innovations grant in 2023 to take up the lack of Hope All Day continuing forward. The expansion of recovery support provides a haven for those early in recovery. The availability of access to these services through expansion of funding for existing programs and the funding of new recovery support services in subsequent grant cycle years would reinvigorate the goals listed above.

Quantitative and qualitative data was analyzed to identify needed recovery support services in Atlantic County. The major challenge the county will face in 2024 to 2027 is the need for community-based support services to link residents to: medication assisted treatment, employment assistance; peer to peer services; rental/housing assistance or sober living housing; transportation; child care assistance; education/training assistance; family counseling and education; medical/dental services; and education/support groups such as relapse prevention, coping/life skills, parenting skills, and faith-based groups. Of the list, surveys conducted during 2022 revealed that the top needs assessment are sober living, transportation, and case management.

#### **APPENDIX 5:**

Atlantic County Residents Admitted to Treatment by Level of Care for 2021 from the highest to the lowest: Detox Residential 1,764 (24%); Intensive Outpatient (IOP) 1,483 (20%); Outpatient Care (OP) 1,125 and Opioid Maintenance 1,132 were both at (15%), followed by Short-term Residential 983 (13%).

#### **APPENDIX 5:**

According to 2020 NJSAMS report, alcohol 1,584 (25%) and heroin 3,440 (53%) are a primary substance of which heroin was the primary substance over alcohol (see Table 8.2) for treatment.

Atlantic County Residents Admitted to Treatment by Level of Care for 2020 from the highest to the lowest: Intensive Outpatient (IOP) 1,445 (22%); Detox Residential 1,250 (19%); Outpatient Care (OP) 948 and Opioid Maintenance 961 were both at (15%), followed by Short-term Residential 797 (12%).

#### APPENDIX 5:

According to 2019 NJSAMS report, alcohol 1,791 (24%) and heroin 4,122 (55%) are a primary substance of which heroin was the primary substance over alcohol (see Table 8.3) for treatment. Atlantic County Residents Admitted to Treatment by Level of Care for 2019 from the highest to the lowest: Intensive Outpatient (IOP) 2,209 (29%); Outpatient Care (OP) 1,258 (17%); Detox Residential 967; and Opioid Maintenance 952 were both at (13%), followed by Short-term Residential 778 (10%).

According to NJSAMS, 3,973 Atlantic County residents (2021) were re-admitted to substance use disorder treatment services. Alcohol 2,076 (28%) and heroin 3,597 (48%) are a primary substance of which heroin was the primary substance over alcohol (see Table 8.1) for treatment. The previous County Comprehensive Plan reported that alcohol was Atlantic County's overall highest primary substance in terms of admission totals, residents struggling with heroin/opiate or cocaine/crack use were being re-admitted to treatment at much higher rates than those struggling with alcohol.

Measuring incidents of reoccurring use is challenging at a local level but, especially helpful with NJSAMS reflecting percentage of duplicated residents in treatment. Treatment providers find, it challenging to follow up with residents after treatment completion. As a result, Atlantic County analyzed this data annually and incorporated questions regarding connections to recovery support services into the community-based survey and focus groups throughout the community. These questions will be incorporated to develop a needs assessment on a local level.

This data further reflects the need to connect residents to recovery support services to address multiple barriers in reaching and sustaining recovery. Furthermore, focus group responses throughout the community also addressed case management as a high need for Atlantic County residents. From these findings it is suggestive that case management as a recovery support service will greatly benefit Atlantic County residents for the overall goal of the opportunity achieve recovery and the ability to maintain recovery.

## LOOKING FORWARD: THE 2024 TO 2027 CCP PLAN

**Guideline:** Describe the county’s 2024-2027 plan for each level of care below. Highlight the issues or major challenges identified in the needs assessment facing the county over the next four years. Describe the actions the county will take to address these needs.

### A. PREVENTION

#### LOOKING FORWARD: THE 2024 - 2027 COUNTY PREVENTION PLAN

Along with working directly with the Municipal Alliances and the local Coalition in their prevention education efforts, the Substance Abuse Services Unit will continue to direct Chapter 51 AEREF dollars to evidence based programming efforts for the county residents. The Substance Abuse Services office unit will continue to focus on the effects and dangers of the opioid epidemic, the concerns of marijuana use and related e-cigarette/vaping use, and the continuing dangers and consequences of underage drinking.

In addition, due to the early age of first use in Atlantic County, it is important for prevention programming to begin at younger ages. Key informant interviews indicate that a pivotal age for this programming is during or prior to middle School (grades 6-8). Local surveys indicate that students have experimented with a variety of substances by the time they are in high School, with the most used substance as alcohol and marijuana. Furthermore, another challenge that Atlantic County may face in 2024 to 2027, is the legalization of recreational marijuana in the state of New Jersey. A well-known concern of marijuana is the gateway drug of misuse making it a concern of Atlantic County that the young onset to opioids or stimulants and their derivatives; other dangerous drugs; and synthetic narcotics.

One of the major challenges in Atlantic County is the need for substance use prevention programming that highlights mental health to include mental health crisis situations. Committee meetings with Superintendent of Schools have introduced Insight (a mental health crisis and intervention) treatment providers and case management follow up and medication assisted monitoring working closely with schools. Superintendent of Schools has made strides to be open to referrals for adolescences in need of care. A collaboration with New Hope Integrative Behavioral Health Care residential program has been established in 2023 with plans to continue in 2024 to 2027. New Hope Integrative Behavioral Health Care residential program provides both treatment and education for the adolescent admitted to residential. Counselors and certified teachers work with the student to catchup with schoolwork while simultaneously participate in treatment. New Hope teachers collaborate with referring school district teachers for the classes enrolled in various subjects to make sure the student does not fall behind during the needed treatment. At the conclusion of residential treatment, the student returns to school fully capable of maintaining grade work. Recovery school is another option provided by Cape Assist. Should the student need further support after discharge from New Hope residential treatment and a return to the same environment assessed as not conducive to sustainable recovery, then Recovery School with Cape Assist can be arranging for a continuum of level care.

The major challenge during the previous cycle was to provide added prevention education programming within the local schools lies with the time available within the schools for additional programming. State mandates on required curriculum often leave the schools with no extra time for specialized programming. However, the strong relationship the county and municipal alliances, the local coalition and the county Substance Abuse Services Unit have helped with the local school districts and allow for programming to continue at the current levels with possible expansion of this programming as the need and available when time allows.

The county action plans are to provide this training for youth over the life of this funding cycle; utilize the AEREF dollars for the evidence-based programming effort; explore and dedicate additional AEREF funding dollars to prevention education efforts on a yearly basis and meet the demands of the local school districts; the exploration efforts will include surveys, feedback inquiries, and focused groups with local stakeholders.

In addition, this fund is supplemented by additional county Public Health dollars to provide FASD and Alcohol Awareness trainings for all populations attending Intoxicated Driver Resource Center education classes.

## **B. EARLY INTERVENTION**

One of the major challenges in Atlantic County was that residents under the age of 18 were not being identified for a substance use/co-occurring disorder and/or not accessing treatment services. There was a limited comprehensive and universal screening process for substance use/co-occurring disorder in Atlantic County up until 2022 when Insite, a psychiatric intervention program provider was introduced to the Superintendent of Schools. The program has been well received by the district and referrals have shown favor and promise for deliverables looking ahead to the 2024-2027 CCP.

According to the Surgeon General's report on alcohol, drugs, and health (2020), early intervention initiatives should especially target individuals ages 12 to 17 due to the frequency of drug experimentation and binge drinking in that age group. The county will continue to fund youth related services during the 2024-2027 CCP. There is value to have evidenced based programming in the county continuum of care. The county will continue to work with the providers and continue to support the utilization of resources and evidenced based programs for the benefit of the community. Professional organizations such as the American Medical Association and the American Academy of Pediatrics recommend universal and continuous screening for substance use and mental health concerns for both adolescents and adults. Additionally, SAMHSA's recommended research-based model requires Screening to be brief, universal, and implemented in non-substance use disorder settings (SAMHSA, 2013).

Also, a major part of the Atlantic County Early Intervention Plan will continue to be the expansion of the NARCAN/Naloxone Overdose Reversal Program over the next 4 years.

The primary purpose of the program is:

- 1.- To save the lives of county residents suffering from opioid substance use disorder.
- 2.- Link those individuals to appropriate treatment sources.
- 3.- Identify at risk populations and provide substance use disorder information and NARCAN trainings as needed.

Additionally, with each response reported overdose reversal, the county now funds through the AEREF grant, recovery support services wherein a trained recovery specialist responds to the incident scene or the reporting hospital and will work with the revived individual to engage them in appropriate substance use disorder treatment services.

Secondarily, Atlantic County will continue to work with the Atlantic County Justice Facility and the local provider agency providing medication assisted treatment (MAT) within that facility to develop interventions programs geared towards decreasing and/or preventing overdose situations after inmate release from custody.

From the community-based needs assessment; Atlantic County specific data; focus groups; key informant interviews, and Atlantic County's early intervention plan will address the needs of youth and young adults in 2024 to 2027. The county will evaluate and consider providing AEREF funding dollars to this program over the next 4-year cycle.

Lastly, the County Sheriff's Department during calendar year 2018 started their Hope One Van Program and continues to demonstrate a need for continuance of this vital service to the Atlantic County community. This mobile addiction outreach van brings prevention, treatment and recovery support information and services to people suffering from opioid addiction. This program is operated through the county Sheriff's Community Services Unit and has partnered with 19 different agencies to provide necessary services. The van is driven to different sites throughout the county and has been especially helpful in reaching residents in the more remote parts of the county.

The Opioid settlement dollars may be applied to the early intervention endeavor, contingent upon the committee review, planning, and outcome. Furthermore, the Innovations grant has come online recently and has been applied to early intervention and planning for utilization will continue to be considered for this category.

The primary challenge is the overdose fatalities related to opioids abuse and potency increases of clandestine synthetic opioids. The strategies applied are Narcan training and distribution of Naloxone (a reverse overdose medicine). Also, the Overdose Fatality Response Teams (OFRT) have been utilized to research and address the deaths to identify the problems. The strategies planned are to continue with these programs and research effectiveness for further direction and planning toward solutions.

### **C. TREATMENT (Including Detoxification)**

Although improved collaborative efforts by DMHAS and Atlantic County initiatives in bridging gaps to meet the treatment demand through federal and state grants, the major challenge Atlantic County faces in 2024 to 2027 continues to be the access to treatment services on demand. The deficiency of access to treatment services on demand such as a full spectrum of care (28 days vs two weeks), delays in admissions to both inpatient and outpatient level of care, and the lack of to access the next level of care, significantly impacts the overall health/well-being of Atlantic County residents, delays the recovery process and one in too many cases the unfortunate circumstances that lead to death via overdose/suicide. This gap in the system of care does not only affect Atlantic County residents; it affects their families/friends and the community at large.

The County of Atlantic will continue to make every effort to provide a full matrix of services to residents seeking treatment services. The Medicaid expansion has certainly reduced the need for funding in certain treatment areas, but the county has learned that treatment providers are not getting reimbursed by the managed care organization (MCO) on a timely basis and found that the providers of treatment care are being denied payments for services rendered by the MCO hired to do Medicaid's bidding. AEREF is the last payor of resort should fund fail to help the individual in need of a level of care. The AEREF should be able to fill in the gaps where insurance fails through past and current funding contracts, that it will never eliminate the necessity of providing some funding for all treatment categories.

The county will continue to provide funding for detoxification, short term residential, outpatient, intensive outpatient, halfway house, recovery support, early intervention, and prevention services as appropriate.

However, this planning process has determined that added funding dollars need to address not only the opioid epidemic, but they must also address issues that are common to all treatment modalities. As

outlined previously, the opioid epidemic will require added funding to address early intervention and recovery support. Areas to be addressed when looking at all treatment modalities include information access, co-occurring treatment, transportation, case management, and recovery housing.

As a result, Atlantic County's plan for the access to treatment services in 2024 to 2027 is to fund the continuum of care across the adult lifespan (18 and older) through AEREF dollars to include: withdrawal management, short-term residential, outpatient/intensive outpatient treatment for substance use/co-occurring disorder and halfway house services (women and men). This offers Atlantic County residents the opportunity to achieve recovery and serves as a protective factor to maintain recovery.

#### Actions needed to address identified needs:

1.- Information access: The county currently contracts with one recovery support agency to provide treatment information and aid in the delivery of appropriate treatment referrals and/or placements as needed. The county plans to continue to RFP for this service, and to increase funding to this agency or any other interested agency to maintain and expand this service. The county will also explore funding needs with the Sheriff's Department, with the possibility of providing funding to supplement and/or enhanced the Hope One Van Program, which is providing similar services via their mobile van.

2.- Linkage to treatment for victims of overdose events: Again, the county currently contracts with a local provider agency, who currently holds the state funded OORP (Opioid Overdose Recovery Program) grant, to provide recovery support services to not only opioid overdose victims, but to any county resident experiencing an overdose event. Our contracts allow for Recovery Specialists and/or Patient Navigators to engage individuals suffering from any overdose event and provide non-clinical assistance, recovery support and appropriate referral for assessment and substance use disorder treatment. We will look to continue to fund this program and explore immediate expansion of this program. Additionally, the county will encourage local treatment provider agencies to include recovery support as part of their overall treatment plans (this could become part of their aftercare plan) and explore providing separate funding via RFP over the life of this funding cycle to accomplish this challenge.

3.- Co-occurring Substance Use Disorder treatment: Increase funding in current and future contracts to include psychiatric evaluation for all individuals presenting for substance use disorder treatment.

4.- Transportation access for presenting clients: Include or increase coverage for transportation costs to and from treatment services in all existing or future treatment service contracts. These transportation cost will be utilized on an as need basis to be determined by the provider agency. Providers will be asked to detail anticipated transportation costs in their individual RFP proposal submissions.

5.- Recovery Support Housing: The County of Atlantic currently contracts with the local Halfway House to provide extended housing services for recovering individuals. In that this agency provides services for numerous other counties in the state and has mandatory allotted bed space dedicated to other state grant programs, it is difficult to expand their AEREF funding to cover added Atlantic County clients. Given this situation, the county will reach out to other contracted treatment provider agencies to explore utilizing their individual agency resources to access added housing beds. Limited (time length sensitive) housing funding could be included as part of the aftercare plan for discharged clients. Providers would also be asked to detail anticipated housing costs in their individual RFP proposal submissions.

6.- Opioid Epidemic: Additional funding will be dedicated to the continued expansion of the NARCAN/Naloxone Overdose Reversal Program over the course of this new 4-year funding cycle. The county will also explore working with the County Justice Facility to incorporate NARCAN training and NARCAN kit distribution to identified substance use disorder inmates being discharged from the facility.

#### **D. RECOVERY SUPPORT SERVICES**

The major challenge that Atlantic County will face in 2024 to 2027 is the access to community-based support services to assist residents in navigating the system and addressing the multiple barriers in reaching recovery and sustaining recovery. Community-based recovery support services is a collaborative process of assessment; planning, facilitation; care coordination; evaluation; and advocacy to meet the comprehensive whole health needs of residents and their families. The lack of a full integration of community-based recovery support services for the substance use/co-occurring disorder population often results in readmissions to hospitals such as emergency departments, psychiatric hospitals, and inpatient withdrawal management facilities; reoccurrence of substance use; and/or death via overdose/suicide.

According to SAMHSA, in order to support and individual's recovery the following needs must be addressed: Health-overcoming or managing one's disease(s) or symptoms—for example, abstaining from use of alcohol, illicit drugs, and non-prescribed medications if one has an addiction problem—and, for everyone in recovery, making informed, healthy choices that support physical and emotional well-being; Home-having a stable and safe place to live; Purpose-conducting meaningful daily activities, such as a job, school volunteerism, family caretaking, or creative endeavors, and the independence, income, and resources to participate in society; and community-having relationships and social networks that provide support, friendship, love, and hope (SAMHSA, 2018).

In addition, from the community based needs assessment survey, Atlantic County specific data, focus groups and key informant interviews findings suggest that linkage to: medication assisted treatment, employment assistance; peer to peer services; rental/housing assistance or sober living housing; transportation; child care assistance; education/training assistance; family counseling and education; medical/dental services; and education/support groups such as relapse prevention, coping/life skills, parenting skills, self-help support groups, and faith-based groups would greatly benefit Atlantic County residents in the recovery process.

Atlantic County will continually look forward at available recovery support services within the county to determine whether they justify consideration for AEREF funding. The challenge faced by Atlantic County is the fact that this modality is new and is Innovative. Finding the right programs, with qualified credentialed providers may extend beyond this 4-year funding cycle.

Volunteers and peers are a very important component of this Innovative service, and they are often time undertrained and undereducated in how the delivery of these services occurs. It should also be noted that these individuals are to be supported in training, education, and resources to maintain their approach to

providing quality recovery support services. One programmatic action that could address this issue is the use of AEREF dollars to aid in the training of Certified Peer Recovery Specialists.

One the main issues of concern covered during this planning process is the lack of recovery housing. Atlantic County is very appreciative to have the local university addressing this issue by providing a separate dormitory for those students recovering from substance use disorder. As noted in the previous section, peer-based recovery support is one of the most effective tools in reducing renewed substance use while decreasing relapse rates.

The goal though is to provide immediate recovery housing for those individuals leaving a substance use treatment environment. This would of course include those individuals being released from justice facilities wherein they received substance use disorder treatment. This is one of the highest risk populations for relapse upon release. Most will be returning to the same environment they came from, with no available support services to aid them in remaining clean and/or sober.

The problem faced by Atlantic County or any other county in the state is the lack of licensed sober living environments within the county. And, as noted in the treatment section of this plan, there is one halfway house facilities within the county. However, as also noted, this agency provides services for numerous other counties in the state and has mandatory allotted bed space dedicated to other state grant programs, making it difficult to expand their AEREF funding to cover added Atlantic County clients.

Atlantic County will attempt to address this issue by partnering with regional residential programs, that may have access to more housing opportunities, by providing funding for limited (time length sensitive) housing costs, which would be covered under the client's aftercare plan. Future RFPs for service will explore this avenue.

As a result, Atlantic County's plan for 2024 to 2027 will address the community-based recovery support needs by developing a wellness and recovery coordinated service to serve Atlantic County residents. This coordination will meet the needs of residents in the community involved in inpatient treatment, the county jail system, outpatient services, etc. Community-based support services will particularly serve the following populations: offenders (in the jail/upon release); youth; residents with co-occurring disorders, women (to include pregnant /parenting women with a substance use/co-occurring disorder); residents in the workforce, seniors, and residents with disabilities; however, not limited to Atlantic County residents of all ages with a substance use/co-occurring disorder in need of this service, to include veterans. These services will increase the community's knowledge of available Atlantic County resources, assist Atlantic County residents in navigating the system of care and connect residents to comprehensive whole health needs. This recovery support service will promote quality, community-focused recovery that is cost-effective, value-based and is fully integrated.

## **SECTION THREE: THE 2024-2027 COUNTY COMPREHENSIVE PLAN**

### **A. VISION**

Atlantic County envisions a future for all residents facing the chronic disease of substance use disorder in which there is a fully developed, client centered, recovery-oriented system of care comprised of

prevention, early intervention, treatment, and recovery support services that reduces the overall risk for substance misuse in the local environment, meets the clinical treatment needs of the county’s residents, and reduces the frequency and severity of disease relapse.

## B. PLANNING PROCESS

**INSTRUCTIONS:** Answer the following questions either by **CIRCLING** or **HIGHLIGHT** your answers in a table or by summarizing your answers in a few brief paragraphs containing up to five sentences.

1. Indicate the source and kind of the data that was used in conducting the county needs assessment. (Please **CIRCLE** or **HIGHLIGHT** your answers)

SOURCE	QUANTITATIVE		QUALITATIVE	
1. NEW JERSEY DMHAS	<b>YES</b>	NO	<b>YES</b>	NO
2. GCADA	<b>YES</b>	NO	<b>YES</b>	NO
3. MOBILIZING ACTION THROUGH PLANNING AND PARTNERSHIPS, MAPP (CDC/NJDOH SPONSORED)	<b>YES</b>	NO	<b>YES</b>	NO
4. REGIONAL PREVENTION COALITIONS	<b>YES</b>	NO	<b>YES</b>	NO
5. COUNTY PLANNING BODIES	<b>YES</b>	NO	<b>YES</b>	NO
6. HOSPITAL COMMUNITY HEALTH PLAN	YES	<b>NO</b>	YES	<b>NO</b>
7. MUNICIPAL ALLIANCES	<b>YES</b>	NO	<b>YES</b>	NO
8. TREATMENT PROVIDERS	<b>YES</b>	NO	<b>YES</b>	NO
9. FOUNDATIONS	YES	<b>NO</b>	YES	<b>NO</b>
10. FAITH-BASED ORGANIZATIONS	YES	<b>NO</b>	YES	<b>NO</b>
11. ADVOCACY ORGANIZATIONS	YES	<b>NO</b>	YES	<b>NO</b>
12. OTHER CIVIC ASSOCIATIONS	YES	NO	YES	NO
13. RECOVERY COMMUNITY	YES	<b>NO</b>	<b>YES</b>	NO

2. How did the county organize and conduct outreach to its residents, service providers and their consumers, civic, church, and other community, and governmental leaders to inform them about the county’s comprehensive alcoholism and drug abuse planning process and invite their participation?

The county planning process was conducted in several different forums, utilizing a survey dealing with drug and alcohol issues within the county. Data from these surveys was analyzed for use in completing this comprehensive plan. Attendees at these meetings were asked to complete the surveys on a voluntary basis. Surveys were distributed at the following group meetings: county CIACC, county Youth Services Commission, county School Nurses Association, Healthy Mothers/Healthy Babies Coalition, PACADA (Professional Advisory Council on Alcoholism and Drug Abuse), LACADA (Local Advisory Council on Alcoholism and Drug Abuse), Atlantic County Opioid Task Force and the Join Together Atlantic County (JTAC) Coalition. Besides being asked to complete the surveys, members present during those meetings were asked to discuss their individual perceptions, ideas, and perceived needs and barriers to substance abuse issues and treatment within the county.

Additionally, during these meetings, specific members were asked to engage in key informant interviews.

Lastly, in conjunction with the local coalition, eight Town Hall or Focus Group meetings took place.

3. Which of the following participated directly in the development of the CCP? (Please **CIRCLE** or **HIGHLIGHT** your answers)

1. Members of the County Board of Commissioners	<b>YES</b>	NO
2. County Executive (If not applicable leave blank)	<b>YES</b>	NO
3. County Department Heads	<b>YES</b>	NO
4. County Department Representatives or Staffs	<b>YES</b>	NO
5. LACADA Representatives	<b>YES</b>	NO
6. PACADA Representatives	<b>YES</b>	NO
7. CASS Representatives	<b>YES</b>	NO
8. County Mental Health Boards	<b>YES</b>	NO
9. County Mental Health Administrators	<b>YES</b>	NO

10. Children System of Care Representatives	YES	NO
11. Youth Services Commissions	YES	NO
12. County Interagency Coordinating Committee	YES	NO
13. Regional Prevention Coalition Representatives	YES	NO
14. Municipal Alliances Representatives	YES	NO
15. Other community groups or institutions	YES	NO
16. General Public	YES	NO

4. Briefly evaluate your community outreach experience over the last three years of preparing your 2024-2027 CCP. What role did the LACADA play in the community participation campaign? What approaches worked well, less than well, or not at all to generate community participation and a balance of “interests” among the participants?

The LACADA was involved in the overall process and were given monthly updates as to what had transpired each month relating to the process. Additionally, many of the LACADA members, who belonged to other groups involved in the process, actively provided input through those group meetings. The individual key informant interviews worked well, and included important information i.e., new programming ideas, perceived and real barriers to programming and treatment services, and dealing with decreases to funding.

The town hall meetings were very effective during this process. Attendance was decreased at these meetings as the pandemic of the century and restrictions were gradually lifted. The town hall meetings had engaging participants.

What methods were used to enable participants to voice their concerns and suggestions in the planning process? On a scale of 1 (lowest) to five (highest), indicate the value of each method you used for enabling the community to participate in the planning process? (Please **CIRCLE** or **HIGHLIGHT** your answers)

1. Countywide Town Hall Meeting	YES	NO	1	2	3	4	5
2. Within-County Regional Town Hall Meeting	YES	NO	1	2	3	4	5
3. Key Informant Interviews	YES	NO	1	2	3	4	5
4. Topical Focus Groups	YES	NO	1	2	3	4	5

5. Special Population Focus Groups	YES	NO	1	2	3	4	5
6. Social Media Blogs or Chat Rooms	YES	NO	1	2	3	4	5
7. Web-based Surveys	YES	NO	1	2	3	4	5
8. Planning Committee with Sub-Committees	YES	NO	1	2	3	4	5
9. Any method not mentioned in this list?	YES	NO	1	2	3	4	5

If you answered “Yes” to item 9, briefly describe that method.

Individual surveys were additional means of obtaining information related to the plan. The question survey dealt with issues such as: general definition of participant; emerging trends in substance use; long-standing trends in substance use; additional services needed by type of service needed and geographic area where needed; needs and gaps in services provided by specific subpopulations; what prevents individuals from seeking treatment; what recovery support is needed; what recovery support are they familiar with or has seen work; and any other concerns to be addressed.

- Briefly discuss your scores in the previous table. Knowing what you know now, would you recommend any different approaches to engaging participants when preparing the next CCP?

As was noted in previous sections and as detailed above, the additional tool utilized were the individual surveys. The survey was generic in nature and did not ask anyone to identify themselves by name although the group meetings were identified. The survey contained a list of 12 possible identifiers (participant could check more than one identifier). The generic identifier process allowed participants to be open in their responses. Participation by Substance Abuse Services staff members in other interagency groups or boards also allowed for development of added information that could be helpful input for the planning process.

- How were the needs of the Ch.51 subpopulations identified and evaluated in the planning process?

<p>a. Offenders</p> <p>This process did not focus on offenders as a priority population. However, the county has subcontracted substance use disorder treatment program within the Justice Facility, and a Medically Assisted Treatment (MAT) Program within the Atlantic County Justice Facility. Atlantic County offers support to offenders that are more prone to relapse and overdose, dedicate resources to appropriate substance use disorder treatment and NARCAN distribution and training on a case-by-case basis as needed.</p>
<p>b. Intoxicated Drivers</p> <p>Atlantic County provides both 12 Hour and 48 Hour IDRC programming, utilizing Substance Abuse Services staff and contracted consultants to provide these services. Atlantic County is the only county in the state to run its own 48 Hour Program. Atlantic County services only Atlantic</p>

County residents in both these programs. Funding for these clients associated treatment services is covered under the state DUII grant, or when needed via available Chapter 51 funding.

c. Women

Women receive priority admission to services (particularly pregnancies) detoxification, short term residential and all outpatient treatment services are covered by the expansion of Medicaid and supported by the Chapter 51 funding source for treatment who are medically or financially indigent.

d. Youth

This group is considered a priority population, however that provided services are generally underutilized resulting in adolescent treatment services are limited offered by local provider agencies. Recent series of committee meetings with Superintendent of Schools has brought needed attention to this population and concerns for the youth is being addressed with access to specialty support, intervention, treatment, and case management on an inpatient and outpatient level of care on a case-by-case basis and Chapter 51 funding is utilized appropriately when needed.

e. Disabled

This population is a priority population for treatment access as is well known; however, was not indicated by the surveys as needed additional attention than what is established for the time being. However, as with other service subpopulations, the county will address use of Chapter 51 funding on a case-by-case basis for persons presenting a need.

f. Workforce

Although not identified as a priority population, Atlantic County does hold the unique distinction of being the only county with casino gaming. This industry is more apt to experience incidences of substance use disorder. However, a large majority of individuals employed in this industry do maintain medical insurance. The county will continue to support this population on a case-by-case basis as needed. The COVID pandemic and social lockdown is lifting after the few years impact, it is expected to be an issue for both the individual and employer in terms of workforce development.

g. Seniors

Although not considered a major focus group during this planning process, the county is aware that within the next 10 years, this subpopulation will account for over 25% of the state's population. The county will continue to monitor this population and will direct funding and associated services as identified. The COVID pandemic and social lockdown is lifting after the few years impact, it is expected to be an issue for both the individual and family.

h. Co-occurring

This subpopulation is considered a priority population and will be addressed appropriately during this funding cycle. Currently the county provides substance use services via a contract with co-occurring treatment providers for the subpopulation. Additionally, the county currently contracts with two substances use disorder treatment facilities for detoxification and/or outpatient services for this population. The county will continue to provide and possibly expand funding to these agencies.

**7. Overall, did your planning process help to build and strengthen collaborative relationships among the county, other departments or offices of government, or other stakeholders in the community? Please elaborate.**

Stakeholders included government, treatment, and prevention provider planners and local community members to help build and strengthen collaborative relationships. The stakeholders were pressed to put in place solutions to urgent substance misuse problems facing our local communities within the Atlantic County and neighboring areas. Note that Atlantic County is home to “the world’s playground – Atlantic City Resort” entertainment attraction that draws visitors, some of which become homeless occupants in need of socioeconomic help. Treatment for mental health and substance use disorders and co-occurring services are needed. Preparedness with prevention along with treatment has been shown productive. The SAS Unit Director and Program Coordinator referred to SAMSHA research showing experience have shown that prevention must begin with an understanding of these complex behavioral health problems within their complex environmental contexts; then can communities establish and implement effective plans to address substance misuse. To facilitate this understanding, the Unit Head for Atlantic County Substance Abuse Services refers to the SAMHSA developed the Strategic Prevention Framework (SPF). The five steps and two guiding principles of the SPF offer prevention planners a comprehensive approach to understanding and addressing substance misuse and related behavioral health problems facing our communities.

The SPF model considered for looking ahead includes these five steps:

- 1 Assessment: Identify local prevention needs based on data (e g, what is the problem?)
- 2 Capacity: Build local resources and readiness to address prevention needs (e g, what do you have to work with?)
- 3 Planning: Find out what works to address prevention needs and how to do it well (e g, what should you do and how should you do it?)
- 4 Implementation: Deliver evidence-based programs and practices as intended (e g, how can you put your plan into action?)
- 5 Evaluation: Examine the process and outcomes of programs and practices (e g, Is your plan succeeding?)

The SPF is also guided by two cross-cutting principles that should be integrated into each of the steps that comprise it:

- Cultural competence. The ability of an individual or organization to understand and interact effectively with people who have different values, lifestyles, and traditions based on their distinctive heritage and social relationships.
- Sustainability. The process of building an adaptive and effective system that achieves and maintains desired long-term results.

The SPF has several defining characteristics that set it apart from other strategic planning processes. Most notably, it is:

- Dynamic and iterative. Assessment is the starting point, but planners will return to this step again and again as their community's substance misuse problems and capacities evolve. Communities may also engage in activities related to multiple steps simultaneously. For example, planners may need to find and mobilize additional capacity to support implementation once a program or practice is underway. For these reasons, the SPF is a circular rather than a linear model.
- Data-driven. The SPF is designed to help planners gather and use data to guide all prevention decisions—from identifying which substance misuse problems to address in their communities, to choosing the most appropriate ways to address these problems, to determining whether communities are making progress.
- Reliant on and encourages a team approach. Each step of the SPF requires—and greatly benefits from—the participation of diverse community partners. The individuals and institutions involved in prevention efforts may change as the initiative evolves, but the need for prevention partners will remain constant.

This toolkit introduces the SPF's well-tested and user-friendly planning approach. Organized by each of the steps in the framework, the toolkit provides a snapshot of how each of the components fit together and build on one another. Used in tandem with its companion resource, *Selecting Best-Fit Programs and Practices: Guidance for Substance Misuse Prevention Practitioners*, the toolkit provides an important starting point for engaging in a thoughtful, data-driven process that supports best practices, engages critical stakeholders, and draws on evidence. Adherence to the principles in the framework increases the likelihood that prevention efforts will produce anticipated outcomes, reduce harmful behaviors, and keep communities healthy and safe.

Acknowledgments:

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## C. PREVENTION AND EARLY INTERVENTION

**INSTRUCTIONS:** In a few short paragraphs of 5 to 7 sentences each, describe your county's plan for the use of its AEREF prevention set-aside in each of the four years from 2024 to 2027. Indicate that you will spend your required set-aside to purchase and implement an evidence-based prevention education program such as Mental Health First Aid, Parenting Wisely, Strengthening Families or SBIRT, or another evidence-based program including a link to the list of EBPs where the program may be found. Additionally, describe the prevention plans of your county's regional prevention coalition and county alliance steering subcommittee. Request help from both groups to describe the plans they are implementing in 2024-2027.

### 1. SUMMARY OF THE ATLANTIC COUNTY REGIONAL PREVENTION COALITION IMPLEMENTATION PLAN

The Cape Atlantic Bridge Coalition is a regional coalition representing both Atlantic and Cape May Counties. Each county utilizes separate data collection and logic models to complete interventions for their respective county. The Atlantic portion of the regional coalition addresses underage drinking, underage cannabis use, and prescription medication misuse. Due to the recent legalization of cannabis for those over 21, the coalition has created a new cannabis prevention workgroup and will be updating the marijuana logic model with their grantee in the coming months.

The coalition is addressing underage drinking by educating municipalities regarding local ordinances that can reduce and/or delay underage use. The coalition educates both parents and youth through social media, media campaigns, information dissemination and presentations. The coalition also works directly with liquor licensed establishments, providing training on identifying fake id's as well as responsible beverage server training. Similar interventions regarding underage marijuana use will be instituted throughout the county. As mentioned, a new workgroup has been formed to address the new issues that are occurring.

Prescription medication misuse interventions include educating the public on the dangers of misuse and the link between prescription drug use and heroin. The coalition also focuses on interventions regarding medication safety and disposal. These interventions include promoting medication drop boxes throughout the county and presentations on how to dispose of medication properly. Lastly, the coalition provides training and technical support to school-based resiliency teams that address ACEs and recognizing trauma, and tools to support students with ACEs.

## **2. SUMMARY OF THE ATLANTIC COUNTY ANNUAL ALLIANCE PLAN FOR THE EXPENDITURE OF FUNDS DERIVED FROM THE “DRUG ENFORCEMENT AND DEMAND REDUCTION FUND.”**

Municipal Alliance Drug Enforcement Demand Reduction (DEDR) funding the County has received a two-term supplemental Youth Leadership grant from the Governor’s Council on Alcoholism and Drug Abuse (GCADA) which is funded through the Division of Mental Health and Addiction Services (DMHAS). The total funding amount for term one in 2023 is \$40,617. The grant focuses on addressing some of the following topics: ACES/trauma, resiliency, life skills, peer leadership, vaping and marijuana education, community, and other strength-based youth programs. This allows the municipal alliance to reimplement programs that may have been discontinued because of reduction in DEDR funding and allows them to expand on their efforts to strengthen their communities through many different initiatives. Funding provides for base grants to be awarded to the 16 participating municipal alliances, representing 19 Atlantic County municipalities. However, 3 of the municipal alliances have chosen not to partake and 13 have accepted the opportunity to participate.

## D. LOGIC MODEL NARRATIVES

NARRATIVE INSTRUCTIONS: There will be FOUR logic models. These sections are the following: **Prevention, Early Intervention, Clinical Treatment with Detoxification and Recovery Support Services**. Each logic model must have a narrative. Answer the following questions within each narrative. Please keep each narrative to no more than five pages. FOR EACH GOAL, another logic model and narrative are required. Label multiple goals in their order of importance: "FIRST", "SECOND", etc. The Logic Models are to be placed in Appendix 4.

**1. Describe a treatment need-capacity "gap" in the substance abuse treatment system of care that impedes county residents' access to appropriate and effective treatment on demand? Please describe its strategic significance to the overall success of the 2024-2027 CCP.**

The gap evaluated needs assessment methodologies for substance use disorder (SUD) treatment capacity. Atlantic County is focused on highlighting best practices and identifying gaps and opportunities for improvement. In 2021, the primary drug problems were alcohol 38% and opioids 40% of the population that needed treatment for an SUD treatment, as defined by the NJSAMS; furthermore, unemployment is an alarming 26% and homelessness at 14% with an additional 17% in dependent and assisted living arrangements. The primary referral source was 72% self-referred of which made up of 42% Atlantic County residents and all others received in from outside of the county. In addition, the opioid crisis has superseded alcohol abuse which may be attributable to the accessibility of pain-relieving prescriptions, higher intensity of the clandestine drugs, and the influx of drugs assumed to be heroin, but laced by lethal doses of alternatives produced illegally. The overdose deaths have gained the attention of all levels of government and the public is alarmed and devastated by drastic increases of fatalities associated with substance abuse. There is a tremendous need to close the gap between drug use, abuse and accessible prevention and treatment resources to include basic needs for living.

### APPENDIX 5:

CY2021 Substance Abuse Treatment Discharges Atlantic County Resident

Total Discharges =7,339  
Unduplicated Clients  
Discharged =3,502

**1. What social costs or community problem(s) does this "gap" impose on your county?**

Now, more than ever, there is a need to help with mental health and substance misuse to the local community, state, and nation's future. Prevention, treatment, and support to help people recover from mental and/or substance use disorders are essential strategies for the health and prosperity of

individuals, families, communities, and the country. According to SAMHSA's 2017 survey, half of all Americans will meet criteria for a mental or substance use disorder during their lives. Unfortunately, of the estimated 43.7 million adults with a mental illness and 20.3 million adults with a substance use disorder in the past year, many did not receive needed care. Only 41 percent of adults with diagnosable mental health problems received treatment. Similarly, only 11 percent of people with a substance use disorder received treatment at a specialty substance abuse treatment facility. Atlantic County's Substance Abuse Services Unit is directing \$848,533.00 in funds to mitigate the problems associated with misuse, substance abuse, and substance use disorder. If these funds were not utilized and available, a wide gap would occur and adversely impact the social structure of the local communities within Atlantic County. Community problems would go unmet without the \$848,533.00 funds being utilized currently. The county can do better, and the Substance Abuse Services office has the responsibility to focus on these preventable and treatable problems, of which, if unaddressed, come with extraordinary individual, societal, and economic consequences.

## **2. What quantitative and qualitative evidence did you find that helped you to identify this gap and evaluate its significance?**

Based upon review both qualitative and quantitative perspectives, the gaps identified for Atlantic County were related to the current opioid epidemic/public health crisis remains the primary concern of stakeholder opinion. The recent passage of legalized cannabis is a gap yet to be fully realized as it had been a recent development. The concerns are that many youths are assuming legalization applied to underage consumption to be acceptable. The adverse impact on developing brains and bodies yet to be fully mature may have irreversible negative long-term effects. Comparisons were made from previous surveys to more recent surveys and the opioid crisis remains the top concern. Furthermore, the opioid crisis may have been exacerbated by the pandemic COVID-19 and global shutdown over the past two years. The gap between the pre-COVID and during COVID/Lockdown is the limited access to reliable data and related results correlated to the opioid crisis. The increased opioid use and potency has been attributable to the alarming overdose fatalities. The current opioid epidemic/public health crisis remains the primary concern of Atlantic County and for the foreseeable future. Emerging Xylazine use which undetectable on screening panels and thereby challenging for intervention and treatment. Fentanyl is showing up in various illicit distribution abused drugs and more widespread than previously. Transportation to treatment is a high priority identified by the Needs Questionnaire.

Participating groups in the Needs Questionnaire were: PACADA, LACADA, CIAC, CASS, JTAC, All Roads Recovery, APR, ABH, CODI, Hope All Day, JBRC, JFS, OFRT, South Jersey Aids Alliance, Stockton College – Social Work Specialists.

Atlantic County had an estimated 2018 population of 265,429 people. This population figure ranks 15<sup>th</sup> out of 21 counties in the state. However, over the three-year period of 2016-2018, the county has ranked 1<sup>st</sup> per capita (per 100,00 residents) in overall overdose deaths. Additionally, in 2016, the county ranked 1<sup>st</sup> per capita in Heroin, Fentanyl and Oxycodone deaths. 2017 data for those deaths were unavailable, but it is said that the county remains number 1 in all opioid related deaths.

The following data, taken from the NJCARES Dashboard, was also utilized in this planning process to verify this problem:

Confirmed or Suspected Overdose Deaths in Atlantic County: 2016- 171 confirmed; 2017- 169 confirmed; 2018-190 suspected.

NARCAN/Naloxone Administrations (both Law Enforcement and EMTs); 2016-800; 2017-955; and 2018-895.

Opioid Pain Relief Prescriptions: 2016-240,168; 2017-220,025; and 2018-189,435.

Opioid overdose deaths will present the major challenge Atlantic County faces over the course of this 4-year planning cycle. Atlantic County will look to early intervention and recovery support in addressing this continuing challenge.

**3. Please restate this “gap” and related community problem as a treatment goal to be achieved during the 2024-2027 CCP.**

The County of Atlantic will continue to provide a full matrix of services to residents seeking treatment services. The Medicaid expansion has helped enhance and supplement the needed funding in levels of care treatment areas, and the county has realized that past and current funding contracts, it will not eliminate the necessity of providing grant funding for all treatment categories.

The county will continue to provide funding for detoxification, short term residential, outpatient, intensive outpatient, halfway house, recovery support, early intervention, and prevention services as recommended.

The current planning process has determined that increasing funding dollars is needed to address the opioid epidemic, higher potency drugs that are more difficult to detect and treat and overdose fatality deaths increased by substance abuse surges. Workforce development and training is needed according to provider surveys. Transportation barriers need attention and make more accessible to treatment. The opioid epidemic will require added funding to address early intervention and recovery support. Recovery environment and sober living housing issues are gaps needing resources. Co-occurring treatment, transportation and mental health recovery housing is requested in addition to sober living homes.

**4. What annual tasks or targets has your county set for itself to achieve this goal in whole or in part over the next four years? State the objective for each year.**

Actions needed to address identified needs:

1.- Information access: The county currently contracts with one recovery support agency to provide treatment information and aid in the delivery of appropriate treatment referrals and/or placements as needed. The county plans to continue to RFP for this service, and to increase funding to this agency or any other interested agency to maintain and expand this service. The county will also explore funding needs with the Sheriff’s Department, with the possibility of providing funding to supplement and/or enhanced the Hope One Van Program, which is providing similar services via their mobile van.

2.- Linkage to treatment for victims of overdose events: Again, the county currently contracts with a local provider agency, who currently holds the state funded OORP (Opioid Overdose Recovery Program) grant, to provide recovery support services to

not only opioid overdose victims, but to any county resident experiencing an overdose event. Our contracts allow for Recovery Specialists and/or Patient Navigators to engage individuals suffering from any overdose event and provide non-clinical assistance, recovery support and appropriate referral for assessment and substance use disorder treatment. We will look to continue to fund this program and explore immediate expansion of this program. Additionally, the county will encourage local treatment provider agencies to include recovery support as part of their overall treatment plans (this could become part of their aftercare plan) and explore providing separate funding via RFP over the life of this funding cycle to accomplish this challenge.

3.- Co-occurring Substance Use Disorder treatment: Increase funding in current and future contracts to include psychiatric evaluation for all individuals presenting for substance use disorder treatment.

4.- Transportation access for presenting clients: Include or increase coverage for transportation costs to and from treatment services in all existing or future treatment service contracts. These transportation cost will be utilized on an as need basis to be determined by the provider agency. Providers will be asked to detail anticipated transportation costs in their individual RFP proposal submissions.

5.- Recovery Support Housing: The County of Atlantic currently contracts with the local Halfway House to provide extended housing services for recovering individuals. In that this agency provides services for numerous other counties in the state and has mandatory allotted bed space dedicated to other state grant programs, it is difficult to expand their AEREF funding to cover added Atlantic County clients. Given this situation, the county will reach out to other contracted treatment provider agencies to explore utilizing their individual agency resources to access added housing beds. Limited (time length sensitive) housing funding could be included as part of the aftercare plan for discharged clients. Providers would also be asked to detail anticipated housing costs in their individual RFP proposal submissions.

6.- Opioid Epidemic: Additional funding will be dedicated to the continued expansion of the NARCAN/Naloxone Overdose Reversal Program over the course of this new 4-year funding cycle. The county will also explore working with the County Justice Facility to incorporate NARCAN training and NARCAN kit distribution to identified substance use disorder inmates being discharged from the facility.

## **5. What strategy will the county employ to achieve each annual objective?**

2024: Release standard Request for Proposal with identified early intervention funding amounts.

2025: Along with shareholder agencies, measure statistical data to determine effectiveness of programming.

2026: Create added informational data to provide programming information for affected population.

2027: Working with local LACADA board, identify AEREF or other funding sources for continued expansion of current program or funding of new programming efforts.

During 2016, the state Medical Examiner's Office reported 171 total overdose deaths for Atlantic County. Of this total, 97 deaths involved heroin, 64 involved fentanyl, and 25 involved oxycodone. (This indicates that in some instances more than one opioid based drug was involved in a single death).

During 2017, this same reporting agency noted 169 total overdose deaths in Atlantic County. Once again, statistics show that in most instances more than one opioid based drug was involved in a single death, with heroin being involved in 95 deaths, fentanyl being involved in 86 deaths and oxycodone being involved in 13 deaths.

During 2018, suspected overdose deaths were reported by this agency, via the NJCARES Dashboard, at 190 total deaths. There are no statistics currently available to indicate what drugs were involved in these deaths. However, considering overdose patterns over this three-year period, it can be assumed we would see the same opioid based drugs involved proportionately.

Over this same time, naloxone administrations continued to rise with 800 in Atlantic County in 2016; 955 in 2017; and 895 in 2018.

The suggested gap would appear to be continued and increasing opioid based drug use, with increasing deaths despite increased Naloxone administrations.

The significant importance of addressing this gap is getting NARCAN/Naloxone into the hands of more individuals for use in opioid overdose situations and reducing the number of individuals lost to overdose deaths caused by opioid substance use disorder.

1. What social costs or community problem(s) does this "gap" impose on your county?

Increased fatalities secondary to opioid, as well as associated costs for recovery support and/or treatment services for affected individuals.

2. What quantitative and qualitative evidence did you find that helped you to identify this gap and evaluate its significance?

- The New Jersey Chartbook of Substance Abuse Related Social Indicators, 2016
- NJCARES Dashboard of Opioid Related Data and Information
- Planning Process participant surveys
- Key Informant Interviews

3. Please restate this “gap” and related community problem or problems as a goal to be pursued during the 2024-2027 CCP.

- To reduce the rate of fatalities secondary to opioid overdose deaths
- Identify at-risk populations and provide information, training, and treatment referral where necessary.

4. What annual accomplishments has your county set for itself in pursuit of this goal over the next four years? State these as investment objectives for each early intervention program involved in meeting each annual objective.

2024: Continue current programming and dedicate added funding dollars to NARCAN/Naloxone trainings over the next 4 years.

2025: Work with local provider agencies and/or county units to identify other programming efforts which might be funded through AEREF dollars.

2026: Work with same agencies or county units to identify at-risk groups and where to best serve them.

2027: Increase early intervention funding for identified needs as appropriate.

5. What strategy will the county employ to achieve each annual objective?

6. How much will it cost each year to meet the annual objectives?

7. Once the strategy is implemented, how many residents do you anticipate will be treated? That is, what will be the annual “outputs” of the strategy?

8. What will be the annual outcomes, or community benefits, of the strategy? Please estimate the social cost-offsets for the community.

9. Whose participation beyond the county’s initiative will be needed to execute the strategy or any of its parts?

## **6. How much will it cost each year to meet the annual objectives?**

The local LACADA identified AEREF funding in the amount of \$10,000 for funding of the NARCAN/Naloxone program each year.

## **7. If successful, what do you think will be the annual outputs of the strategy?**

At a current cost of \$75-\$80 per person, it is anticipated that a minimum of 125 individuals would be served yearly. However, if NARCAN reversal units are decreased by half in each provided kit (which probably would not be done for this at-risk population) a minimum of 250 individuals would be served yearly. Additionally, it would be expected, this number would increase proportionately with added yearly funding.

## **8. What will be the annual outcomes, or community benefits, of the strategy? Please estimate the social cost-offsets for the community.**

The US Department of Health has identified the national annual drug abuse cost at \$151.4 billion. They have also indicated that for every dollar spent on substance abuse treatment services, there is an estimated savings of \$12 in associated community cost offsets.

The CDC estimates a cost of \$33,000 per person for the annual treatment, community, and social service costs of addressing substance use disorder. In utilizing early intervention programming to remove as little as 100 individuals from the treatment community, we would realize overall community savings of \$3.3 million per year.

## **9. Who is taking responsibility to execute the strategy or any of its parts?**

- Substance Use Disorder provider agencies.
- County Justice Facility staff and provider agency currently providing MAT services.
- County Sheriff's Department.

## APPENDIX 1: DEFINITIONS OF PLANNING CONCEPTS

County Comprehensive Plan (CCP) is a *document* that describes the *future* relationship between the substance abuse risks and treatment needs of county residents and all existing resources available to county residents for meeting those needs. It presents the results of a community-based, deliberative *process* that prioritizes those resource gaps most critical to residents' well-being and proposes an *investment strategy* that ensures both the maintenance of the county's present system of care and the development of a relevant future system. Finally, a CCP represents a commitment of the county and community stakeholders to sustained, concerted action to achieve the goals and corresponding community-wide benefits established by the plan.

Client-centered care is a widely recognized standard of quality in the delivery of substance abuse treatment. It is based on the principle that treatment and recovery are effective when individuals and families assume responsibility for and control over their personal recovery plans. Thus, client-centered care respectfully incorporates individual client preferences, needs, and values into the design of an individual's recovery plan by empowering clients and their families with the information necessary to participate in and ultimately guide all clinical decision-making pertaining to their case.

Recovery-oriented care views addiction as a *chronic* rather than an *acute* disease. Correspondingly, recovery-oriented care adopts a *chronic disease* model of sustained recovery management rather than an *acute care* model premised on episodes of curative treatment. Recovery-oriented care focuses on the client's acquisition and maintenance of recovery capital, such as global health (physical, emotional, relational, and spiritual), and community integration (meaningful roles, relationships, and activities).

Continuum of Care For purposes of community-based, comprehensive planning, the full service continuum of care is defined as inter-related county systems of substance abuse prevention and education, early, or pre-clinical, intervention, clinical treatment and long term recovery support.

Co-occurring Disorder is a term that describes those persons who suffer treatment needs for substance use and mental health related disorders simultaneously such that care of the whole person requires both disorders be addressed in an integrated treatment plan.

Need Assessments are carefully designed efforts to collect information that estimates the number of persons living in a place with clinical or pre-clinical signs of present or future treatment need. Typically, an assessment will also describe need according to the socio-demographic characteristics of the population. If the care being planned is preventive in nature, then the assessment focuses on the number of residents at risk of presenting for clinical interventions. If the care being planned is in the nature of chronic disease management, then the assessment focuses on the number of residents completing clinical care for an acute disease episode. Typically, a need assessment will also evaluate the significance of an identified need according to the expected personal and social costs that can be anticipated if the identified need is left unaddressed.

Demand Assessments seek to convert an assessed need into an estimate of the number of persons who can be expected to seek the planned care. The purpose of demand assessment is to anticipate how many persons with the need will actually use the care if it is offered. Treatment need may or may not convert to treatment demand. That portion that seeks and obtains treatment is called "Met demand" and that portion which does not is called "Unmet demand" when any individuals in this group indicate a desire to obtain treatment. The remainder are persons in need with no indicated demand for care.

Gap Analysis describes needs that are not being met because of a shortfall in resources available to meet them. By comparing the number and characteristics of residents who are likely to present for care, Demand, with the number and characteristics of care providers available to treat them, a "gap" in services may be identified. In the first instance, a "gap" is the arithmetic difference between a projected service need and the existing capacity

of providers to meet the need. But a “gap” may also arise because of access issues called “barriers,” such as a lack of insurance, transportation or childcare.

Logic Model A logic model is tool for organizing thoughts about *solving a problem* by making explicit the rational relationship between means and ends. A *documented need* is converted into a problem statement. The *problem statement* must be accompanied by a *theory* that explains the problem’s cause(s) and the corresponding actions required to “solve” it. The theory must be expressed in the form of a series of “If...Then” statements. For example, **if** “this” is the problem (*definition*) and “this” is its cause (*explanation*), **then** “this” action will solve it (*hypothesis*). Finally, when out of several possible “solutions” one is adopted, it must be accompanied by a *list of measures* for which data are or can be made available, and by which to determine if the targeted problem was indeed “solved,” in what time frame, to what degree, at what cost to the community and for what benefit (outcome or payback) to the community.

Outputs are the numbers of persons served by any given program expressed in terms of both total persons served and per person costs of services delivered.

Outcomes are the community values resulting from the operation of any given program expressed as the percentage of a community problem “solved” and as a rate “per hundred thousand” of a county or target population.

Action Plans are also logic models. They are used to develop a coherent implementation plan. By breaking a problem’s solution down into a series of smaller tasks, an action plan organizes the tasks, resources, personnel, responsibilities and time to completion around the hypothesized solution to the stated problem.

Evaluation Plans are also logic models. They are used to develop a coherent plan for establishing the value of the outcome of having “solved” a community problem associated with a service gap. The elements of an evaluation plan are a problem statement, an anticipated benefit to be captured by reducing the size and impact of the stated problem, measures that can inform the community if a problem has been reduced and by what proportion, a description of the type and availability of the data required to measure the intended change, a method for analyzing the data obtained, an estimate of the fiscal and other requirements of the method, and the findings from the evaluation.

## APPENDIX 2: REFERENCES

- Adolescent Information Form (AIF) (2018). *Intake data*. [2015-2017].
- Fleming, M. F., Mundt, M. P., French, M. T., Manwell, L. B., Stauffacher, E. A., & Barry, K. L. (2002). Brief physician advice for problem alcohol drinkers: Long-term efficacy and benefit cost analysis. *Alcoholism: Clinical and Experimental Research*, 26(1), 36–43.
- Grant, B.F., Stinson, F.S., Dawson, D.A., Chou, P., Duford, M.C., Compton, W., et al. (2004). Prevalence and co-occurrence of substance use disorders and independent mood and anxiety disorders: Results from the National Epidemiologic Survey on Alcohol and Related Conditions. *Archives of General Psychiatry*, 61, 807-816.
- N.J. Department of Education (2018). *Violence, vandalism and substance abuse in New Jersey Schools* [Reports]. Retrieved from <https://www.state.nj.us/education/data/>
- N.J. Department of Health, Population Health (2018). *NJ opioid data dashboard*. [2008-2018 data]. Retrieved from <https://www.state.nj.us/health/populationhealth/opioid/>
- N.J. Division of Mental Health and Addiction Services (2012). *2012 New Jersey middle school risk & protective factor survey*. N.J. Department of Human Services. Retrieved from [www.state.nj.us/humanservices/dmhas/](http://www.state.nj.us/humanservices/dmhas/)
- N.J. Division of Mental Health and Addiction Services (2018). New Jersey Substance Abuse Monitoring System (NJSAMS). N.J. Department of Human Services. Retrieved from <https://njsams.rutgers.edu/njsams/>
- N.J. Division of Mental Health and Addiction Services (2016). *New Jersey chartbook of substance abuse related social indicators: Somerset County*. N.J. Department of Human Services. Retrieved from <https://www.state.nj.us/humanservices/dmhas/home/>
- N.J. Division of Mental Health and Addiction Services, Office of Planning, Research, Evaluation and Prevention (2018). *Northwest Central Regional Learning Collaborative (RLC): Projection gaps, 2020-2023*. N.J. Department of Human Services.

N. J. Governor's Task Force on Drug Abuse Control (2017). September Legislative Report. Retrieved from <https://www.njleg.state.nj.us>

N.J. State Epidemiological Outcomes Workgroup (2018, February 28). *New Jersey older adult survey*. N.J. Department of Human Services. Unpublished raw data.

New Jersey Reentry Corporation (2018). *New Jersey Opioid Addiction Report: A Modern Plague*. Retrieved from [www.njreentry.org](http://www.njreentry.org)

Safe Communities Coalition (2018). *Central Jersey 8<sup>th</sup> grade and high school survey data* [School survey, 2018, district name redacted]. Unpublished raw data.

Safe Communities Coalition (2018). *National Night Out statistics* [Survey results, 2014-2017]. Unpublished raw data.

Substance Abuse and Mental Health Services Administration (2016). *Facing addiction in America: The Surgeon General's Report on alcohol, drugs, and health*. U.S. Department of Health and Human Services. Washington, DC: HHS. Retrieved from <https://addiction.surgeongeneral.gov/>

Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment (2009). *Cost offset of treatment services*. U.S. Department of Health and Human Services.

Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment (2018). *Recovery and recovery support*. U.S. Department of Health and Human Services. Retrieved from [www.samhsa.gov/recovery](http://www.samhsa.gov/recovery)

Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment (2013). *Systems-level implementation of Screening, Brief Intervention, and Referral to Treatment (SBIRT)*. Technical Assistance Publication Series, 33. U.S. Department of Health and Human Services. Retrieved from <https://www.store.samhsa.gov>




## APPENDIX 4: LOGIC MODELS

### LOGIC MODEL: PREVENTION

Need-capacity gap and associated community problem (A)	Evidence of problem and its significance for the county (B)	Goal For 2024-2027 (C)	Objectives Targets Per Annum (D)	Strategy To Achieve Objective (E)	Inputs Financial or Other Resources (F)	Outputs Expected product (G)	Outcomes Expected Community Benefits (H)	Agency Responsible (I)
<p><b>Need-capacity Gap:</b></p> <p>The average age of first use (across substances) in Atlantic County is 13-16 years old. Youth referrals for substance use and/or co-occurring treatment have increased since 2022. Department of Education incidents for substance use are also on the rise.</p>	<p>Referrals for substance use disorder increase after grade 8, 2022.</p> <p>School surveys indicate the initiation of alcohol and drug use occurs from ages 13 to 16 (2023 Superintendent of Schools meetings). Reported lifetime use of other substances (Tobacco, Marijuana) in Atlantic County is high for state lifetime use.</p> <p>Students report relying on teachers, mass media, peers, and the internet for information about alcohol and other drugs.</p> <p>School-reported substance use incidents increased according to anecdotal indicator 2023 Superintendent of Schools meeting.</p>	<p><b>To:</b> provide evidence-based prevention programming to Atlantic County Middle Schools and youth/young-adult serving residents.</p>	<p><b>2024: To</b> assist middle schools in implementing evidence-based prevention health curricula and increase residents' skills in identifying and addressing potential warning signs of mental health and substance use issues.</p>	<p><b>2024:</b></p> <p>Continue training school staff to make referrals as indicated; conduct Mental Health First Aid trainings for residents.</p>	<p><b>County:</b> \$00:00 TBA <b>AEREF/State:</b> \$00:00 TBA <b>Total:</b> \$00:00 TBA</p>	<p><b>Number of</b></p> <p>Number of students receiving training school staff to make referrals as indicated and number of residents trained in Mental Health First Aid will increase annually; in 2024 a baseline will be established.</p>	<p><u>Short Term:</u> An increase in middle school students' refusal skills, perception of harm, and media literacy; increase in Atlantic County residents' awareness and identification skills of potential substance use/co-occurring challenges.</p>	<p>Atlantic Prevention Resources, local prevention partners and youth/young adult serving agencies, Municipalities, Municipal Alliances, Local School Districts and Boards of Education</p>
			<p><b>2025: To</b> assist middle schools in implementing evidence-based prevention health curricula and increase residents' skills in identifying and addressing potential warning signs of mental health and substance use issues.</p>	<p><b>2025:</b> Continue training school staff to make referrals as indicated; conduct Mental Health First Aid trainings for residents.</p>	<p><b>County:</b> \$00:00 TBA <b>AEREF/State:</b> \$00:00 TBA <b>Total:</b> \$00:00 TBA</p>	<p><b>Number of</b></p> <p>Number of students receiving training school staff to make referrals as indicated and number of residents trained in Mental Health First Aid will increase by 5%.</p>	<p><b>Middle Term:</b></p> <p>An increase in middle school students' refusal skills, perception of harm, and media literacy; increase in Atlantic County residents' awareness and identification skills of potential substance use/co-occurring challenges.</p>	<p>Agency to be the same or like 2024.</p>
			<p><b>2026: To</b> assist middle schools in implementing evidence-based prevention health curricula and increase residents' skills in identifying and addressing potential warning signs of mental health and substance use issues.</p>	<p><b>2026:</b> Continue training school staff to make referrals as indicated; conduct Mental Health First Aid trainings for residents.</p>	<p><b>County:</b> \$00:00 TBA <b>AEREF/State:</b> \$00:00 TBA <b>Total:</b> \$00:00 TBA</p>	<p><b>Number of</b></p> <p>Number of students receiving training school staff to make referrals as indicated and number of residents trained in Mental Health First Aid will increase by 10%.</p>	<p><b>Middle Term:</b></p> <p>An increase in middle school students' refusal skills, perception of harm, and media literacy; increase in Atlantic County residents' awareness and identification skills of potential substance use/co-occurring challenges.</p>	<p>Agency to be the same or similar to 2025.</p>
<p><b>Associated Community Problem:</b></p> <p>Focus group participants indicated that adults in non-clinical roles generally do not know what to look for as warning signs of potential mental health or substance</p>								

use challenges in youth and young adults.			<p><b>2027: To</b> assist middle schools in implementing evidence-based prevention health curricula and increase residents' skills in identifying and addressing potential warning signs of mental health and substance use issues.</p>	<p><b>2027:</b> Continue training school staff to make referrals as indicated; conduct Mental Health First Aid trainings for residents.</p>	<p><b>County:</b>  <b>\$00:00 TBA</b>  <b>AEREF/State:</b>  <b>\$00:00 TBA</b>  <b>Total:</b>  <b>\$00:00 TBA</b></p>	<p><b>Number of</b>  Number of students receiving training school staff to make referrals as indicated and number of residents trained in Mental Health First Aid will increase by 15%.</p>	<p><b>Long Term:</b>  Reduction of youth/young adults seeking services for substance use disorder, reported substance use issues in the schools, and increased early identification of risky behaviors.</p>	<p>Agency to be the same or similar to 2026.</p>
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**LOGIC MODEL: EARLY INTERVENTION**

Need-capacity gap and associated community problem (A)	Evidence of problem and its significance for the county (B)	Goal For 2024-2027 (C)	Objectives Targets Per Annum (D)	Strategy To Achieve Objective (E)	Inputs Financial or Other Resources (F)	Outputs Expected product (G)	
<p><b>Need-capacity Gap:</b></p> <p>Low number of youth under the age of 18 accessing/being admitted to substance use treatment services.</p>	<p>NJ State Initiative Substance Use Navigator implementation to identify the needs, gaps and barriers to the access of substance use services for youth under the age of 21. Atlantic County awarded the grant for prevention and education.</p> <p>According to South Jersey Coalition, referrals to treatment for the youth under the age of 18 were admitted to treatment for a substance use disorder were low; low admission levels for individuals from the ages of 18 to 21 that were admitted to treatment for a substance use disorder; and a low number of individuals from the ages of 22 to 24 were admitted to treatment for a substance use disorder. Therefore, eligibility for South Jersey Initiative was expanded to include young adults age 30 and under.</p>	<p><b>To:</b></p> <p>assist Atlantic County community partners' capacity in the seamless systems-level implementation of SBIRT into educational and medical settings to identify at risk residents aged 13 to 21 for a substance use/co-occurring disorder.</p>	<p><b>2024: To</b></p> <p>assist trained community partners in identifying at risk youth and young adults for substance use/co-occurring disorder by utilizing an evidence-based process and collaborating efforts to assist residents in navigating Atlantic County resources/system of care.</p>	<p><b>2024:</b> Train community partners in education and medical settings on the administration and implementation of SBIRT. SBIRT training will increase community partners' knowledge of Atlantic County resources and provide technical assistance to better navigate the system of care.</p>	<p><b>County:</b> \$00:00 TBA <b>AEREF/State:</b> \$00:00 TBA <b>Total:</b> \$00:00 TBA</p>	<p>Number of community partners trained will be established, with approximately 10 community partners trained contingent upon AEREF funds.</p>	<p>Sho</p> <p>imple</p> <p>unive</p> <p>system</p> <p>assess</p> <p>identi</p> <p>use/co</p> <p>and e</p> <p>educa</p> <p>Count</p> <p>reside</p>
			<p><b>2025: To</b></p> <p>assist trained community partners in identifying at risk youth and young adults for substance use/co-occurring disorder by utilizing an evidence-based process and collaborating efforts to assist residents in navigating Atlantic County resources/system of care.</p>	<p><b>2025:</b> Train community partners in education and medical settings on the administration and implementation of SBIRT. SBIRT training will increase community partners' knowledge of Atlantic County resources and provide technical assistance to better navigate the system of care.</p>	<p><b>County:</b> \$00:00 TBA <b>AEREF/State:</b> \$00:00 TBA <b>Total:</b> \$00:00 TBA</p>	<p>Number of community partners trained will increase by 25% contingent upon AEREF funds.</p>	<p>Mid</p> <p>Increa</p> <p>from</p> <p>for a</p> <p>comp</p> <p>early</p> <p>interv</p> <p>to res</p>
			<p><b>2026: To</b></p> <p>assist trained community partners in identifying at risk youth and young adults for substance use/co-occurring disorder by utilizing an evidence-based process and collaborating efforts to assist residents in navigating Atlantic County resources/system of care.</p>	<p><b>2026:</b> Train community partners in education and medical settings on the administration and implementation of SBIRT. SBIRT training will increase community partners' knowledge of Atlantic County resources and provide technical assistance to better navigate the system of care.</p>	<p><b>County:</b> \$00:00 TBA <b>AEREF/State:</b> \$00:00 TBA <b>Total:</b> \$00:00 TBA</p>	<p>Number of community partners trained will increase by 50% contingent upon AEREF funds.</p>	<p>Mid</p> <p>Increa</p> <p>from</p> <p>for a</p> <p>comp</p> <p>early</p> <p>interv</p> <p>to res</p>
			<p><b>2027: To</b></p> <p>assist trained community partners in identifying at risk youth</p>	<p><b>2027:</b> Train community partners in education and medical settings on</p>	<p><b>County:</b> \$00:00 TBA <b>AEREF/State:</b></p>	<p>Number of community partners trained will increase</p>	<p>Lon</p> <p>imple</p> <p>unive</p> <p>system</p>
<p><b>Associated Community Problem:</b></p> <p>Youth are not being identified for a substance use disorder/co-occurring disorder. The under 18 population is underrepresented as reflected in the number of residents aged 18 to 21 accessing treatment services for the first time.</p>							

			and young adults for substance use/co-occurring disorder by utilizing an evidence-based process and collaborating efforts to assist residents in navigating Atlantic County resources/system of care.	the administration and implementation of SBIRT. SBIRT training will increase community partners' knowledge of Atlantic County resources and provide technical assistance to better navigate the system of care.	<b>\$00:00 TBA</b> <b>Total:</b> <b>\$00:00 TBA</b>	by 75% contingent upon AEREF funds.	asses ident use/c and e educ Cour resid
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**LOGIC MODEL: CLINICAL TREATMENT WITH DETOXIFICATION**

<b>Need-capacity gap and associated community problem (A)</b>	<b>Evidence of problem and its significance for the county (B)</b>	<b>Goal For 2024-2027 (C)</b>	<b>Objectives Targets Per Annum (D)</b>	<b>Strategy To Achieve Objective (E)</b>	<b>Inputs Financial or Other Resources (F)</b>	<b>Outputs Expected product (G)</b>	
<b>Need-capacity Gap:</b> Access to treatment services across the continuum on demand resulting in reoccurrence of substance use or continued use of substances.	According to NJSAMS from 2019 to 2022, 3,978 Atlantic County residents did not have insurance to cover treatment services.  According to NJSAMS from 2019 to 2022, 10,394 Atlantic County residents (54.7%) received treatment services within Atlantic County.	<b>To:</b> provide substance use/co-occurring disorder treatment services (withdrawal management, short-term rehab, halfway house services for women and men) upon treatment demand to Atlantic County residents that are uninsured, ineligible for Medicaid or any other funding stream provided by any NJ State Initiative.	<b>2024: To</b> offer Atlantic County residents under the 350% Federal Poverty Level Index, uninsured and ineligible for Medicaid the opportunity to achieve and sustain recovery contingent upon AREF funds.	<b>2024:</b> Monitor grantees for effective use of the AEREF funding through quarterly expenditure, outcomes, municipality, level of services and client rosters reports. Review NJSAMS data. Provide technical assistance and support to agencies to address changes in funding source and/or changes in the system of care.	<b>County:</b> <b>\$00:00 TBA</b> <b>AEREF/State:</b> <b>\$00:00 TBA</b> <b>Total:</b> <b>\$00:00 TBA</b>	Number of Atlantic County residents served by AEREF funds through withdrawal management, rehab, halfway house, and outpatient services will increase by 1% in 2024 contingent upon AEREF funds.	<b>Sho</b> the ac servic the co Atlan
			<b>2025: To</b> offer Atlantic County residents offer under the 350% Federal Poverty Level Index, uninsured and ineligible for Medicaid the opportunity to achieve and sustain recovery contingent upon AREF funds.	<b>2025:</b> Monitor grantees for effective use of the AEREF funding through quarterly expenditure, outcomes, municipality, level of services and client rosters reports. Review NJSAMS data. Provide technical assistance and support to agencies to address changes in funding source and/or changes in the system of care. In addition to reallocating AEREF funds to services identified as in need	<b>County:</b> <b>\$00:00 TBA</b> <b>AEREF/State:</b> <b>\$00:00 TBA</b> <b>Total:</b> <b>\$00:00 TBA</b>	Number of Atlantic County residents served by AEREF funds through withdrawal management, rehab, halfway house, and outpatient services will increase by 2% in 2025 contingent upon AEREF funds.	<b>Mid</b> Conti acces on de contin Atlan

				and/or RFP identified needed services.			
<p><b>Associated Community Problem:</b> Resident continued substance use impacts the community in the increase of homelessness, emergency department admissions, motor vehicle accidents, alcohol/drug related crimes such as larceny, increase in Narcan deployments; and deaths via overdose/suicide.</p>			<p><b>2026: To</b> offer Atlantic County residents under the 350% Federal Poverty Level Index, uninsured and ineligible for Medicaid the opportunity to achieve and sustain recovery contingent upon AREF funds.</p>	<p><b>2026:</b> Monitor grantees for effective use of the AEREF funding through quarterly expenditure, outcomes, municipality, level of services and client rosters reports. Review NJSAMS data. Provide technical assistance and support to agencies to address changes in funding source and/or changes in the system of care. In addition to reallocating AEREF funds to services identified as in need and/or RFP identified needed services.</p>	<p><b>County:</b> <b>\$00:00 TBA</b> <b>AEREF/State:</b> <b>\$00:00 TBA</b> <b>Total:</b> <b>\$00:00 TBA</b></p>	<p>Number of Atlantic County residents served by AEREF funds through withdrawal management, rehab, halfway house, and outpatient services will increase by 3% in 2026 contingent upon AEREF funds.</p>	<p><b>Mid</b> Conti access on de cont Atlan</p>
			<p><b>2027: To</b> offer Atlantic County residents offer Atlantic County residents under the 350% Federal Poverty Level Index, uninsured and ineligible for Medicaid the opportunity to achieve and sustain recovery contingent upon AREF funds.</p>	<p><b>2027:</b> Monitor grantees for effective use of the AEREF funding through quarterly expenditure, outcomes, municipality, level of services and client rosters reports. Review NJSAMS data. Provide technical assistance and support to agencies to address changes in funding source and/or changes in the system of care. In addition to reallocating AEREF funds to services identified as in need and/or RFP identified needed services.</p>	<p><b>County:</b> <b>\$00:00 TBA</b> <b>AEREF/State:</b> <b>\$00:00 TBA</b> <b>Total:</b> <b>\$00:00 TBA</b></p>	<p>Number of Atlantic County residents served by AEREF funds through withdrawal management, rehab, halfway house, and outpatient services will increase by 4% in 2027 contingent upon AEREF funds.</p>	<p><b>Lon</b> devel seam treat dema conti Atlan</p>

**LOGIC MODEL: RECOVERY SUPPORT SERVICES**

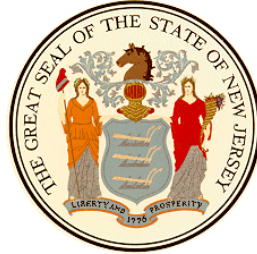
Need-capacity gap and associated community problem (A)	Evidence of problem and its significance for the county (B)	Goal For 2024-2027 (C)	Objectives Targets Per Annum (D)	Strategy To Achieve Objective (E)	Inputs Financial or Other Resources (F)	Outputs Expected product (G)	
<p><b>Need-capacity Gap:</b></p> <p>Atlantic County residents lack of access to community-based supports to assist in navigating the system and address multiple barriers in reaching and sustaining recovery.</p>	<p>According to NJSAMS from 2019 to 2022 Atlantic County Residents Admitted to Treatment by Level of Care for 2021 from the highest to the lowest: Detox Residential 1,764 (24%); Intensive Outpatient (IOP) 1,483 (20%); Outpatient Care (OP) 1,125 and Opioid Maintenance 1,132 were both at (15%), followed by Short-term Residential 983 (13%).</p> <p>According to 2020 NJSAMS report, alcohol 1,584 (25%) and heroin 3,440 (53%) are a primary substance of which heroin was the primary substance over alcohol (see Table 8.2) for treatment.</p>	<p><b>To:</b> reduce the number of duplicated Atlantic County residents re-entering the same level of treatment in the same year with limited success and to promote wellness and recovery to Atlantic County residents with a substance use/co-occurring disorder.</p>	<p><b>2024: To</b> meet the comprehensive whole health service needs of Atlantic County residents and promote long-term recovery from substance use/co-occurring disorder.</p>	<p><b>2024:</b> Implement linkage to a fully integrated coordination of community-based recovery support services to residents with substance use/co-occurring disorder.</p>	<p><b>County:</b> \$00:00 TBA <b>AEREF/State:</b> \$00:00 TBA <b>Total:</b> \$00:00 TBA</p>	<p>Number of Atlantic County residents served by AEREF funds will be established at approximately 20 to 25 residents annually contingent upon AEREF funds.</p>	<p><b>Sho</b> access for un offer opport and st recov use of preve interv treatm</p>
<p><b>Associated Community Problem:</b></p> <p>Residents re-entering the same levels of service with limited success; limited access/lack of linkage to services may result in deaths via suicide/overdose; and stigma and discrimination related with having a substance use/co-occurring disorder.</p>	<p>Atlantic County Residents Admitted to Treatment by Level of Care for 2020 from the highest to the lowest: Intensive Outpatient (IOP) 1,445 (22%); Detox Residential 1,250 (19%); Outpatient Care (OP) 948 and Opioid Maintenance 961 were both at (15%), followed by Short-term Residential 797 (12%).</p> <p>According to 2019 NJSAMS report, alcohol 1,791 (24%) and heroin 4,122 (55%) are a primary substance of which heroin was the primary substance over alcohol (see</p>	<p><b>To:</b> meet the comprehensive whole health service needs of Atlantic County residents and promote long-term recovery from substance use/co-occurring disorder.</p>	<p><b>2025: To</b> meet the comprehensive whole health service needs of Atlantic County residents and promote long-term recovery from substance use/co-occurring disorder.</p>	<p><b>2025:</b> Implement linkage to a fully integrated coordination of community-based recovery support services to residents with substance use/co-occurring disorder.</p>	<p><b>County:</b> \$00:00 TBA <b>AEREF/State:</b> \$00:00 TBA <b>Total:</b> \$00:00 TBA</p>	<p>Number of Atlantic County residents served by AEREF funds will increase by 5% contingent upon AEREF funds.</p>	<p><b>Mid</b> Expans servic reside opport and st recov use of preve interv treatm</p>
			<p><b>2026: To</b> meet the comprehensive whole health service needs of Atlantic County residents and promote long-term recovery from substance use/co-occurring disorder.</p>	<p><b>2026:</b> Implement linkage to a fully integrated coordination of community-based recovery support services to residents with substance use/co-occurring disorder.</p>	<p><b>County:</b> \$00:00 TBA <b>AEREF/State:</b> \$00:00 TBA <b>Total:</b> \$00:00 TBA</p>	<p>Number of Atlantic County residents served by AEREF funds will increase by 10% contingent upon AEREF funds.</p>	<p><b>Mid</b> Expans servic reside opport and st recov use of preve interv treatm</p>
			<p><b>2027: To</b> meet the comprehensive whole health service needs of Atlantic County residents and promote long-term recovery from substance use/co-occurring disorder.</p>	<p><b>2027:</b> Implement linkage to a fully integrated coordination of community-based recovery support services to residents with substance use/co-occurring disorder.</p>	<p><b>County:</b> \$00:00 TBA <b>AEREF/State:</b> \$00:00 TBA <b>Total:</b> \$00:00 TBA</p>	<p>Number of Atlantic County residents served by AEREF funds will increase by 15% contingent upon AEREF funds.</p>	<p><b>Lon</b> comm integ coor long- resid use/c and t stigm</p>

	<p>Table 8.3) for treatment. Atlantic County Residents Admitted to Treatment by Level of Care for 2019 from the highest to the lowest: Intensive Outpatient (IOP) 2,209 (29%); Outpatient Care (OP) 1,258 (17%); Detox Residential 967; and Opioid Maintenance 952 were both at (13%), followed by Short-term Residential 778 (10%).</p> <p>According to NJSAMS, 3,973 Atlantic County residents (2021) were re-admitted to substance use disorder treatment services. Alcohol 2,076 (28%) and heroin 3,597 (48%) are a primary substance of which heroin was the primary substance over alcohol.</p>						
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**APPENDIX 5:**

# New Jersey Drug and Alcohol Abuse Treatment

Substance Abuse Overview 2021  
Atlantic County



Department of Human Services  
Division of Mental Health and Addiction Services  
Office of Planning, Research, Evaluation, Prevention and Olmstead  
Trenton, New Jersey

July 2022



## State of New Jersey

DEPARTMENT OF HUMAN SERVICES  
DIVISION OF MENTAL HEALTH AND ADDICTION SERVICES

PO BOX 362  
TRENTON, NJ 08625

Phil Murphy  
Governor

Sheila Oliver  
LT. Governor

*Sarah Adelman*  
Commissioner

Valerie L. Mielke  
Assistant Commissioner

July 2022

The statewide ***Substance Abuse Overview*** provides statistics on substance abuse treatment in New Jersey for calendar year 2021. In 2021, there were 87,745 treatment admissions and 86,626 discharges reported to the New Jersey Department of Human Services, Division of Mental Health and Addiction Services by substance abuse treatment providers. These data were submitted through the web-based New Jersey Substance Abuse Monitoring System (NJSAMS). This report is based on the information provided in the April 2022 NJSAMS download data.

The Statewide Overview includes:

- State Totals for Substance Abuse Treatment Admissions
- Substance Abuse Treatment Trend Charts for Admission, Primary Drug, Level of Care and Age Group
- Substance Abuse Admissions by County and Primary Drug
- Substance Abuse Admissions by Primary Drug within County
- Substance Abuse Admission Rates by County and Primary Drug
- Map for Number of Substance Abuse Admissions by County of Residence
- First Time Clients by County of Residence and Primary Drug
- Admissions by Age Group, Gender, and Primary Drug
- State Totals for Substance Abuse Treatment Discharges
- Length of Stay by Level of Care
- Waiting Time to Treatment Admission
- Reasons for Waiting Time over 3 Days to Treatment Admission
- Time to First Readmission
- Detox Continuing Care Status at Discharge
- Detox Continuing Care within 90 days by Level of Care
- Substance Abuse Treatment Demand Estimate

Reports for individual counties can be found by clicking on the county names.

If you have any questions about this report, you may contact us by email at:  
Suzanne.Borys@dhs.nj.gov, Limei.Zhu@dhs.nj.gov, Yohannes.Hailu@dhs.nj.gov

Sincerely,

Suzanne Borys, Ed. D., Assistant Division Director

Office of Planning, Research, Evaluation, Prevention and Olmstead



**CY2021 Substance Abuse Treatment Admissions Treatment Site in Atlantic County New Jersey  
Substance Abuse Monitoring System (NJ-SAMS)**

<b>Primary Drug</b>			
Alcohol	4,816	38%	
Heroin	5,082	40%	
Other Opiates	945	7%	
Cocaine	559	4%	
Marijuana		472	4%
Methamphetamines		220	2%
Other Drugs		936	7%

**Intravenous Drug Users** 4,096 32%

<b>Level of Care</b>			
Outpatient Care (OP)	1,284	10%	
Intensive Outpatient (IOP)	1,867	15%	
Partial Hospitalization	415	3%	
Opioid Maintenance OP	1,424	11%	
Opioid Maintenance IOP	271	2%	
Extended Care	0	0%	
Halfway House	198	2%	
Long-Term Residential	1,575	12%	
Short-Term Residential	2,165	17%	
Hospital Based Residential	0	0%	
Detox Residential	3,594	28%	
Detox Hospital	1	0%	
Detox Outpatient Non-Methadone Detox	6	0%	
Outpatient Methadone	0	0%	
Early Intervention	10	0%	
Interim Services	2	0%	

<b>Medication Assisted Therapy Planned in Treatment</b>			
Methadone	2,006	16%	Buprenorphine 2,022 16%
Vivitrol	290	2%	Psychotropic 1,274 10%

<b>Sex</b>			
Male	8,196	64%	Female 4,605 36%

<b>Race/Ethnicity</b>			
White (non-Hispanic)	8,963	70%	
Black (non-Hispanic)		2,431	19%
Hispanic Origin	1,226	10%	
Other	192	1%	

<b>Age</b>			
Under 18	6	0%	30-34 2,479 19%
18-21	275	2%	35-44 3,644 28%
22-24	626	5%	45-54 2,240 17%
25-29	1,803	14%	55 and over 1,739 14%

<b>Marital Status</b>			
Single/Divorced	* *** 80%	Widowed	178 1%
Married/Civil Union	1,954 15%	Separated	492 4%

**Pregnant Women (Yes)\*\*** 91 1%

**Veteran (Yes)\*\*** 174 1%

<b>Referral Source</b>			
Self-referral		9,252	72%
Family/Friend	510		4%
Addiction Services Program	778		6%
Welfare/Social Service Agency	30		0%
Child Protection Substance Abuse Initiative		215	2%
Mental Health		19	0%
Corrections Related Programs		1,471	11%
Intoxicated Drivers Resource Center		150	1%
Reach NJ	163		1%
Other	383		3%

<b>Highest School Grade Completed</b>			
Completed High School		8,875	69%
Some College		2,586	20%

<b>Employment Status</b>			
Unemployed		3,330	26%
Student		19	0%
Not in Labor Force		6,074	47%
Employed Full/Part Time		3,388	26%

<b>Living Arrangement</b>			
Homeless		1,816	14%
Dependent Living/Supervised Living		2,239	17%
Independent Living		8,753	68%

**Tobacco Products Used (Yes)\*\*** 5,729 45%

**Gambling Problem** 321 3%

<b>Legal Problem*</b>			
None		8,271	65%
Case Pending		1,536	12%
Probation/Parole		1,634	13%
Drive Under Influence		358	3%
Recovery Court		1,103	9%
Child Protection/Family Court		505	4%
Other		116	1%

<b>Special Population*</b>			
Child Protection/Child Welfare Program		231	2%
Drive Under Influence		768	6%
Developmental Disability		16	0%
Blind and Visually Impaired		9	0%
Deaf and Hard of Hearing		6	0%

<b>Health Insurance*</b>			
No Insurance		502	4%
Medicaid		8,833	69%
Medicare		209	2%
Private Insurance		3,736	29%
Other Insurance		80	1%

<b>Attendance Self-Help group in past 30 Days (Yes)</b>			
Narcotic Anonymous (NA)		1,364	11%
Alcoholic Anonymous (AA)		1,444	11%

**Arrest in the Last 30 Days (Yes)** 464 4%

**Federal Poverty Level (0-133%)\*\*** 8,656 94%

**Treated in County of Residence** 5,399 42%

<b>County of Residence</b>			
Atlantic	5,399	42%	Middlesex 273 2%
Bergen	172	1%	Monmouth 392 3%
Burlington	550	4%	Morris 132 1%
Camden	1,332	10%	Ocean 917 7%
Cape May	582	5%	Passaic 169 1%
Cumberland	469	4%	Salem 156 1%
Essex	220	2%	Somerset 79 1%
Gloucester	699	5%	Sussex 59 0%
Hudson	144	1%	Union 152 1%
Hunterdon	51	0%	Warren 64 0%
Mercer	203	2%	Other 598 5%

**Fee For Service Admissions** 967 8%

**Fee For Service Unique Clients** 605 9%

<b>Number of Admissions for Unique Clients</b>			
1 Admission	2,191		32%
2 Admissions	1,700		25%
3+ Admissions	2,990		43%

**Total Admissions = 12,812**  
**Unduplicated Clients Admitted = 6,881**

\*Totals may be greater than 100% because of multiple responses.

*\*\*Percentage calculation excluded missing values.*

# Admissions by Municipality and Primary Drug 2021 NJ Resident Admissions

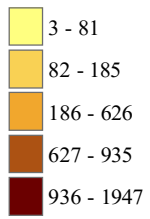
Atlantic	Primary Drug														Total	
	Alcohol		Cocaine/ Crack		Heroin		Other Opiates		Marijuana/ Hashish		Metham phetamines		Other Drugs& Unknown			
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
ABSECON CITY	87	4	5	2	116	3	31	6	21	4	6	4	11	3	277	4
ATLANTIC CITY	452	22	109	34	1002	28	114	23	170	36	21	16	79	24	1947	26
BRIGANTINE CITY	47	2	1	0	77	2	10	2	4	1			6	2	145	2
BUENA BORO	40	2	1	0	34	1	5	1	7	1	1	1	3	1	91	1
BUENA VISTA TWP	38	2	7	2	43	1	2	0	13	3	4	3	10	3	117	2
CORBIN CITY	1	0			1	0					3	2			5	0
EGG HARBOR CITY	78	4	10	3	180	5	19	4	8	2	7	5	15	5	317	4
EGG HARBOR TWP	242	12	46	14	464	13	67	13	57	12	21	16	38	12	935	13
ESTELL MANOR CITY	12	1			4	0	5	1							21	0
FOLSOM BORO	5	0			6	0	3	1	1	0			1	0	16	0
GALLOWAY TWP	131	6	29	9	241	7	33	7	50	11	11	8	26	8	521	7
HAMILTON TWP	110	5	20	6	200	6	39	8	34	7	7	5	29	9	439	6
HAMMONTON TOWN	110	5	8	2	138	4	22	4	8	2	14	10	9	3	309	4
LINWOOD CITY	30	1	1	0	11	0	2	0	2	0					46	1
LONGPORT BORO	1	0			1	0	1	0							3	0
MARGATE CITY	51	2			72	2	9	2	4	1	1	1	11	3	148	2
MULLICA TWP	18	1	1	0	46	1	5	1	7	1			4	1	81	1
NORTHFIELD CITY	57	3	12	4	93	3	9	2	8	2	3	2	3	1	185	2
PLEASANTVILLE CITY	155	7	36	11	323	9	42	8	54	11	3	2	13	4	626	8
PORT REPUBLIC CITY	5	0			2	0			1	0					8	0
SOMERS POINT CITY	96	5	2	1	112	3	18	4	11	2	14	10	7	2	260	3
UNKNOWN					2	0									2	0
VENTNOR CITY	81	4	13	4	152	4	21	4	7	1	6	4	27	8	307	4
WEYMOUTH TWP	14	1			27	1	3	1			3	2	11	3	58	1
NOT Stated	215	10	23	7	250	7	45	9	5	1	9	7	23	7	570	8
<b>Total</b>	<b>2076</b>	<b>100</b>	<b>324</b>	<b>100</b>	<b>3597</b>	<b>100</b>	<b>505</b>	<b>100</b>	<b>472</b>	<b>100</b>	<b>134</b>	<b>100</b>	<b>326</b>	<b>100</b>	<b>7434</b>	<b>100</b>

## Substance Abuse Admissions by Primary Drug within Municipality 2021 NJ Resident Admissions

Atlantic	Primary Drug														Total	
	Alcohol		Cocaine/ Crack		Heroin		Other Opiates		Marijuana/ Hashish		Methamph etamines		Other Drugs & Unknown			
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
ABSECON CITY	87	31	5	2	116	42	31	11	21	8	6	2	11	4	277	100
ATLANTIC CITY	452	23	109	6	1002	51	114	6	170	9	21	1	79	4	1947	100
BRIGANTINE CITY	47	32	1	1	77	53	10	7	4	3			6	4	145	100
BUENA BORO	40	44	1	1	34	37	5	5	7	8	1	1	3	3	91	100
BUENA VISTA TWP	38	32	7	6	43	37	2	2	13	11	4	3	10	9	117	100
CORBIN CITY	1	20			1	20					3	60			5	100
EGG HARBOR CITY	78	25	10	3	180	57	19	6	8	3	7	2	15	5	317	100
EGG HARBOR TWP	242	26	46	5	464	50	67	7	57	6	21	2	38	4	935	100
ESTELL MANOR CITY	12	57			4	19	5	24							21	100
FOLSOM BORO	5	31			6	38	3	19	1	6			1	6	16	100
GALLOWAY TWP	131	25	29	6	241	46	33	6	50	10	11	2	26	5	521	100
HAMILTON TWP	110	25	20	5	200	46	39	9	34	8	7	2	29	7	439	100
HAMMONTON TOWN	110	36	8	3	138	45	22	7	8	3	14	5	9	3	309	100
LINWOOD CITY	30	65	1	2	11	24	2	4	2	4					46	100
LONGPORT BORO	1	33			1	33	1	33							3	100
MARGATE CITY	51	34			72	49	9	6	4	3	1	1	11	7	148	100
MULLICA TWP	18	22	1	1	46	57	5	6	7	9			4	5	81	100
NORTHFIELD CITY	57	31	12	6	93	50	9	5	8	4	3	2	3	2	185	100
PLEASANTVILLE CITY	155	25	36	6	323	52	42	7	54	9	3	0	13	2	626	100
PORT REPUBLIC CITY	5	63			2	25			1	13					8	100
SOMERS POINT CITY	96	37	2	1	112	43	18	7	11	4	14	5	7	3	260	100
UNKNOWN					2	100									2	100
VENTNOR CITY	81	26	13	4	152	50	21	7	7	2	6	2	27	9	307	100
WEYMOUTH TWP	14	24			27	47	3	5			3	5	11	19	58	100
NOT Stated	215	38	23	4	250	44	45	8	5	1	9	2	23	4	570	100
<b>Total</b>	2076	28	324	4	3597	48	505	7	472	6	134	2	326	4	7434	100

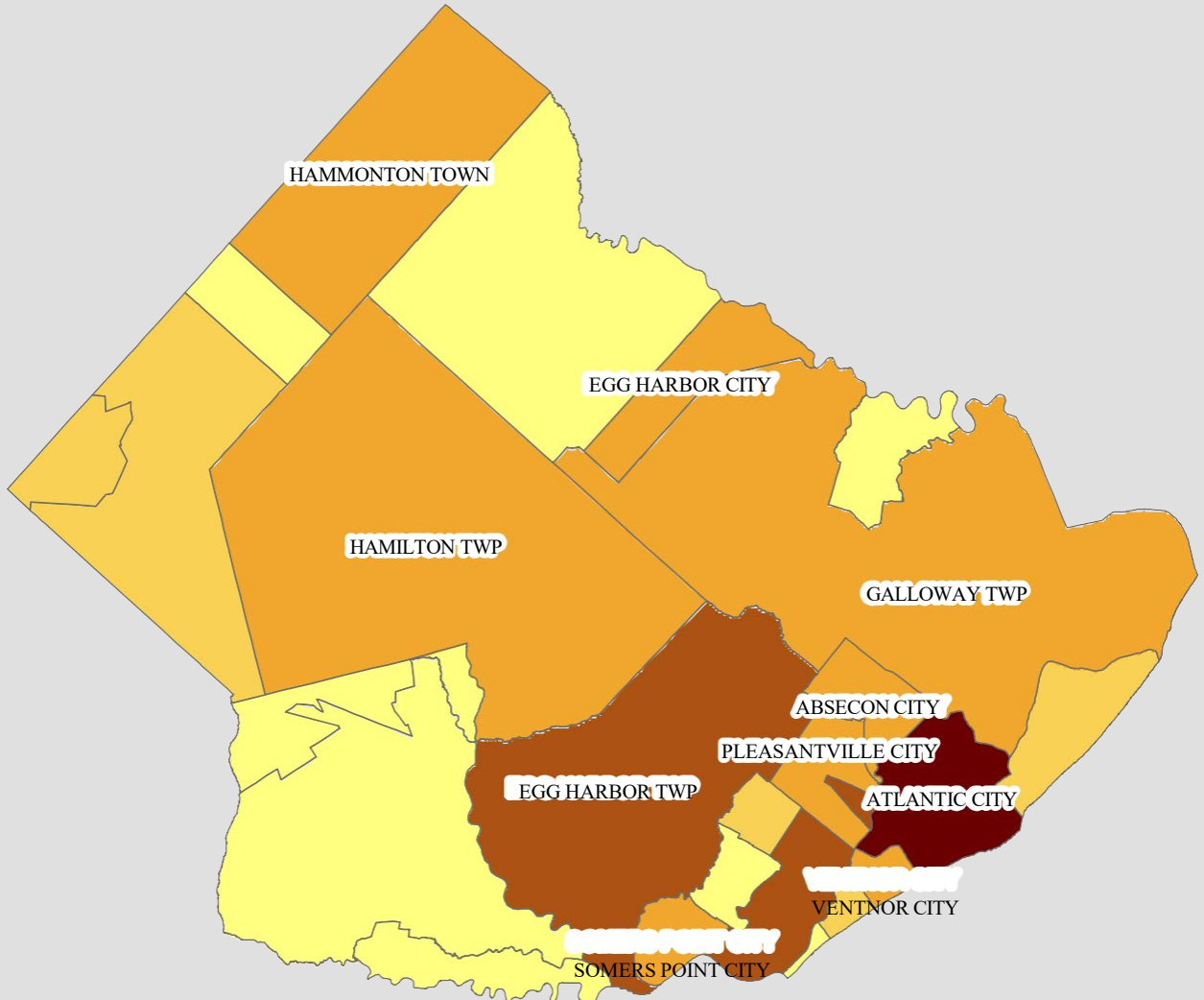
# 2021 Atlantic County Substance Abuse Admissions by Municipality of Residence

## Admission Counts



## Top Five Municipalities

1	Atlantic City	1947
2	Egg Harbor Township	935
3	Pleasantville City	626
4	Galloway Township	521
5	Hamilton Township	439



Data: NJSAMS 2022 April Download

**1** NJ Department of Human Services  
Division of Mental Health and Addiction Services  
Planning, Research, Evaluation, Prevention and Olmstead Office

00.751.5 3 4.5 <sup>Miles</sup>

### Admissions by Municipality of Residence, Age Group and Primary Drug 2021 NJ Resident Admissions

Atlantic	Alcohol						Drugs						Total					
	18 & Over		Under 18		Total		18 & Over		Under 18		Total		18 & Over		Under 18		Total	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
ABSECON CITY	87	100			87	100	190	100			190	100	277	100			277	100
ATLANTIC CITY	452	100			452	100	1493	100	1	0	1494	100	1945	100	1	0	1946	100
BRIGANTINE CITY	47	100			47	100	98	100			98	100	145	100			145	100
BUENA BORO	40	100			40	100	51	100			51	100	91	100			91	100
BUENA VISTA TWP	38	100			38	100	79	100			79	100	117	100			117	100
CORBIN CITY	1	100			1	100	4	100			4	100	5	100			5	100
EGG HARBOR CITY	78	100			78	100	239	100			239	100	317	100			317	100
EGG HARBOR TWP	241	100	1	0	242	100	693	100			693	100	934	100	1	0	935	100
ESTELL MANOR CITY	12	100			12	100	9	100			9	100	21	100			21	100
FOLSOM BORO	5	100			5	100	11	100			11	100	16	100			16	100
GALLOWAY TWP	131	100			131	100	389	100	1	0	390	100	520	100	1	0	521	100
HAMILTON TWP	110	100			110	100	326	99	2	1	328	100	436	100	2	0	438	100
HAMMONTON TOWN	110	100			110	100	199	100			199	100	309	100			309	100
LINWOOD CITY	30	100			30	100	16	100			16	100	46	100			46	100
LONGPORT BORO	1	100			1	100	2	100			2	100	3	100			3	100
MARGATE CITY	51	100			51	100	97	100			97	100	148	100			148	100
MULLICA TWP	18	100			18	100	63	100			63	100	81	100			81	100
NORTHFIELD CITY	57	100			57	100	128	100			128	100	185	100			185	100
PLEASANTVILLE CITY	155	100			155	100	471	100			471	100	626	100			626	100
PORT REPUBLIC CITY	5	100			5	100	3	100			3	100	8	100			8	100
SOMERS POINT CITY	96	100			96	100	164	100			164	100	260	100			260	100
UNKNOWN							2	100			2	100	2	100			2	100
VENTNOR CITY	81	100			81	100	226	100			226	100	307	100			307	100
WEYMOUTH TWP	14	100			14	100	44	100			44	100	58	100			58	100
NOT Stated	215	100			215	100	354	100	1	0	355	100	569	100	1	0	570	100
<b>Total</b>	<b>2075</b>	<b>100</b>	<b>1</b>	<b>0</b>	<b>2076</b>	<b>100</b>	<b>5351</b>	<b>100</b>	<b>5</b>	<b>0</b>	<b>5356</b>	<b>100</b>	<b>7426</b>	<b>100</b>	<b>6</b>	<b>0</b>	<b>7432</b>	<b>100</b>

\* Missing primary drug or age admissions are not included.

**Admissions by Age Group, Gender and Primary Drug 2021 NJ Resident Admissions**

Atlantic		Gender				Total	
		Female		Male			
		N	%	N	%	N	%
0-17	Marijuana/Hashish	1	10	9	90	10	100
	Other Drugs			1	100	1	100
	<b>Total</b>	1	9	10	91	11	100
18-24	Alcohol	35	39	54	61	89	100
	Heroin	76	37	127	63	203	100
	Other Opiates	9	19	38	81	47	100
	Marijuana/Hashish	18	17	87	83	105	100
	Other Drugs	15	39	23	61	38	100
	<b>Total</b>	153	32	329	68	482	100
25-59	Alcohol	443	33	889	67	1332	100
	Heroin	1059	34	2062	66	3121	100
	Other Opiates	158	44	205	56	363	100
	Marijuana/Hashish	80	24	253	76	333	100
	Other Drugs	195	40	287	60	482	100
	Unknown	1	100			1	100
	<b>Total</b>	1936	34	3696	66	5632	100
60&Over	Alcohol	64	40	98	60	162	100
	Heroin	33	28	83	72	116	100
	Other Opiates	6	26	17	74	23	100
	Marijuana/Hashish	1	100			1	100
	Other Drugs	7	24	22	76	29	100
	<b>Total</b>	111	34	220	66	331	100
<b>Total</b>	Alcohol	542	34	1041	66	1583	100
	Heroin	1168	34	2272	66	3440	100
	Other Opiates	173	40	260	60	433	100
	Marijuana/Hashish	100	22	349	78	449	100
	Other Drugs	217	39	333	61	550	100
	Unknown	1	100			1	100
	<b>Total</b>	2201	34	4255	66	6456	100

Note: Unknown age or gender admissions are not included.

## CY2021 Substance Abuse Treatment Discharges Atlantic County Resident

<b>Level of Care</b>			<b>Living Arrangement</b>		
Outpatient Care (OP)	1,080	15%	Homeless	381	5%
Intensive Outpatient (IOP)	1,501	20%	Dependent Living/Institution	1,242	17%
Partial Hospitalization Opioid	211	3%	Independent Living	5,613	76%
Maintenance OP Opioid	1,040	14%	<b>Employment Status</b>		
Maintenance IOP	280	4%	Unemployed	1,654	23%
Extended Care	1	0%	Student	12	0%
Halfway House	123	2%	Not in Labor Force	3,600	49%
Long-Term Residential	351	5%	Employed Full/Part Time	1,970	27%
Short-Term Residential	964	13%	<b>Reasons for Discharge or Treatment Not Completed</b>		
Hospital Based Residential	3	0%	Completed at This Level of Care	3,507	48%
Detox Residential	1,763	24%	Quit or Dropped Out	2,332	32%
Detox Hospital	2	0%	Needs Different Level of Care	689	9%
Detox Outpatient Non-Methadone	5	0%	Administrative Discharge	182	2%
Detox Outpatient Methadone	1	0%	Medical Discharge	110	1%
Non-Traditional Program	0	0%	Deceased	15	0%
Early Intervention	10	0%	NJSAMS System Discharge	184	3%
Interim Services	4	0%	Other	294	4%
<b>Medication Prescribed to Treat Substance Abuse</b>			<b>Continuing Care</b>		
Methadone	1,568	21%	No Continuing Care Needed	726	10%
Buprenorphine	939	13%	Refused or Unable to Continue	743	10%
Vivitrol	176	2%	Continue Care	3,132	43%
Psychotropic	438	6%	Not Assessed	2,738	37%
<b>Sex</b>			<b>Attendance Self-Help group in past 30 Days (Yes)</b>		
Male	4,954	68%	Narcotic Anonymous (NA)	2,285	31%
Female	2,379	32%	Alcoholic Anonymous (AA)	2,064	28%
<b>Age</b>			<b>Client Goal Achieved *</b>		
Under 18	6	0%	Alcohol or Drug Problem	3,102	50%
18-21	128	2%	Educational	1,739	55%
22-24	331	5%	Employment or Vocational	1,589	50%
25-29	1,083	15%	Legal	1,498	51%
30-34	1,461	20%	Family Situation/Social	2,138	49%
35-44	2,073	28%	Psychological or Mental Health	1,992	45%
45-54	1,209	16%	Physical Health	1,925	57%
55 and over	1,048	14%	Gambling	589	53%
<b>Race/Ethnicity</b>			Tobacco	626	31%
White	4,577	62%	Financial	976	42%
Black	1,818	25%	Housing	1,599	58%
Hispanic	849	12%	<b>County Where Patient Was Treated</b>		
Other	95	1%	Atlantic	5,289	72%
<b>Drug and Alcohol Use</b>			Bergen	1	0%
Not Using Alcohol or Drugs	4,471	61%	Burlington	255	3%
Using Alcohol	282	4%	Camden	58	1%
Using Drugs	1,052	14%	Cape May	26	0%
Unknown	1,589	22%	Cumberland	591	8%
<b>Mental Illness/Co-Occurring Disorder</b>			Essex	103	1%
	4,385	60%	Gloucester	415	6%
<b>Arrest in the Last 30 days (Yes)</b>			Hudson	73	1%
	144	2%	Hunterdon	11	0%
<b>Tobacco Products Used (Yes)**</b>			Mercer	29	0%
	3,513	49%	Middlesex	85	1%
			Monmouth	172	2%
			Morris	0	0%
			Ocean	13	0%
			Passaic	183	2%
			Salem	15	0%
			Somerset	4	0%
			Sussex	6	0%
			Union	7	0%
			Warren	2	0%
			Other	0	0%

**Total Discharges = 7,339**  
**Unduplicated Clients Discharged = 3,502**

\* Totals may be greater than 100% because of multiple responses. Percentage for goal achievement based on total clients for whom goal was applicable.

\*\*Percentage calculation excluded missing values.

## CY2021 Substance Abuse Treatment Discharges **Atlantic** County Treatment Sites

<b>Level of Care</b>			<b>Living Arrangement</b>		
Outpatient Care (OP)	1,225	10%	Homeless	442	3%
Intensive Outpatient (IOP)	1,907	15%	Dependent Living/Institution	3,049	24%
Partial Hospitalization	425	3%	Independent Living	9,061	72%
Opioid Maintenance OP	1,300	10%	<b>Employment Status</b>		
Opioid Maintenance IOP	300	2%	Unemployed	2,405	19%
Extended Care	0	0%	Student	20	0%
Halfway House	203	2%	Not in Labor Force	6,468	51%
Long-Term Residential	1,565	12%	Employed Full/Part Time	3,659	29%
Short-Term Residential	2,160	17%	<b>Reasons for Discharge or Treatment Not Completed</b>		
Hospital Based Residential	0	0%	Completed at This Level of Care	7,128	56%
Detox Residential	3,567	28%	Quit or Dropped Out	3,415	27%
Detox Hospital	1	0%	Needs Different Level of Care	836	7%
Detox Outpatient Non-Methadone	4	0%	Administrative Discharge	333	3%
Detox Outpatient Methadone	1	0%	Medical Discharge	233	2%
Non-Traditional Program	0	0%	Deceased	15	0%
Early Intervention	10	0%	NJSAMS System Discharge	213	2%
Interim Services	3	0%	461	4%	
<b>Medication Prescribed to Treat Substance Abuse</b>		<b>Other</b>	<b>Continuing Care</b>		
Methadone	1,943	15%	No Continuing Care Needed	1,148	9%
Buprenorphine	1,342	11%	Refused or Unable to Continue	1,164	9%
Vivitrol	261	2%	Continue Care	6,369	50%
Psychotropic	595	5%	Not Assessed	3,990	31%
<b>Sex</b>			<b>Attendance Self-Help group in past 30 Days (Yes)</b>		
Male	8,058	64%	Alcoholic Anonymous (AA)	3,939	31%
Female	4,604	36%		3,824	30%
Narcotic Anonymous (NA)			<b>Client Goal Achieved *</b>		
<b>Age</b>			Alcohol or Drug Problem	6,405	59%
Under 18	6	0%	Educational	3,716	61%
18-21	252	2%	Employment or Vocational	3,400	58%
22-24	612	5%	Legal	3,308	58%
25-29	1,807	14%	Family Situation/Social	4,949	57%
30-34	2,447	19%	Psychological or Mental Health	4,833	57%
35-44	3,625	29%	Physical Health	4,584	65%
45-54	2,216	17%	Gambling	2,141	61%
55 and over	1,706	13%	Tobacco	2,210	49%
<b>Race/Ethnicity</b>			Financial	2,582	54%
White	8,925	70%	Housing	3,493	63%
Black	2,384	19%	<b>County of Residence</b>		
Hispanic	1,179	9%	Atlantic	5,289	42%
Other	183	1%	Bergen	174	1%
<b>Drug and Alcohol Use</b>			Burlington	546	4%
Not Using Alcohol or Drugs	9,251	73%	Camden	1,313	10%
Using Alcohol	328	3%	Cape May	586	5%
Using Drugs	1,111	9%	Cumberland	468	4%
Unknown	2,031	16%	Essex	218	2%
<b>Mental Illness/Co-Occurring Disorder</b>	8,306	66%	Gloucester	711	6%
<b>Arrest in the Last 30 days (Yes)</b>	251	2%	Hudson	145	1%
<b>Tobacco Products Used (Yes)**</b>	3,864	31%	Hunterdon	51	0%
			Mercer	217	2%
			Middlesex	277	2%
			Monmouth	384	3%
			Morris	131	1%
			Ocean	896	7%
			Passaic	173	1%
			Salem	149	1%
			Somerset	80	1%
			Sussex	55	0%
			Union	146	1%
			Warren	64	1%
			Other	598	5%

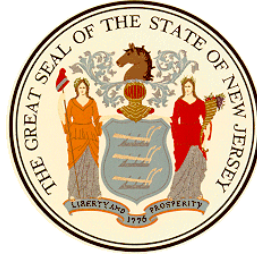
**Total Discharges = 12,671**  
**Unduplicated Clients Discharged = 6,962**

\* Totals may be greater than 100% because of multiple responses. Percentage for goal achievement based on total clients for whom goal was applicable.

\*\*Percentage calculation excluded missing values.

# **New Jersey Drug and Alcohol Abuse Treatment**

**Substance Abuse Overview 2020  
Atlantic County**



**Department of Human Services  
Division of Mental Health and Addiction Services  
Office of Planning, Research, Evaluation, Prevention and Olmstead  
Trenton, New Jersey**

**August 2021**



## State of New Jersey

DEPARTMENT OF HUMAN SERVICES  
DIVISION OF MENTAL HEALTH AND ADDICTION SERVICES

PO BOX 362  
TRENTON, NJ 08625

Phil Murphy  
Governor

Sheila Oliver  
LT. Governor

Sarah Adelman  
Acting Commissioner

Valerie L. Mielke  
Assistant Commissioner

August 2021

The statewide **Substance Abuse Overview** provides statistics on substance abuse treatment in New Jersey for calendar year 2020. In 2020, there were 82,254 treatment admissions and 83,994 discharges reported to the New Jersey Department of Human Services, Division of Mental Health and Addiction Services by substance abuse treatment providers. These data were submitted through the web-based New Jersey Substance Abuse Monitoring System (NJSAMS). This report is based on the information provided in the July 2021 NJSAMS download data.

The Statewide Overview includes:

- State Totals for Substance Abuse Treatment Admissions
- Substance Abuse Admissions by County and Primary Drug
- Substance Abuse Admissions by Primary Drug within County
- Substance Abuse Admission Rates by County and Primary Drug
- Map for Number of Substance Abuse Admissions by County of Residence
- First Time Clients by County of Residence and Primary Drug
- Admissions by Age Group, Gender, and Primary Drug
- State Totals for Substance Abuse Treatment Discharges
- Length of Stay by Level of Care
- Waiting Time to Treatment Admission
- Detox Continuing Care Status Indicated at Discharge
- Detox Continuing Care by Level of Care
- Time to First Readmission
- Substance Abuse Treatment Demand Estimate

Reports for individual counties can be found by clicking on the county names.

If you have any questions about this report, you may contact us by email at:  
Suzanne.Borys@dhs.nj.gov, Limei.Zhu@dhs.nj.gov, Yohannes.Hailu@dhs.nj.gov

Sincerely,

Suzanne Borys, Ed. D., Assistant Division Director  
Office of Planning, Research, Evaluation, Prevention and Olmstead

**New Jersey Substance Abuse Monitoring System (NJ-SAMS) CY2020  
Substance Abuse Treatment Admissions Atlantic County Residents**

<b>Primary Drug</b>				<b>Highest School Grade Completed</b>			
Alcohol	1,584	25%		Completed High School	4,393	68%	
Heroin	3,440	53%		Some College	849	13%	
Other Opiates	433	7%		<b>Employment Status</b>			
Cocaine	252	4%		Unemployed	2,000	31%	
Marijuana	443	7%		Student	15	0%	
Other Drugs	311	5%		Not in Labor Force	3,083	48%	
<b>Intravenous Drug Users</b>	<b>2,419</b>	<b>37%</b>		Employed Full/Part Time	1,362	21%	
<b>Level of Care</b>				<b>Living Arrangement</b>			
Outpatient Care (OP)	948	15%		Homeless	732	11%	
Intensive Outpatient (IOP)	1,445	22%		Dependent Living/Supervised Living	787	12%	
Partial Hospitalization	170	3%		Independent Living	4,942	76%	
Opioid Maintenance OP	961	15%		<b>Gambling Problem</b>			
Opioid Maintenance IOP	312	5%			110	2%	
Extended Care	0	0%		<b>Legal Problem*</b>			
Halfway House	154	2%		None	3,671	57%	
Long-Term Residential	355	5%		Case Pending	662	10%	
Short-Term Residential	797	12%		Probation/Parole	997	15%	
Hospital Based Residential	0	0%		DUI License Suspension	210	3%	
Detox Residential	1,250	19%		Drug Court	941	15%	
Detox Hospital	1	0%		DCPP/Family Court	287	4%	
Detox Outpatient Non-Methadone	48	1%		Other	123	2%	
Detox Outpatient Methadone	0	0%		<b>Special Population*</b>			
Early Intervention	5	0%		DCPP/CWP	241	4%	
Interim Services	18	0%		DUI	568	9%	
<b>Medication Assisted Therapy Planned in Treatment</b>				Developmental Disability	15	0%	
Methadone	1,441	22%		Blind and Visually Impaired	7	0%	
Buprenorphine	721	11%		Deaf and Hard of Hearing	3	0%	
Vivitrol	238	4%		<b>Health Insurance*</b>			
Psychotropic	431	7%		No Insurance	866	13%	
<b>Sex</b>				Medicaid	5,051	78%	
Male	4,255	66%		Medicare	142	2%	
Female	2,201	34%		Private Insurance	931	14%	
<b>Race/Ethnicity</b>				Other Insurance	81	1%	
White (non-Hispanic)	4,101	63%		<b>Attendance Self-Help group in past 30 Days (Yes )</b>			
Black (non-Hispanic)	1,528	24%		Narcotic Anonymous (NA)	1,069	17%	
Hispanic Origin	767	12%		Alcoholic Anonymous (AA)	882	14%	
Other	68	1%		<b>Arrest in the Last 30 Days (Yes)</b>	297	5%	
<b>Age</b>				<b>Federal Poverty Level (0-133%)**</b>	5,250	93%	
Under 18	11	0%		<b>Treated in County of Residence</b>			
18-21	186	3%			4,423	68%	
22-24	296	5%		<b>Treated in County of Residence</b>			
25-29	1,106	17%		Atlantic	4,423	68%	
				Bergen	4	0%	
				Burlington	262	4%	
				Camden	65	1%	
				Cape May	23	0%	
				Essex	301	5%	
				Gloucester	580	9%	
				Hudson	78	1%	
				Hunterdon	12	0%	
				Mercer	24	0%	
				Sussex	10	0%	
				Union	4	0%	
				Warren	3	0%	
				Other	0	0%	
<b>Marital Status</b>				<b>Fee For Service Admissions</b>			
Single/Divorced	5,422	84%			890	14%	
Married/Civil Union	690	11%		<b>Fee For Service Unique Clients</b>			
Widowed	122	2%			616	19%	
Separated	230	4%		<b>Number of Admissions for Unique Clients</b>			
<b>Pregnant Women (Yes)**</b>				1 Admission	1,490	46%	
	69	1%					
<b>Referral Source</b>							
Self-referral	3,343	52%					
Family/Friend	172	3%					
Addiction Services Program	969	15%					
Welfare/Social Service Agency	132	2%					
CPSAI	118	2%					
Mental Health	34	1%					
Corrections Related Programs	1,237	19%					
IDRC	104	2%					
Reach NJ/IME	32	0%					
Other	323	5%					

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*\*Totals may be greater than 100% because of multiple responses.*

*\*\*Percentage calculation excluded missing values.*

**Total Admissions = 6,464**  
**Unduplicated Clients Admitted = 3,244**

**New Jersey Substance Abuse Monitoring System (NJ-SAMS)**  
**CY2020 Substance Abuse Treatment Admissions Treatment Site in Atlantic County**

<b>Primary Drug</b>					<b>Highest School Grade Completed</b>						
Alcohol		3,850		35%	Completed High School		7,992		73%		
Heroin		4,750		43%	Some College		1,640		15%		
Other Opiates		795		7%	<b>Employment Status</b>						
Cocaine		463		4%	Unemployed		4,633		42%		
Marijuana		464		4%	Student		24		0%		
Other Drugs		675		6%	Not in Labor Force		3,486		32%		
<b>Intravenous Drug Users</b>		3,331		30%	Employed Full/Part Time		2,855		26%		
<b>Level of Care</b>					<b>Living Arrangement</b>						
Outpatient Care (OP)		1,044		9%	Homeless		1,746		16%		
Intensive Outpatient (IOP)		1,767		16%	Dependent Living/Supervised Living		1,670		15%		
Partial Hospitalization		445		4%	Independent Living		7,581		69%		
Opioid Maintenance OP		957		9%	<b>Gambling Problem</b>		405		4%		
Opioid Maintenance IOP		332		3%	<b>Legal Problem*</b>						
Extended Care		0		0%	None		6,820		62%		
Halfway House		215		2%	Case Pending		1,480		13%		
Long-Term Residential		1,584		14%	Probation/Parole		1,481		13%		
Short-Term Residential		1,737		16%	DUI License Suspension		356		3%		
Hospital Based Residential		1		0%	Drug Court		1,063		10%		
Detox Residential		2,890		26%	DCPP/Family Court		353		3%		
Detox Hospital		0		0%	Other		148		1%		
Detox Outpatient Non-Methadone		4		0%	<b>Special Population*</b>						
Detox Outpatient Methadone		0		0%	DCPP/CWP		243		2%		
Early Intervention		6		0%	DUI		785		7%		
Interim Services		18		0%	Developmental Disability		14		0%		
<b>Medication Assisted Therapy Planned in Treatment</b>					Blind and Visually Impaired		7		0%		
Methadone		1,422		13%	Deaf and Hard of Hearing		3		0%		
Buprenorphine		1,604		15%	<b>Health Insurance*</b>						
Vivitrol		228		2%	No Insurance		882		8%		
Psychotropic		988		9%	Medicaid		6,881		63%		
<b>Sex</b>					Medicare		131		1%		
Male	6,883	63%	Female	4,111	Private Insurance		3,641		33%		
					Other Insurance		91		1%		
<b>Race/Ethnicity</b>					<b>Attendance Self-Help group in past 30 Days (Yes)</b>						
White (non-Hispanic)		8,032		73%	Narcotic Anonymous (NA)		1,452		13%		
Black (non-Hispanic)		1,885		17%	Alcoholic Anonymous (AA)		1,312		12%		
Hispanic Origin		942		9%	<b>Arrest in the Last 30 Days (Yes)</b>		659		6%		
Other		141		1%	<b>Federal Poverty Level (0-133%)**</b>		7,065		95%		
<b>Age</b>					<b>Treated in County of Residence</b>		4,423		40%		
Under 18	13	0%	30-34	1,965	18%	<b>County of Residence</b>					
18-21	384	3%	35-44	2,766	25%	Atlantic	4,423	40%	Middlesex	197	2%
22-24	664	6%	45-54	1,977	18%	Bergen	201	2%	Monmouth	384	3%
25-29	1,857	17%	55 and over	1,374	12%	Burlington	531	5%	Morris	118	1%
					Camden	1,033	9%	Ocean	719	7%	
					Cape May	493	4%	Passaic	130	1%	
					Cumberland	402	4%	Salem	156	1%	
					Essex	205	2%	Somerset	105	1%	
<b>Marital Status</b>					Gloucester	675	6%	Sussex	50	0%	
Single/Divorced		8,825		80%	Hudson	145	1%	Union	118	1%	
Married/Civil Union		1,564		14%	Hunterdon	41	0%	Warren	58	1%	
Widowed		192		2%	Mercer	229	2%	Other	568	5%	
Separated		419		4%	<b>Fee For Service Admissions</b>		850		8%		
<b>Pregnant Women (Yes)**</b>		68		1%	<b>Fee For Service Unique Clients</b>		608		10%		
<b>Referral Source</b>					<b>Number of Admissions for Unique Clients</b>						
Self-referral		5,730		52%	1 Admission		2,097		33%		
Family/Friend		502		5%	2 Admissions		1,616		26%		
Addiction Services Program		2,653		24%							
Welfare/Social Service Agency		135		1%							
CPSAI		112		1%							
Mental Health		42		0%							
Corrections Related Programs		1,376		13%							
IDRC		101		1%							
Reach NJ/IME		7		0%							
Other		342		3%							

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*\*Totals may be greater than 100% because of multiple responses.*

*\*\*Percentage calculation excluded missing values.*

**Total Admissions = 11,000**  
**Unduplicated Clients Admitted = 6,317**

missions by Municipality and Primary Drug 2020 NJ Resident Admissions

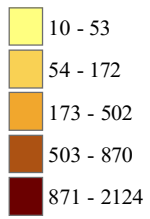
Atlantic	Primary Drug														Total	
	Alcohol		Cocaine/ Crack		Heroin		Other Opiates		Marijuana/ Hashish		Other Drugs		Unknown			
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
ABSECON CITY	61	4	3	1	114	3	18	4	11	2	13	4			220	3
ATLANTIC CITY	327	21	98	39	889	26	65	15	184	41	54	18			1617	25
BRIGANTINE CITY	40	3	4	2	100	3	6	1	9	2	5	2			164	3
BUENA BORO	18	1	1	0	30	1	5	1	2	0	1	0			57	1
BUENA VISTA TWP	36	2	5	2	36	1	11	3	14	3	10	3			112	2
CORBIN CITY	1	0			5	0	2	0							8	0
EGG HARBOR CITY	70	4	6	2	140	4	22	5	19	4	12	4			269	4
EGG HARBOR TWP	215	14	37	15	412	12	66	15	51	11	59	20			840	13
ESTELL MANOR CITY	20	1			13	0			2	0					35	1
FOLSOM BORO	4	0			6	0	1	0	1	0	1	0			13	0
GALLOWAY TWP	123	8	9	4	248	7	50	12	28	6	26	9			484	7
HAMILTON TWP	83	5	15	6	232	7	39	9	34	8	23	8			426	7
HAMMONTON TOWN	42	3	11	4	116	3	18	4	8	2	16	5			211	3
LINWOOD CITY	43	3	1	0	24	1	2	0			2	1			72	1
MARGATE CITY	36	2	1	0	47	1	11	3			3	1			98	2
MULLICA TWP	9	1			46	1	8	2	3	1					66	1
NORTHFIELD CITY	43	3	11	4	77	2	8	2			2	1			141	2
PLEASANTVILLE CITY	110	7	22	9	292	8	31	7	51	11	14	5	1	100	521	8
PORT REPUBLIC CITY	2	0			15	0					1	0			18	0
SOMERS POINT CITY	71	4	3	1	120	3	24	6	12	3	20	7			250	4
VENTNOR CITY	60	4	6	2	191	6	19	4	15	3	11	4			302	5
WEYMOUTH TWP	10	1	2	1	17	0	3	1			7	2			39	1
NOT Stated	160	10	17	7	270	8	24	6	9	2	21	7			501	8
<b>Total</b>	1584	100	252	100	3440	100	433	100	453	100	301	100	1	100	6464	100

## Substance Abuse Admissions by Primary Drug within Municipality 2020 NJ Resident Admissions

Atlantic	Primary Drug														Total	
	Alcohol		Cocaine/ Crack		Heroin		Other Opiates		Marijuana/ Hashish		Other Drugs		Unknown		N	%
	N	%	N	%	N	%	N	%	N	%	N	%	N	%		
ABSECON CITY	61	28	3	1	114	52	18	8	11	5	13	6			220	100
ATLANTIC CITY	327	20	98	6	889	55	65	4	184	11	54	3			1617	100
BRIGANTINE CITY	40	24	4	2	100	61	6	4	9	5	5	3			164	100
BUENA BORO	18	32	1	2	30	53	5	9	2	4	1	2			57	100
BUENA VISTA TWP	36	32	5	4	36	32	11	10	14	13	10	9			112	100
CORBIN CITY	1	13			5	63	2	25							8	100
EGG HARBOR CITY	70	26	6	2	140	52	22	8	19	7	12	4			269	100
EGG HARBOR TWP	215	26	37	4	412	49	66	8	51	6	59	7			840	100
ESTELL MANOR CITY	20	57			13	37			2	6					35	100
FOLSOM BORO	4	31			6	46	1	8	1	8	1	8			13	100
GALLOWAY TWP	123	25	9	2	248	51	50	10	28	6	26	5			484	100
HAMILTON TWP	83	19	15	4	232	54	39	9	34	8	23	5			426	100
HAMMONTON TOWN	42	20	11	5	116	55	18	9	8	4	16	8			211	100
LINWOOD CITY	43	60	1	1	24	33	2	3			2	3			72	100
MARGATE CITY	36	37	1	1	47	48	11	11			3	3			98	100
MULLICA TWP	9	14			46	70	8	12	3	5					66	100
NORTHFIELD CITY	43	30	11	8	77	55	8	6			2	1			141	100
PLEASANTVILLE CITY	110	21	22	4	292	56	31	6	51	10	14	3	1	0	521	100
PORT REPUBLIC CITY	2	11			15	83					1	6			18	100
SOMERS POINT CITY	71	28	3	1	120	48	24	10	12	5	20	8			250	100
VENTNOR CITY	60	20	6	2	191	63	19	6	15	5	11	4			302	100
WEYMOUTH TWP	10	26	2	5	17	44	3	8			7	18			39	100
NOT Stated	160	32	17	3	270	54	24	5	9	2	21	4			501	100
<b>Total</b>	1584	25	252	4	3440	53	433	7	453	7	301	5	1	0	6464	100

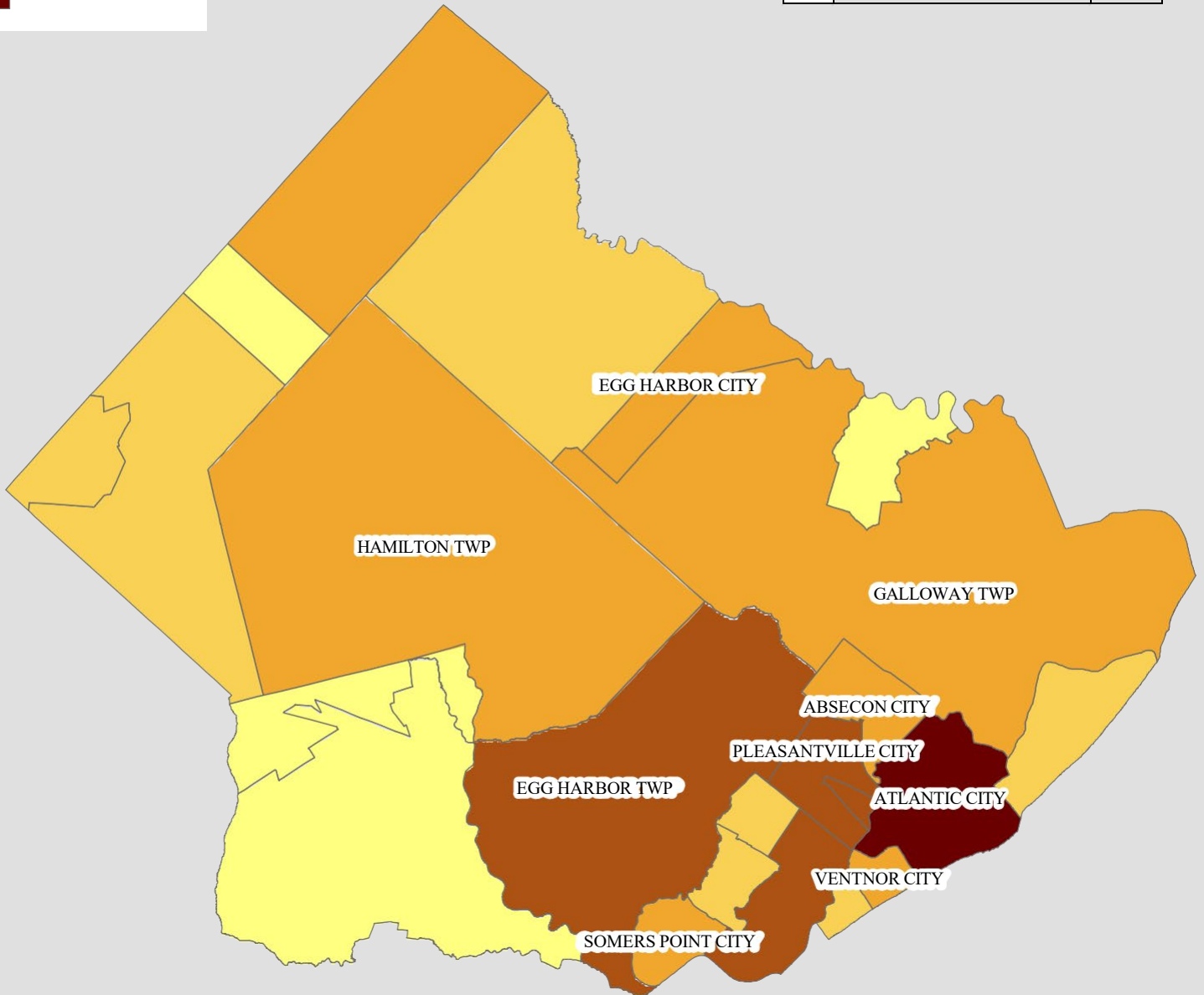
# 2020 Atlantic County Substance Abuse Admissions by Municipality of Residence

## Admission Counts



## Top Five Municipalities

1	Atlantic City	1617
2	Egg Harbor Township	840
3	Pleasantville City	521
4	Galloway Township	484
5	Hamilton Township	426



Data: NJSAMS 2021 July Download Report Date: August 2020



NJ Department of Human  
Services  
Division of Mental Health and  
Addiction Services  
Planning, Research, Evaluation,  
Prevention and Olmstead Office

1

0 0.75 1.5 3 4.5  
Miles

**Admissions by Municipality of Residence, Age Group and Primary Drug  
2020 NJ Resident Admissions**

Atlantic	Alcohol				Drugs						Total					
	18 & Over		Total		18 & Over		Under 18		Total		18 & Over		Under 18		Total	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
ABSECON CITY	61	100	61	100	159	100			159	100	220	100			220	100
ATLANTIC CITY	327	100	327	100	1287	100	3	0	1290	100	1614	100	3	0	1617	100
BRIGANTINE CITY	40	100	40	100	124	100			124	100	164	100			164	100
BUENA BORO	18	100	18	100	39	100			39	100	57	100			57	100
BUENA VISTA TWP	36	100	36	100	76	100			76	100	112	100			112	100
CORBIN CITY	1	100	1	100	7	100			7	100	8	100			8	100
EGG HARBOR CITY	70	100	70	100	198	99	1	1	199	100	268	100	1	0	269	100
EGG HARBOR TWP	215	100	215	100	625	100			625	100	840	100			840	100
ESTELL MANOR CITY	20	100	20	100	15	100			15	100	35	100			35	100
FOLSOM BORO	4	100	4	100	9	100			9	100	13	100			13	100
GALLOWAY TWP	123	100	123	100	358	99	3	1	361	100	481	99	3	1	484	100
HAMILTON TWP	83	100	83	100	343	100			343	100	426	100			426	100
HAMMONTON TOWN	42	100	42	100	169	100			169	100	211	100			211	100
LINWOOD CITY	43	100	43	100	29	100			29	100	72	100			72	100
MARGATE CITY	36	100	36	100	62	100			62	100	98	100			98	100
MULLICA TWP	9	100	9	100	57	100			57	100	66	100			66	100
NORTHFIELD CITY	43	100	43	100	98	100			98	100	141	100			141	100
PLEASANTVILLE CITY	110	100	110	100	410	100			410	100	520	100			520	100
PORT REPUBLIC CITY	2	100	2	100	16	100			16	100	18	100			18	100
SOMERS POINT CITY	71	100	71	100	177	99	2	1	179	100	248	99	2	1	250	100
VENTNOR CITY	60	100	60	100	241	100	1	0	242	100	301	100	1	0	302	100
WEYMOUTH TWP	10	100	10	100	29	100			29	100	39	100			39	100
NOT Stated	160	100	160	100	340	100	1	0	341	100	500	100	1	0	501	100
<b>Total</b>	1584	100	1584	100	4868	100	11	0	4879	100	6452	100	11	0	6463	100

Note: Missing primary drug or age admissions are not included.

**Admissions by Age Group, Gender and Primary Drug 2020 NJ Resident Admissions**

Atlantic		Gender				Total	
		Female		Male			
		N	%	N	%	N	%
0-17	Marijuana/Hashish	1	10	9	90	10	100
	Other Drugs			1	100	1	100
	<b>Total</b>	1	9	10	91	11	100
18-24	Alcohol	35	39	54	61	89	100
	Heroin	76	37	127	63	203	100
	Other Opiates	9	19	38	81	47	100
	Marijuana/Hashish	18	17	87	83	105	100
	Other Drugs	15	39	23	61	38	100
	<b>Total</b>	153	32	329	68	482	100
25-59	Alcohol	443	33	889	67	1332	100
	Heroin	1059	34	2062	66	3121	100
	Other Opiates	158	44	205	56	363	100
	Marijuana/Hashish	80	24	253	76	333	100
	Other Drugs	195	40	287	60	482	100
	Unknown	1	100			1	100
<b>Total</b>	1936	34	3696	66	5632	100	
60&Over	Alcohol	64	40	98	60	162	100
	Heroin	33	28	83	72	116	100
	Other Opiates	6	26	17	74	23	100
	Marijuana/Hashish	1	100			1	100
	Other Drugs	7	24	22	76	29	100
	<b>Total</b>	111	34	220	66	331	100
<b>Total</b>	Alcohol	542	34	1041	66	1583	100
	Heroin	1168	34	2272	66	3440	100
	Other Opiates	173	40	260	60	433	100
	Marijuana/Hashish	100	22	349	78	449	100
	Other Drugs	217	39	333	61	550	100
	Unknown	1	100			1	100
	<b>Total</b>	2201	34	4255	66	6456	100

Note: Unknown age or gender admissions are not included.

**New Jersey Substance Abuse Monitoring System (NJ-SAMS) CY2020  
Substance Abuse Treatment Discharges Atlantic County Resident**

<b>Level of Care</b>			<b>Living Arrangement</b>		
Outpatient Care (OP)	905	14%	Homeless	325	5%
Intensive Outpatient (IOP)	1,467	23%	Dependent Living/Institution	1,317	20%
Partial Hospitalization	182	3%	Independent Living	4,688	73%
Opioid Maintenance OP Opioid Maintenance IOP	915	14%	<b>Employment Status</b>		
	276	4%	Unemployed	1,437	22%
Extended Care	0	0%	Student	21	0%
Halfway House	202	3%	Not in Labor Force	3,241	50%
Long-Term Residential	400	6%	Employed Full/Part Time	1,631	25%
Short-Term Residential	801	12%			
Hospital Based Residential	0	0%	<b>Reasons for Discharge or Treatment Not Completed</b>		
Detox Residential	1,235	19%	Completed at This Level of Care	3,208	50%
Detox Hospital	1	0%	Quit or Dropped Out	1,765	27%
Detox Outpatient Non-Methadone	52	1%	Needs Different Level of Care	579	9%
Detox Outpatient Methadone	1	0%	Administrative Discharge	259	4%
Non-Traditional Program	4	0%	Medical Discharge	106	2%
Early Intervention	7	0%	Deceased	23	0%
Interim Services	11	0%	NJSAMS Force/System Discharge	209	3%
<b>Sex</b>			Other	310	5%
Male	4,321	67%	<b>Continuing Care</b>		
Female	2,133	33%	No Continuing Care Needed	741	11%
<b>Age</b>			Refused or Unable to Continue	655	10%
Under 18	5	0%	Continue Care	2,616	41%
18-21	167	3%	Not Assessed	2,135	33%
22-24	296	5%	<b>Attendance Self-Help group in past 30 Days (Yes)</b>		
25-29	1,069	17%	Narcotic Anonymous (NA)	2,646	41%
30-34	1,177	18%	Alcoholic Anonymous (AA)	2,345	36%
35-44	1,703	26%	<b>Client Goal Achieved *</b>		
45-54	1,150	18%	Alcohol or Drug Problem	2,661	51%
55 and over	892	14%	Educational	1,286	55%
<b>Race/Ethnicity</b>			Employment or Vocational	1,200	47%
White	4,037	63%	Legal	1,161	47%
Black	1,555	24%	Family Situation/Social	1,639	48%
Hispanic	796	12%	Psychological or Mental Health	1,723	49%
Other	71	1%	Physical Health	1,720	57%
<b>Drug and Alcohol Use</b>			Gambling	288	50%
Not Using Alcohol or Drugs	3,995	62%	Tobacco	323	33%
Using Alcohol	247	4%	Financial	462	43%
Using Drugs	1,093	17%	Housing	637	56%
Unknown	1,139	18%	<b>County Where Patient Was Treated</b>		
<b>Mental Illness/Co-Occurring Disorder</b>	4,137	64%	Atlantic	4,383	68%
<b>Arrest in the Last 30 days (Yes)</b>	174	3%	Middlesex	77	1%
<b>Tobacco Products Used (Yes)**</b>	3,361	53%	Bergen	4	0%
			Monmouth	158	2%
			Burlington	260	4%
			Morris	3	0%
			Camden	73	1%
			Ocean	122	2%
			Cape May	22	0%
			Passaic	239	4%
			Cumberland	247	4%
			Salem	36	1%
			Essex	102	2%
			Somerset	14	0%
			Gloucester	574	9%
			Sussex	10	0%
			Hudson	92	1%
			Union	6	0%
			Hunterdon	12	0%
			Warren	1	0%
			Mercer	24	0%
			Other	0	0%

**Total Discharges = 6,459**  
**Unduplicated Clients Discharged = 3,334**

\* Totals may be greater than 100% because of multiple responses. Percentage for goal achievement based on total clients for whom goal was applicable.

\*\*Percentage calculation excluded missing values.

**New Jersey Substance Abuse Monitoring System (NJ-SAMS)  
CY2020 Substance Abuse Treatment Discharges **Atlantic County Treatment Sites****

<b>Level of Care</b>			<b>Living Arrangement</b>		
Outpatient Care (OP)	965	9%	Homeless	289	3%
Intensive Outpatient (IOP)	1,751	16%	Dependent Living/Institution	4,058	37%
Partial Hospitalization	483	4%	Independent Living	6,498	59%
Opioid Maintenance OP Opioid Maintenance IOP	1,016	9%			
Extended Care	291	3%	<b>Employment Status</b>		
Halfway House	0	0%	Unemployed	2,047	19%
Long-Term Residential	223	2%	Student	26	0%
Short-Term Residential	1,664	15%	Not in Labor Force	5,626	51%
Hospital Based Residential	1	0%	Employed Full/Part Time	3,146	29%
Detox Residential	2,909	26%			
Detox Hospital	0	0%	<b>Reasons for Discharge or Treatment Not Completed</b>		
Detox Outpatient Non-Methadone	3	0%	Completed at This Level of Care	6,530	59%
Detox Outpatient Methadone	1	0%	Quit or Dropped Out	2,485	23%
Non-Traditional Program	4	0%	Needs Different Level of Care	713	6%
Early Intervention	6	0%	Administrative Discharge	450	4%
Interim Services	12	0%	Medical Discharge	174	2%
			Deceased	22	0%
			NJSAMS Force/System Discharge	283	3%
			Other	379	3%
<b>Sex</b>					
Male	6,959	63%	<b>Continuing Care</b>		
Female	4,074	37%	No Continuing Care Needed	824	7%
			Refused or Unable to Continue	1,461	13%
<b>Age</b>			Continue Care	5,251	48%
Under 18	5	0%	Not Assessed	2,966	27%
18-21	366	3%			
22-24	652	6%	<b>Attendance Self-Help group in past 30 Days (Yes)</b>		
25-29	1,865	17%	Narcotic Anonymous (NA)	5,323	48%
30-34	1,942	18%	Alcoholic Anonymous (AA)	5,064	46%
35-44	2,762	25%			
45-54	2,001	18%	<b>Client Goal Achieved *</b>		
55 and over	1,443	13%	Alcohol or Drug Problem	5,629	61%
			Educational	2,424	61%
<b>Race/Ethnicity</b>			Employment or Vocational	2,418	57%
White	8,030	73%	Legal	2,436	58%
Black	1,889	17%	Family Situation/Social	3,486	55%
Hispanic	972	9%	Psychological or Mental Health	4,196	59%
Other	143	1%	Physical Health	3,969	64%
			Gambling	1,119	64%
<b>Drug and Alcohol Use</b>			Tobacco	1,152	54%
Not Using Alcohol or Drugs	8,263	75%	Financial	1,313	56%
Using Alcohol	286	3%	Housing	1,533	62%
Using Drugs	1,141	10%			
Unknown	1,313	12%	<b>County of Residence</b>		
			Atlantic	4,383	40%
<b>Mental Illness/Co-Occurring Disorder</b>	8,020	73%	Middlesex	209	2%
			Bergen	194	2%
<b>Arrest in the Last 30 days (Yes)</b>	260	2%	Burlington	539	5%
			Camden	1,025	9%
<b>Tobacco Products Used (Yes)**</b>	3,956	36%	Cape May	489	4%
			Cumberland	452	4%
			Essex	210	2%
			Gloucester	675	6%
			Hudson	139	1%
			Hunterdon	41	0%
			Salem	153	1%
			Somerset	107	1%
			Sussex	52	0%
			Union	123	1%
			Warren	57	1%

Mercer 227 2% Other 585 5%

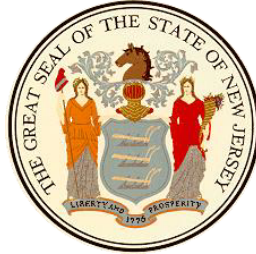
**Total Discharges = 11,036**  
**Unduplicated Clients Discharged = 6,532**

\* Totals may be greater than 100% because of multiple responses. Percentage for goal achievement based on total clients for whom goal was applicable.  
\*\*Percentage calculation excluded missing values.

# **New Jersey Drug and Alcohol Abuse Treatment**

**Substance Abuse Overview 2019**

**Atlantic County**



**Department of Human Services  
Division of Mental Health and Addiction Services  
Office of Planning, Research, Evaluation, Prevention and Olmstead  
Trenton, New Jersey**

**October 2020**



## State of New Jersey

DEPARTMENT OF HUMAN SERVICES  
DIVISION OF MENTAL HEALTH AND ADDICTION SERVICES

PO Box 362  
TRENTON, NJ 08625

Phil Murphy  
Governor

Sheila Oliver  
LT. Governor

Carole Johnson  
Commissioner

Valerie L. Mielke  
Assistant Commissioner

October 2020

The statewide **Substance Abuse Overview** provides statistics on substance abuse treatment in New Jersey for calendar year 2019. In 2019, there were 98,628 treatment admissions and 96,482 discharges reported to the New Jersey Department of Human Services, Division of Mental Health and Addiction Services by substance abuse treatment providers. These data were submitted through the web-based New Jersey Substance Abuse Monitoring System (NJSAMS). This report is based on the information provided in the May 2020 NJSAMS download data.

The Statewide Overview includes:

- State Totals for Substance Abuse Treatment Admissions
- Substance Abuse Admissions by County and Primary Drug
- Substance Abuse Admissions by Primary Drug within County
- Substance Abuse Admission Rates by County and Primary Drug
- Map for Number of Substance Abuse Admissions by County of Residence
- First Time Clients by County of Residence and Primary Drug
- Admissions by Age Group, Gender, and Primary Drug
- State Totals for Substance Abuse Treatment Discharges
- Length of Stay by Level of Care
- Waiting Time to Treatment Admission
- Detox Continuing Care Status Indicated at Discharge
- Detox Continuing Care by Actual Level of Care
- Time to First Readmission
- Substance Abuse Treatment Demand Estimate

Reports for individual counties can be found by clicking on the county names.

If you have any questions about this report, you may contact us by email at:  
Suzanne.Borys@dhs.nj.gov, Limei.Zhu@dhs.nj.gov, Yohannes.Hailu@dhs.nj.gov

Sincerely,

Suzanne Borys, Ed. D., Assistant Division Director  
Office of Planning, Research, Evaluation, Prevention and Olmstead

**New Jersey Substance Abuse Monitoring System (NJ-SAMS) CY2019  
Substance Abuse Treatment Admissions **Atlantic County Residents****

<b>Primary Drug**</b>			<b>Highest School Grade Completed</b>		
Alcohol	1,791	24%	Completed High School	4,830	64%
Heroin	4,122	55%	Some College	923	12%
Other Opiates	453	6%	<b>Employment Status</b>		
Cocaine	335	4%	Unemployed	1,577	21%
Marijuana	566	7%	Student	23	0%
Other Drugs	292	4%	Not in Labor Force	4,167	55%
<b>Intravenous Drug Users</b>	2,954	39%	Employed Full/Part Time	1,795	24%
<b>Smoke Tobacco (Yes)**</b>	4,484	59%	<b>Living Arrangement</b>		
<b>Level of Care</b>			Homeless	710	9%
Outpatient Care (OP)	1,258	17%	Dependent Living/Institution	1,105	15%
Intensive Outpatient (IOP)	2,209	29%	Independent Living	5,745	76%
Partial Hospitalization	254	3%	<b>Marital Status</b>		
Opioid Maintenance OP	952	13%	Single/Divorced	6,326	84%
Opioid Maintenance IOP	130	2%	Married/Civil Union	780	10%
Extended Care	0	0%	Widowed	160	2%
Halfway House	221	3%	Separated	301	4%
Long-Term Residential	566	7%	<b>Legal Problem*</b>		
Short-Term Residential	778	10%	None	3,731	49%
Hospital Based Residential	0	0%	Case Pending	875	12%
Detox Residential	967	13%	Probation/Parole	1,307	17%
Detox Hospital	3	0%	DUI License Suspension	409	5%
Detox Outpatient Non-Methadone	219	3%	Drug Court	1,171	15%
Detox Outpatient Methadone	0	0%	DCCP/Family Court	396	5%
Early Intervention	9	0%	Other	160	2%
Interim Services***	1	0%	<b>Arrest in the Last 30 Days (Yes)</b>		
<b>Medication Assisted Therapy Planned in Treatment</b>				472	6%
Methadone	1,652	22%	<b>Special Population*</b>		
Suboxone	597	8%	DCCP/CPSAI	542	7%
Vivitrol	236	3%	DUI	1,046	14%
<b>Referral Source</b>			Developmental Disability	18	0%
Self-referral	3,003	40%	Blind and Visually Impaired	10	0%
Family/Friend	201	3%	Deaf and Hard of Hearing	6	0%
Addiction Services Program	1,289	17%	<b>Federal Poverty Level (0-133%)**</b>		
Workforce NJ SAI	104	1%		6,018	91%
DCCP/CPSAI	216	3%	<b>Health Insurance*</b>		
Mental Health	37	0%	No Insurance	1,577	21%
Criminal Justice	1,848	24%	Medicaid	5,425	72%
Interim Managing Entity (IME)	49	1%	Medicare	108	1%
IDRC	256	3%	Private Insurance	1,021	13%
Other	612	8%	Other Insurance	62	1%
<b>Sex</b>			<b>Treated in County of Residence</b>		
Male	5,131	68%		5,202	69%
Female	2,436	32%	<b>County Where Patient Was Treated</b>		
<b>Pregnant Women (Yes)**</b>	125	2%	Atlantic	5,202	69%
<b>Age</b>			Bergen	4	0%
Under 18	12	0%	Burlington	262	3%
18-21	234	3%	Camden	93	1%
22-24	440	6%	Cape May	14	0%
25-29	1,171	15%	Cumberland	15	2%
30-34	1,405	19%	Essex	2	0%
35-44	1,952	26%	Gloucester	14	2%
45-54	1,438	19%	Hudson	5	0%
55 and over	915	12%	Hunterdon	44	6%
<b>Race/Ethnicity</b>			2	0%	Somerset
White (non-Hispanic)	4,581	61%	3	0%	Sussex
Black (non-Hispanic)	1,902	25%	5	0%	Union
Hispanic Origin	1,000	13%	8	0%	Warren
Other	84	1%	8	0%	Other
			40	1%	
			<b>Fee For Service Admissions</b>		
				1,686	22%
			<b>Fee For Service Unique Clients</b>		
				1,062	29%
			<b>Total Admissions =</b>		
					<b>7,567</b>
			<b>Unduplicated Clients Admitted =</b>		
					<b>3,624</b>

*\*Totals may be greater than 100% because of multiple responses.  
\*\*Percentage calculations excluded missing values.  
\*\*\* Interim Services started October 2019.*

**New Jersey Substance Abuse Monitoring System (NJ-SAMS)  
CY2019 Substance Abuse Treatment Admissions **Treatment Site in Atlantic County****

<b>Primary Drug**</b>			<b>Highest School Grade Completed</b>			
Alcohol	4,176	34%	Completed High School	8,112	65%	
Heroin	5,646	45%	Some College	2,166	17%	
Other Opiates	807	6%	<b>Employment Status</b>			
Cocaine	609	5%	Unemployed	3,231	26%	
Marijuana	558	4%	Student	35	0%	
Other Drugs	661	5%	Not in Labor Force	5,372	43%	
<b>Intravenous Drug Users</b>	<b>4,043</b>	<b>32%</b>	Employed Full/Part Time	3,822	31%	
<b>Smoke Tobacco (Yes)**</b>	<b>7,396</b>	<b>59%</b>	<b>Living Arrangement</b>			
<b>Level of Care</b>			Homeless	1,295	10%	
Outpatient Care (OP)	1,365	11%	Dependent Living/Institution	1,520	12%	
Intensive Outpatient (IOP)	2,327	19%	Independent Living	9,642	77%	
Partial Hospitalization	752	6%	<b>Marital Status</b>			
Opioid Maintenance OP	1,081	9%	Single/Divorced	9,807	79%	
Opioid Maintenance IOP	119	1%	Married/Civil Union	1,911	15%	
Extended Care	0	0%	Widowed	217	2%	
Halfway House	265	2%	Separated	527	4%	
Long-Term Residential	2,131	17%	<b>Legal Problem*</b>			
Short-Term Residential	1,734	14%	None	6,821	55%	
Hospital Based Residential	1	0%	Case Pending	2,152	17%	
Detox Residential	2,636	21%	Probation/Parole	1,923	15%	
Detox Hospital	2	0%	DUI License Suspension	769	6%	
Detox Outpatient Non-Methadone	36	0%	Drug Court	1,056	8%	
Detox Outpatient Methadone	1	0%	DCCP/Family Court	520	4%	
Early Intervention	10	0%	Other	285	2%	
Interim Services***	2	0%	<b>Arrest in the Last 30 Days (Yes)</b>			
<b>Medication Assisted Therapy Planned in Treatment</b>				962	8%	
Methadone	1,808	15%	<b>Special Population*</b>			
Suboxone	1,330	11%	DCCP/CPSAI	683	5%	
Vivitrol	428	3%	DUI	1,968	16%	
<b>Referral Source</b>			Developmental Disability	39	0%	
Self-referral	5,455	44%	Blind and Visually Impaired	14	0%	
Family/Friend	600	5%	Deaf and Hard of Hearing	5	0%	
Addiction Services Program	3,307	27%	<b>Federal Poverty Level (0-133%)**</b>			
Workforce NJ SAI	116	1%		7,375	92%	
DCCP/CPSAI	239	2%	<b>Health Insurance*</b>			
Mental Health	58	0%	No Insurance	1,499	12%	
Criminal Justice	1,760	14%	Medicaid	6,931	56%	
IDRC	277	2%	Medicare	110	1%	
Interim Managing Entity (IME)	18	0%	Private Insurance	4,542	36%	
Other	650	5%	Other Insurance	83	1%	
<b>Sex</b>			<b>Treated in County of Residence</b>			
Male	7,950	64%		5,202	42%	
Female	4,507	36%	<b>County of Residence</b>			
<b>Pregnant Women (Yes)**</b>	<b>136</b>	<b>1%</b>	Atlantic	5,202	42%	
<b>Age</b>			Bergen	203	2%	
Under 18	10	0%	Burlington	567	5%	
18-21	500	4%	Camden	1,026	8%	
22-24	943	8%	Cape May	592	5%	
25-29	2,059	17%	Cumberland	493	4%	
30-34	2,123	17%	Essex	182	1%	
35-44	3,056	25%	Gloucester	689	6%	
45-54	2,262	18%	Hudson	121	1%	
55 and over	1,509	12%	Hunterdon	31	0%	
<b>Race/Ethnicity</b>			Mercer	288	2%	
White (non-Hispanic)	9,015	72%	<b>Fee For Service Admissions</b>			
Black (non-Hispanic)	2,112	17%		1,513	12%	
Hispanic Origin	1,198	10%	<b>Fee For Service Unique Client</b>			
Other	137	1%		1,016	14%	
			<b>Total Admissions = 12,462</b>			
			<b>Unduplicated Clients Admitted = 7,272</b>			

\*Totals may be greater than 100% because of multiple responses.

\*\*Percentage calculation excluded missing values.

*\*\*\* Interim Services started October 2019.*

**Admissions by Municipality and Primary Drug 2019 NJ Resident Admissions**

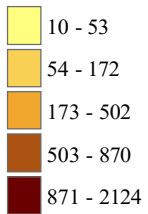
Atlantic County	Primary Drug														Total	
	Alcohol		Cocaine/ Crack		Heroin		Other Opiates		Marijuana/ Hashish		Other Drugs		Unknown		N	%
	N	%	N	%	N	%	N	%	N	%	N	%	N	%		
<b>ABSECON CITY</b>	54	3	8	2	139	3	25	6	6	1	8	3	1	13	241	3
<b>ATLANTIC CITY</b>	378	21	126	38	1227	30	92	20	243	43	57	20	1	13	2124	28
<b>BRIGANTINE CITY</b>	50	3	5	1	98	2	2	0	13	2	4	1			172	2
<b>BUENA BORO</b>	33	2	5	1	46	1	5	1	1	0	3	1			93	1
<b>BUENA VISTA TWP</b>	23	1	2	1	79	2	13	3	16	3	11	4			144	2
<b>CORBIN CITY</b>	1	0	2	1	5	0	2	0			1	0			11	0
<b>EGG HARBOR CITY</b>	56	3	7	2	142	3	8	2	11	2	8	3			232	3
<b>EGG HARBOR TWP</b>	242	14	38	11	447	11	50	11	45	8	48	16			870	11
<b>ESTELL MANOR CITY</b>	10	1			21	1	3	1	3	1					37	0
<b>FOLSOM BORO</b>	11	1	1	0	11	0	1	0	3	1	3	1			30	0
<b>GALLOWAY TWP</b>	175	10	24	7	286	7	53	12	57	10	19	7			614	8
<b>HAMILTON TWP</b>	138	8	25	7	247	6	24	5	34	6	34	12			502	7
<b>HAMMONTON TOWN</b>	63	4	8	2	180	4	16	4	4	1	12	4			283	4
<b>LINWOOD CITY</b>	34	2	1	0	24	1	10	2	2	0	9	3			80	1
<b>LONGPORT BORO</b>	2	0			4	0					4	1			10	0
<b>MARGATE CITY</b>	37	2	5	1	45	1	3	1	2	0	4	1			96	1
<b>MULLICA TWP</b>	20	1			78	2	4	1	1	0	2	1			105	1
<b>NORTHFIELD CITY</b>	50	3	8	2	78	2	8	2	4	1	6	2	2	25	156	2
<b>PLEASANTVILLE CITY</b>	132	7	34	10	345	8	53	12	86	15	16	5	1	13	667	9
<b>PORT REPUBLIC CITY</b>	7	0	1	0	14	0									22	0
<b>SOMERS POINT CITY</b>	104	6	11	3	156	4	17	4	14	2	16	5	1	13	319	4
<b>VENTNOR CITY</b>	62	3	11	3	217	5	39	9	11	2	15	5	1	13	356	5
<b>WEYMOUTH TWP</b>	6	0			37	1	5	1	2	0	3	1			53	1
<b>NOT Stated</b>	103	6	13	4	196	5	20	4	9	2	8	3	1	13	350	5
<b>Total</b>	1791	100	335	100	4122	100	453	100	567	100	291	100	8	100	7567	100

**Substance Abuse Admissions by Primary Drug within Municipality 2019 NJ  
Resident Admissions**

Atlantic County	Primary Drug														Total	
	Alcohol		Cocaine/ Crack		Heroin		Other Opiates		Marijuana/ Hashish		Other Drugs		Unknown		N	%
	N	%	N	%	N	%	N	%	N	%	N	%	N	%		
ABSECON CITY	54	22	8	3	139	58	25	10	6	2	8	3	1	0	241	100
ATLANTIC CITY	378	18	126	6	1227	58	92	4	243	11	57	3	1	0	2124	100
BRIGANTINE CITY	50	29	5	3	98	57	2	1	13	8	4	2			172	100
BUENA BORO	33	35	5	5	46	49	5	5	1	1	3	3			93	100
BUENA VISTA TWP	23	16	2	1	79	55	13	9	16	11	11	8			144	100
CORBIN CITY	1	9	2	18	5	45	2	18			1	9			11	100
EGG HARBOR CITY	56	24	7	3	142	61	8	3	11	5	8	3			232	100
EGG HARBOR TWP	242	28	38	4	447	51	50	6	45	5	48	6			870	100
ESTELL MANOR CITY	10	27			21	57	3	8	3	8					37	100
FOLSOM BORO	11	37	1	3	11	37	1	3	3	10	3	10			30	100
GALLOWAY TWP	175	29	24	4	286	47	53	9	57	9	19	3			614	100
HAMILTON TWP	138	27	25	5	247	49	24	5	34	7	34	7			502	100
HAMMONTON TOWN	63	22	8	3	180	64	16	6	4	1	12	4			283	100
LINWOOD CITY	34	43	1	1	24	30	10	13	2	3	9	11			80	100
LONGPORT BORO	2	20			4	40					4	40			10	100
MARGATE CITY	37	39	5	5	45	47	3	3	2	2	4	4			96	100
MULLICA TWP	20	19			78	74	4	4	1	1	2	2			105	100
NORTHFIELD CITY	50	32	8	5	78	50	8	5	4	3	6	4	2	1	156	100
PLEASANTVILLE CITY	132	20	34	5	345	52	53	8	86	13	16	2	1	0	667	100
PORT REPUBLIC CITY	7	32	1	5	14	64									22	100
SOMERS POINT CITY	104	33	11	3	156	49	17	5	14	4	16	5	1	0	319	100
VENTNOR CITY	62	17	11	3	217	61	39	11	11	3	15	4	1	0	356	100
WEYMOUTH TWP	6	11			37	70	5	9	2	4	3	6			53	100
NOT Stated	103	30	13	4	196	55	20	6	9	3	8	2	1	0	350	100
<b>Total</b>	1791	24	335	4	4122	54	453	6	567	7	291	4	8	0	7567	100

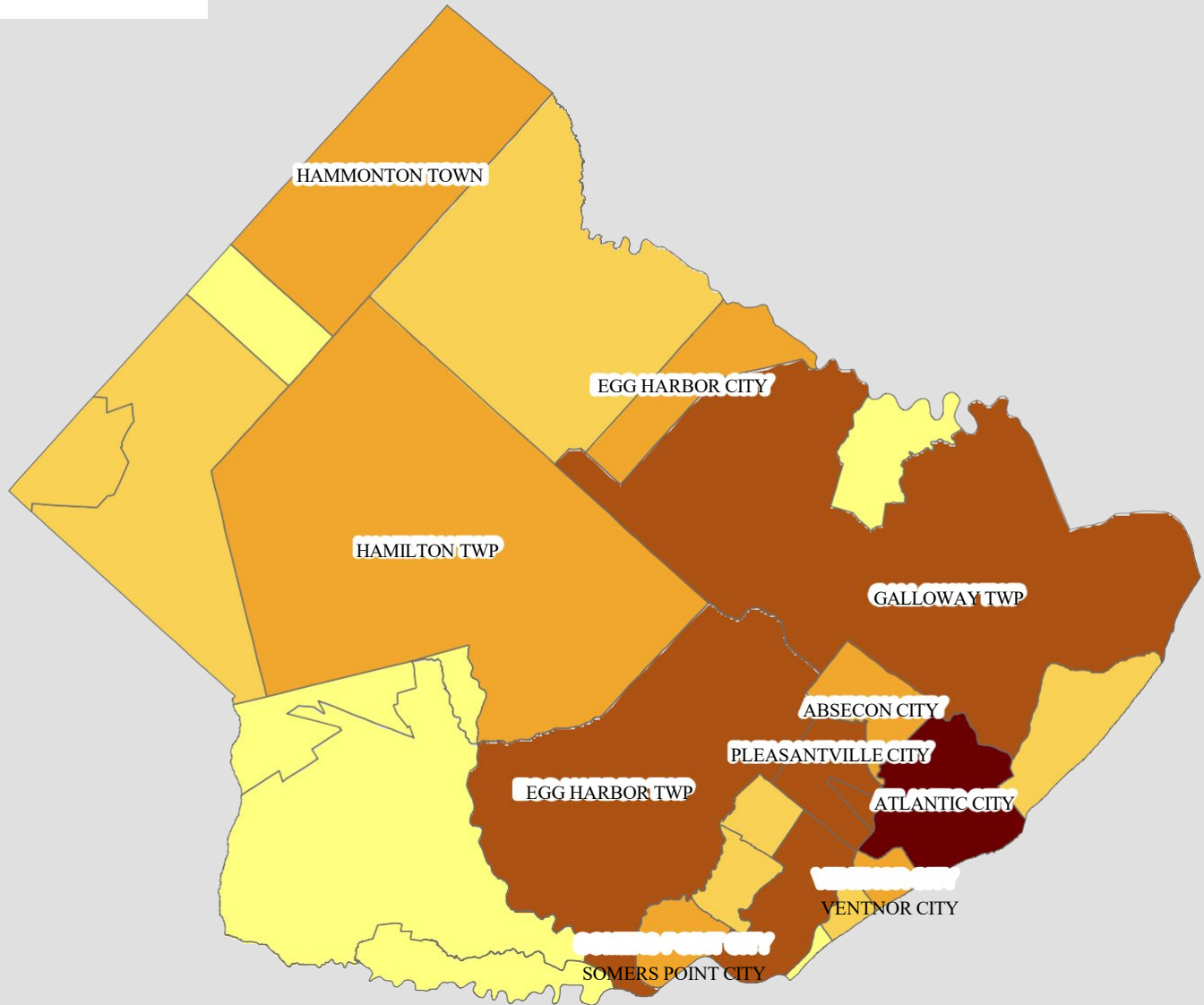
# 2019 Atlantic County Substance Abuse Admissions by Municipality of Residence

## Admission Counts



## Top Five Municipalities

1	Atlantic City	2124
2	Egg Harbor Township	870
3	Pleasantville City	667
4	Galloway Township	614
5	Hamilton Township	502



Data: NJSAMS 2020 June Download Report Date: October 2020



NJ Department of Human Services  
Division of Mental Health and  
Addiction Services  
Planning, Research, Evaluation,  
Prevention and Olmstead Office

1

0.751.5 3 4.5  
Miles

## Admissions by Municipality of Residence, Age Group and Primary Drug 2019 NJ Resident Admissions

Atlantic County	Alcohol						Drugs						Total					
	18 & Over		Under 18		Total		18 & Over		Under 18		Total		18 & Over		Under 18		Total	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
ABSECON CITY	54	100			54	100	186	100			186	100	240	100			240	100
ATLANTIC CITY	378	100			378	100	1744	100	1	0	1745	100	2122	100	1	0	2123	100
BRIGANTINE CITY	50	100			50	100	122	100			122	100	172	100			172	100
BUENA BORO	33	100			33	100	60	100			60	100	93	100			93	100
BUENA VISTA TWP	23	100			23	100	121	100			121	100	144	100			144	100
CORBIN CITY	1	100			1	100	10	100			10	100	11	100			11	100
EGG HARBOR CITY	55	98	1	2	56	100	176	100			176	100	231	100	1	0	232	100
EGG HARBOR TWP	242	100			242	100	622	99	6	1	628	100	864	99	6	1	870	100
ESTELL MANOR CITY	10	100			10	100	27	100			27	100	37	100			37	100
FOLSOM BORO	11	100			11	100	19	100			19	100	30	100			30	100
GALLOWAY TWP	175	100			175	100	437	100	2	0	439	100	612	100	2	0	614	100
HAMILTON TWP	138	100			138	100	363	100	1	0	364	100	501	100	1	0	502	100
HAMMONTON TOWN	63	100			63	100	220	100			220	100	283	100			283	100
LINWOOD CITY	34	100			34	100	46	100			46	100	80	100			80	100
LONGPORT BORO	2	100			2	100	8	100			8	100	10	100			10	100
MARGATE CITY	37	100			37	100	59	100			59	100	96	100			96	100
MULLICA TWP	20	100			20	100	85	100			85	100	105	100			105	100
NORTHFIELD CITY	50	100			50	100	104	100			104	100	154	100			154	100
PLEASANTVILLE CITY	132	100			132	100	534	100			534	100	666	100			666	100
PORT REPUBLIC CITY	7	100			7	100	15	100			15	100	22	100			22	100
SOMERS POINT CITY	104	100			104	100	214	100			214	100	318	100			318	100
VENTNOR CITY	62	100			62	100	293	100			293	100	355	100			355	100
WEYMOUTH TWP	6	100			6	100	47	100			47	100	53	100			53	100
NOT Stated	103	100			103	100	246	100			246	100	349	100			349	100
<b>Total</b>	1790	100	1	0	1791	100	5758	100	10	0	5768	100	7548	100	11	0	7559	100

\* Missing primary drug or age admissions are not included.

**Admissions by Age Group, Gender and Primary Drug 2019 NJ Resident Admissions**

		GENDER				TOTAL	
		Female		Male		N	%
		N	%	N	%		
<b>0-17</b>	<b>Alcohol</b>	1	100			1	100
	<b>Marijuana/Hashish</b>	2	20	8	80	10	100
	<b>Unknown</b>			1	100	1	100
	<b>Total</b>	3	25	9	75	12	100
<b>18-24</b>	<b>Alcohol</b>	19	28	49	72	68	100
	<b>Heroin</b>	117	36	208	64	325	100
	<b>Other Opiates</b>	15	35	28	65	43	100
	<b>Marijuana/Hashish</b>	25	14	151	86	176	100
	<b>Other Drugs</b>	13	21	49	79	62	100
	<b>Total</b>	189	28	485	72	674	100
<b>25-59</b>	<b>Alcohol</b>	486	31	1086	69	1572	100
	<b>Heroin</b>	1211	33	2431	67	3642	100
	<b>Other Opiates</b>	146	37	252	63	398	100
	<b>Marijuana/Hashish</b>	99	26	278	74	377	100
	<b>Other Drugs</b>	207	38	332	62	539	100
	<b>Unknown</b>	3	50	3	50	6	100
	<b>Total</b>	2152	33	4382	67	6534	100
<b>60&amp;Over</b>	<b>Alcohol</b>	53	35	97	65	150	100
	<b>Heroin</b>	28	18	127	82	155	100
	<b>Other Opiates</b>	2	17	10	83	12	100
	<b>Marijuana/Hashish</b>			4	100	4	100
	<b>Other Drugs</b>	8	32	17	68	25	100
	<b>Unknown</b>	1	100			1	100
	<b>Total</b>	92	27	255	73	347	100
<b>Total</b>	<b>Alcohol</b>	559	31	1232	69	1791	100
	<b>Heroin</b>	1356	33	2766	67	4122	100
	<b>Other Opiates</b>	163	36	290	64	453	100
	<b>Marijuana/Hashish</b>	126	22	441	78	567	100
	<b>Other Drugs</b>	228	36	398	64	626	100
	<b>Unknown</b>	4	50	4	50	8	100
	<b>Total</b>	2436	32	5131	68	7567	100

\* Unknown age or gender admissions are not included.

**New Jersey Substance Abuse Monitoring System (NJ-SAMS) CY2019**  
**Substance Abuse Treatment Discharges Atlantic County Resident**

<b>Level of Care</b>			<b>Living Arrangements</b>		
Outpatient Care (OP)	1,205	16%	Homeless	290	4%
Intensive Outpatient (IOP)	2,213	30%	Dependent Living/Institution	1,524	20%
Partial Hospitalization Opioid	251	3%	Independent Living	5,528	74%
Maintenance OP Opioid	941	13%	<b>Employment Status</b>		
Maintenance IOP	91	1%	Unemployed	1,462	20%
Extended Care	0	0%	Student	26	0%
Halfway House	216	3%	Not in Labor Force	3,544	47%
Long-Term Residential	544	7%	Employed Full/Part Time	2,310	31%
Short-Term Residential	771	10%	<b>Reasons for Discharge or Treatment not Completed</b>		
Hospital Based Residential	0	0%	Treatment Plan Completed	3,949	53%
Detox Residential	969	13%	Quit or Dropped Out	1,867	25%
Detox Hospital	3	0%	Needs Different Level of Care	678	9%
Detox Outpatient Non-Methadone	229	3%	Unable to Meet Client's Other Needs	23	0%
Detox Outpatient Methadone	10	0%	Administrative Discharge	273	4%
Non-Traditional Program	11	0%	Exhaustion of Payment Source	31	0%
Early Intervention	10	0%	Incarcerated	114	2%
Interim Services***	1	0%	Medical Discharge/Deceased	74	1%
<b>Sex</b>			Other	247	3%
Male	5,045	68%	<b>Continuing Care</b>		
Female	2,420	32%	No Continuing Care Needed	1,216	16%
<b>Age</b>			Refused or Unable to Continue	1,081	14%
Under 18	8	0%	Continue Care	2,996	40%
18-21	216	3%	Not Assessed	2,172	29%
22-24	426	6%	<b>Significant Problems or Conditions</b>		
25-29	1,136	15%	Mental Health Problem	1,916	26%
30-34	1,416	19%	Compulsive Gambling	43	1%
35-44	1,955	26%	Physical Disability or Handicap	85	1%
45-54	1,427	19%	Victim of Physical Abuse or Neglect Victim	243	3%
55 and over	881	12%	of Sexual Abuse	174	2%
<b>Race/Ethnicity</b>			Pregnancy	46	1%
White	4,577	61%	Suicide Attempt	52	1%
Black	1,812	24%	Runaway Behavior	175	2%
Hispanic	992	13%	Neglect or Abuse of Own Children	187	3%
Other	84	1%	Child of Substance Abuser	225	3%
<b>Mental Illness/Co-Occurring Disorder</b>			Batterer Criminal	6	0%
5,253		70%	Activity Other	1,088	15%
<b>Client Goal Achieved/Partially Achieved *</b>				257	3%
			<b>Arrested in the Last 30 days (Yes)</b>	268	4%
Alcohol or Drug Problem	4,559	63%	<b>County Where Patient Was Treated</b>		
Educational	1,843	64%	Atlantic	5,151	69%
Employment or Vocational	2,134	59%	Bergen	6	0%
Family Situation	3,079	65%	Burlington	254	3%
Psychological or Mental Health	3,090	66%	Camden	91	1%
Physical Health	2,774	69%	Cape May	9	0%
Legal	2,359	61%	Cumberland	110	1%
<b>Drug and Alcohol Use</b>			Essex	142	2%
Not Using Alcohol or Drugs	4,725	63%	Gloucester	429	6%
Using Alcohol	370	5%	Hudson	127	2%
Using Drugs	1,242	17%	Hunterdon	11	0%
Unknown	1,242	17%	Mercer	42	1%
<b>Smoke Tobacco (Yes)**</b>	4,023	55%	Middlesex	87	1%
			Monmouth	181	2%
			Morris	6	0%
			Ocean	392	5%
			Passaic	389	5%
			Salem	3	0%
			Somerset	25	0%
			Sussex	5	0%
			Union	2	0%
			Warren	3	0%
			Other	0	0%
			<b>Total Discharges =</b>	<b>7,465</b>	
			<b>Unduplicated Clients Discharged =</b>	<b>3,689</b>	

\* Totals may be greater than 100% because of multiple responses. Percentage for goal achievement based on total clients for whom goal was applicable. All other percentages are based on total discharges.

\*\*Percentage calculation excluded missing values.

\*\*\*Interim Services started October 2019.

**New Jersey Substance Abuse Monitoring System (NJ-SAMS)  
CY2019 Substance Abuse Treatment Discharges Atlantic County Treatment Sites**

<b>Level of Care</b>		
Outpatient Care (OP)	1,310	11%
Intensive Outpatient (IOP)	2,307	19%
Partial Hospitalization Opioid	789	6%
Maintenance OP Opioid	1,138	9%
Maintenance IOP	94	1%
Extended Care	0	0%
Halfway House	258	2%
Long-Term Residential	2,126	17%
Short-Term Residential	1,689	14%
Hospital Based Residential	0	0%
Detox Residential	2,644	21%
Detox Hospital	2	0%
Detox Outpatient Non-Methadone	45	0%
Detox Outpatient Methadone	14	0%
Non-Traditional Program	12	0%
Early Intervention	14	0%
Interim Services***	2	0%

<b>Sex</b>		
Male	7,913	64%
Female	4,527	36%

<b>Age</b>		
Under 18	7	0%
18-21	480	4%
22-24	942	8%
25-29	2,054	17%
30-34	2,125	17%
35-44	3,082	25%
45-54	2,260	18%
55 and over	1,494	12%

<b>Race/Ethnicity</b>		
White	9,063	73%
Black	2,050	16%
Hispanic	1,192	10%
Other	136	1%

<b>Mental Illness/Co-Occurring Disorder</b>		
10,388		83%

<b>Client Goal Achieved/Partially Achieved*</b>		
Alcohol or Drug Problem	8,319	69%
Educational	1,929	59%
Employment or Vocational	2,368	55%
Family Situation	6,831	68%
Psychological or Mental Health	6,918	71%
Physical Health	6,420	75%
Legal	2,583	57%

<b>Living Arrangements</b>		
Homeless	297	2%
Dependent Living/Institution	4,380	35%
Independent Living	7,574	61%

<b>Employment Status</b>		
Unemployed	2,167	17%
Student	38	0%
Not in Labor Force	5,838	47%
Employed Full/Part Time	4,208	34%

<b>Reasons for Discharge or Treatment not Completed</b>		
Treatment Plan Completed	7,510	60%
Quit or Dropped Out	2,768	22%
Needs Different Level of Care	825	7%
Unable to Meet Client's Other Needs	31	0%
Administrative Discharge	392	3%
Exhaustion of Payment Source Incarcerated	54	0%
Medical Discharge/Deceased	140	1%
Other	158	1%
	275	2%

<b>Continuing Care</b>		
No Continuing Care Needed	1,226	10%
Refused or Unable to Continue	1,964	16%
Continue Care	6,088	49%
Not Assessed	3,166	25%

<b>Significant Problems or Conditions**</b>		
Mental Health Problem	4,625	37%
Compulsive Gambling	33	0%
Physical Disability or Handicap	96	1%
Victim of Physical Abuse or Neglect Victim of Sexual Abuse	306	2%
Pregnancy	247	2%
Suicide Attempt	55	0%
Runaway Behavior	78	1%
Neglect or Abuse of Own Children	187	2%
Child of Substance Abuser	220	2%
Batterer Criminal	258	2%
Activity	6	0%
Other	1,179	9%
	387	3%

<b>Arrested in the Last 30 days (Yes)</b>	565	5%
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<b>County of Residence</b>		
Atlantic	5,151	41%
Bergen	201	2%
Burlington	558	4%
Camden	1,032	8%
Cape May	618	5%
Middlesex	305	2%
Monmouth	398	3%
Morris	173	1%
Ocean	757	6%
Passaic	131	1%

						Cumberland	533	4%	Salem	142	1%
						Essex	179	1%	Somerset	90	1%
	<b>Drug and Alcohol Use</b>					Sussex	53	0%			
	Not Using Alcohol or Drugs	9,326	75%	Gloucester	676	5%	Union	152	1%		
	Using Alcohol	391	3%	Hudson	121	1%	Warren	39	0%		
	Using Drugs	1,322	11%	Hunterdon	34	0%	Other	821	7%		
	Unknown	1,451	12%	Mercer	280	2%					
	<b>Smoke Tobacco (Yes)**</b>	6,983	57%								
						<b>Total Discharges =</b>	<b>12,444</b>		<b>Unduplicated Clients</b>		
						<b>Discharged =</b>	<b>7,439</b>				

\* Totals may be greater than 100% because of multiple responses. Percentage for goal achievement based on total clients for whom goal was applicable. All other percentages are based on total discharges.  
 \*\* Percentage calculation excluded missing values.  
 \*\*\*Interim Services started October 2019.