

## NEW JERSEY

### Introduction

The National Association of State Alcohol and Drug Abuse Directors, Inc. (NASADAD) is a not-for-profit organization that works to promote effective and efficient State substance abuse service systems. NASADAD members include the State Substance Abuse Directors from the 50 States and five Territories. These State Directors, also known as Single State Authorities (SSAs), have the front-line responsibility for managing the nation's publicly funded substance abuse prevention, treatment and recovery systems. In New Jersey, the Division of Addiction Services (DAS), within the Department of Human Services (DHS), serves as the State's SSA.

### Substance Abuse Prevention and Treatment Block Grant

The Substance Abuse Prevention and Treatment (SAPT) Block Grant is a formula grant awarded to every State and territory. It is the backbone of our publicly funded substance abuse prevention, treatment and recovery system. This flexible funding stream is designed to help States address their own unique needs related to addiction. In addition, 20% of the SAPT Block Grant is, by statute, dedicated to prevention services. Over the past four years, the overall SAPT Block Grant has been cut approximately \$20 million. New Jersey's FY 2008 SAPT Block Grant allocation is approximately \$46.7 million – representing a cut of close to \$600,000 compared to FY 2004.

**SAPT Block Grant Yields Results:** Through outcomes data, State substance abuse directors report that SAPT Block Grant-funded services help people remain alcohol and drug free; obtain or regain employment; stay out of the criminal justice system; find stable housing; and enter into recovery. New Jersey's DAS reported the following outcomes comparing admission to discharge for persons receiving and completing intensive outpatient services in SFY 2007:

- 33.8% increase in the number of persons reporting abstinence from alcohol
- 40.3% increase in the number of persons reporting abstinence from other drugs
- 8.8% increase in the number of persons engaged in employment
- 3.7% decrease in the number of persons involved in the criminal justice system
- 3.4% decrease in the number of persons who were homeless

New Jersey's DAS reported the following outcomes comparing admission to discharge for persons receiving and completing short-term residential services in SFY 2007:

- 48% increase in the number of persons reporting abstinence from alcohol
- 72.1% increase in the number of persons reporting abstinence from other drugs
- 2.3% increase in the number of persons engaged in employment
- 3.0% decrease in the number of persons involved in the criminal justice system
- 2.2% decrease in the number of persons who were homeless

**Prevention Services:** Funding from the SAPT Block Grant represented approximately 60% of the Division's substance abuse prevention budget in SFY 2007. During this same time, DAS reported the following prevention activities:

- 49,906 individuals served by 21 county resource centers
- 1,000 families served through the Strengthening Families Project
- 12,000 high risk youth and their families served through community based prevention programs
- Outreach to 26,500 college students with information and drug free activities
- 24,850 middle school students, teachers, and law enforcement personnel provided information education and drug free activities
- 28,000 hotline calls

*Reduction in Alcohol and Other Drug Use by Youth:* Surveys implemented by New Jersey's DAS and Department of Education demonstrate that prevalence rates of middle and high school students' substance use in the State are decreasing. For example, DAS found the following reductions for middle school students comparing 1999 to 2003: past month alcohol use went from 24.6% to 13.8%, past month cigarette use went from 12.5% to 4.8%, and past month use of illicit drugs went from 11.5% to 4.5%. The State's Department of Education's Youth Risk Behavior Survey (YRBS) found the following for high school students comparing 2001 to 2005: past month use of alcohol fell from 56% to 46.5%, past month use of cigarettes fell from 29% to 19.8%, and past month marijuana use fell from 41% to 19.9%.

### Quick Facts

#### Treatment Admissions Funded through SAPT and State Appropriations

➤ 47,887 unduplicated client admissions in SFY 2007

#### ➤ **Drug(s) of Choice:**

Heroin/Opiates	39.5%
Alcohol	29.9%
Marijuana	12.9%
Cocaine	11.4%
Other	6.3%

#### ➤ **Gender:**

Male	67.7%
Female	32.3%

#### ➤ **Race:**

White	57.2%
Black	26.8%
Hispanic	14.2%
Other	2.0%

#### ➤ **Age:**

0-15	1.4%
15-19	7.4%
20-29	27.9%
30-39	25.3%
40-49	27.2%
50 & over	10.8%

### Treatment Gap

➤ Using 2003 survey data and projected admissions, DAS estimates that approximately 833,285, or 12.7% of New Jersey's adults needed treatment for substance abuse in 2003.

➤ Of those, approximately 95,903, or 11.5%, indicated a demand for treatment. In 2005, 41,774 unduplicated clients, or 5.0% of the 2003 need and 43.5% of the 2003 demand for treatment, received treatment in 2003.

### National Outcome Measures (NOMs)

- **Abstinence from Drug/Alcohol Use**
- **Employment/Education**
- **Crime and Criminal Justice Involvement**
- **Stability in Housing**
- **Social Connectedness**
- **Access / Capacity**
- **Retention**
- **Perception of Care**
- **Cost Effectiveness**
- **Use of Evidence-Based Practices**

### National Outcome Measures (NOMs)

NASADAD strongly supports the use of performance and outcome data to help improve services and improve lives. In fact, States across the country already capture and utilize data to help manage their systems. This experience shows that in order to effectively shape policy and practice decisions, such data must be clear, relevant and timely. The development and implementation of NOMs should help improve this decision-making process and paint a better picture of our substance abuse prevention and treatment system. As NOMs moves forward, NASADAD remains committed to working with SAMHSA to ensure that this data initiative evolves over time to take advantage of advances in technology and clinical practice.

### Accountability:

New Jersey's DAS uses a number of tools to ensure that the State system is effectively and efficiently managing resources to achieve results.

- *Data Driven Planning and Resource Allocation:* DAS, in collaboration with the Governor's Council on Alcoholism and Drug Abuse (GCADA), designed two planning processes to guide municipalities and counties with addiction prevention and treatment priority setting and planning. In 2007, DAS and GCADA trained municipal and county directors on the use of planning models as the basis for 2009-2011 service delivery plans. Municipal-level planners are working with stakeholders to review local data and determine prevention priorities. These priorities serve as the basis for DAS and GCADA prevention funding initiatives. County-level planners are working through committee structures to review county-level data to determine priorities for treatment and resource allocation decisions. Final three-year plans for the counties are submitted to DAS and GCADA, which will result in one unified State Plan for prevention and treatment planning.
- *Using Data to Improve Performance – Provider Performance Reports:* In 2007, DAS developed a "Substance Abuse Treatment Provider Performance Report" for all addiction treatment provider agencies funded by DAS. The report included Statewide treatment data for all agencies; admission and discharge data by modality for the specific agency; and NOMs data for each modality provided by the agency compared with Statewide averages. An important goal is to ensure that the data included in the reports accurately reflect the work of the providers. For providers requiring help with data reporting through the New Jersey Substance Abuse Monitoring System, the Division offers technical assistance and training on its use to ensure consistency. DAS is planning to share the information with the public after work is done to develop baseline information.
- *Monitoring and Quality Assurance:* DAS is working to set and maintain performance standards through its Office of Quality Assurance. To assist in this process, the Program Monitoring and Reporting Unit is charged with monitoring contracts. In addition, the Reporting and Investigation Unit investigates reportable events and client complaints. Both units are developing uniform policies and procedures to ensure consistent standards for performance measurement and corrective action. Providers found to be out of compliance face the potential of losing funds. Over the past five years, the State has de-funded four providers.
- *Internal Review of Quality Assurance:* In SFY 2007, DAS initiated a "360 Contract Review" process to afford staff from across the Division the ability to thoroughly examine all contracts purchased for prevention, treatment and recovery support services. Each unit within DAS compiled relevant unit-specific fiscal, program, licensure and performance information on each contracted agency into one report. The report included a summary of services purchased by modality and spending plan; the contract; program monitoring and licensure reports; deficiency reports; corrective action plan reports; and program performance data – including utilization and program-specific outcomes data displayed against Statewide outcomes for the same measures. The 360 Reviews afforded DAS staff with a unique opportunity to evaluate program performance in the context of contract requirements and funding levels.

### A Solid Economic Investment:

According to the National Institute on Drug Abuse (NIDA) and the White House Office of National Drug Control Policy (ONDCP), the economic cost to U.S. society of alcohol and drug abuse was \$328 billion in 1998. Only 3.9 percent of the total economic costs were for alcohol and other drug treatment. Investing in addiction services reduces costs and helps Americans across the county regain their lives and families.



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