

OPIOID CRISIS CAMDEN COUNTY NEW JERSEY 2019



ADDICTION AWARENESS TASK FORCE

Making It Better, Together.

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The OPIOID CRISIS in Camden County, New Jersey- 2019

Opioid Crisis in Camden County, New Jersey

Last year (2018), there were 329 fatalities in Camden County secondary to overdose. Since 2013, county government officials have strived to ensure residents could avail themselves of increased access to evidenced based treatment, prevention and recovery supports. Hundreds of people in the county are working towards eliminating barriers, responding to needs and preparing for the future. What follows is a brief description of the opioid crisis in Camden County.

Demographics

Camden is the 8th most populated county in New Jersey. There are approximately 507,078 (2018 census estimate) residents. Median age is 37.9 years and the racial makeup of is 70.88% white, 18.09% black or African American, 9.66% Hispanic or Latino.

There are 37 municipalities in the county. The median per capita income is \$48,079 and about 10.4% of the population live below the poverty line.

As of 2016, approximately 37.8% of residents 25 years or older obtained a higher education, 50.5% a high school diploma and 11.7% have not obtained a high school diploma.

Formation of the Addiction Awareness Task Force

Beginning in 2013, Camden County was confronted with a significant rise in substance abuse related arrests. The county also saw exponential increases in opioid related overdoses and fatalities. Toxicology reports linked most of the overdoses and fatalities to prescription drug and opioid misuse. There was minimal public awareness of the problem, therefore in May 2014, the Board of Freeholders formed the Camden County Addiction Awareness Task Force ("AATF").

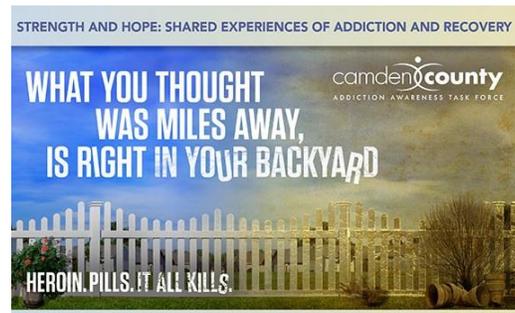
The AATF was tailored to ensure maximum effect in a short period by identifying strategies that achieved realistic and obtainable goals.

The AATF kicked off the initiative with an 'awareness' event at the Scottish Rite Auditorium in Collingswood in May, 2014. Tony Hoffman, a BMX Pro and former Olympics Games Coach discussed his descent into substance abuse and ascendance into recovery.

National

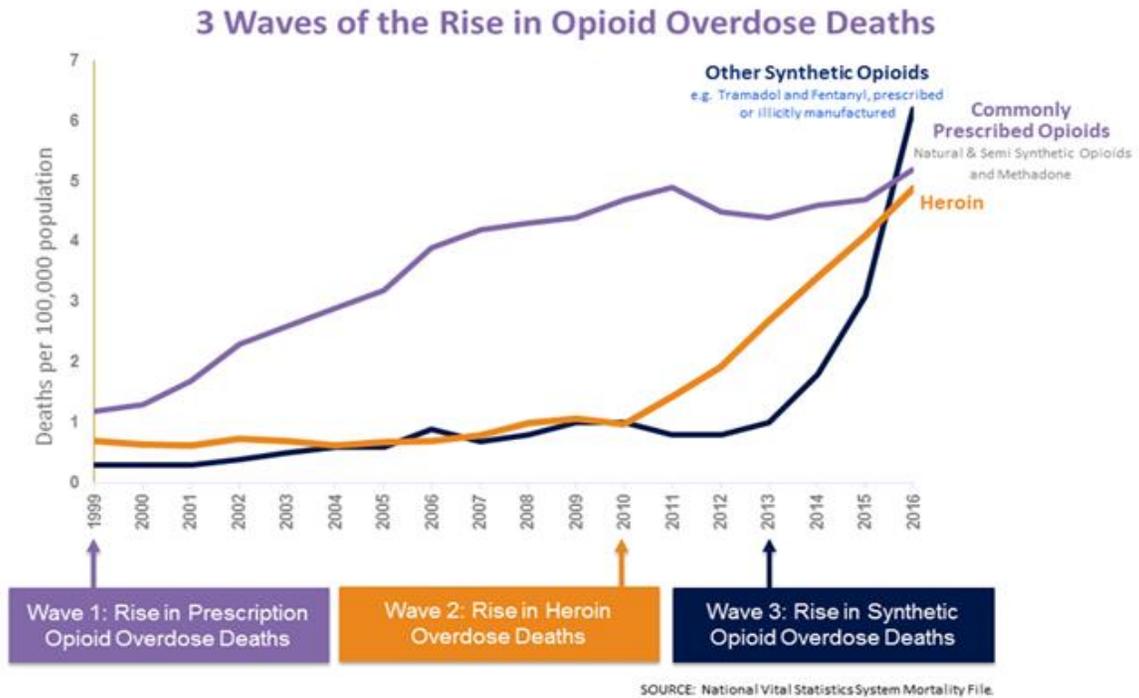
Across the United States, beginning in 1999, prescription drugs, synthetic opioids (Vicodin, Oxycontin, Fentanyl), heroin related overdoses and fatalities all tended to correspond with each other. The number of prescriptions for opiates were directly correlated to the number of overdoses and to the number of deaths. As the number of prescriptions for opiates increased, so did the number of overdoses and deaths.

There was a sharp increase in overdoses and fatalities secondary to illicit fentanyl and fentanyl analogs. By 2016, the fentanyl was found in nearly 50% (84 of 200) of decedent toxicology reports. Therefore, while prescriptions for opiates written in the county decreased, the number of opioid fatalities climbed sharply.



From 2010 to 2018 overdose fatalities increased 370%

Figure 1.



Prescriptions in Camden County

Prescriptions written for opiates in Camden County were on an upward trajectory until 2015 and then decreased after from 2016 (first data available). This occurred secondary to the New Jersey Prescription Monitoring Program (NJMPMP) which is a statewide database that collects prescription data on Controlled Dangerous Substances (CDS) and Human Growth Hormone (HGH) dispensed in outpatient settings in New Jersey, and by out-of-State pharmacies dispensing into New Jersey. Pharmacies are required to report information to the NJMPMP daily to the PMP Clearinghouse using the ASAP 4.2 format. Prescriptions must be reported to the database no more than one (1) business day after the date the prescription was dispensed.

Table 1: Prescriptions for Opiates written in Camden County

2010	2011	2012	2013	2014	2015	2016	2017	2018
Data Not Available			432,969	445,336	473,204	446,233	415,775	359,987

Heroin in Camden County

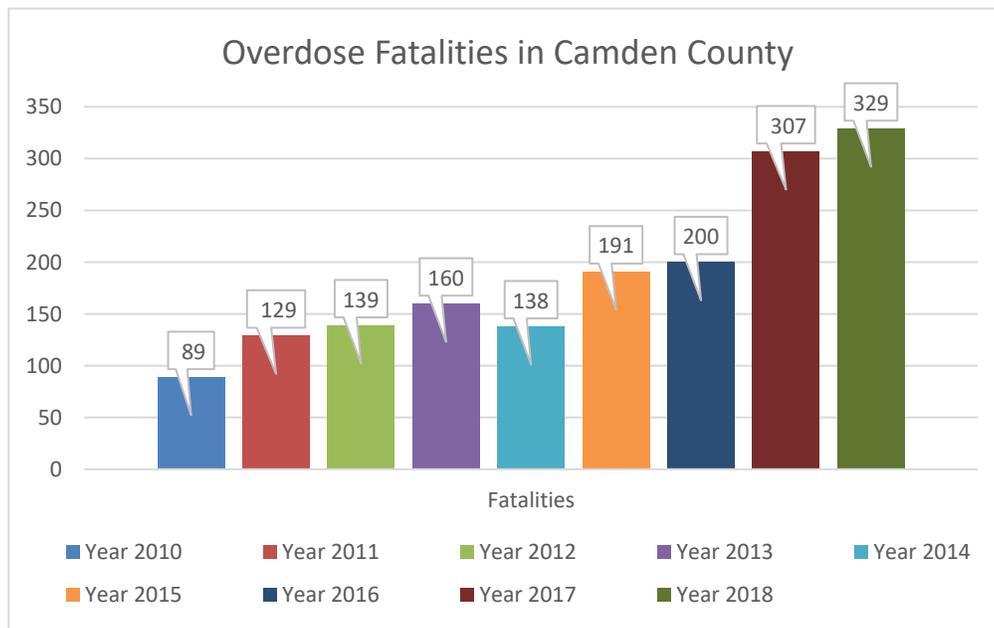
Heroin in Camden County is among the cheapest and purest in the United States. Per the DEA, heroin is the number 1 threat in New Jersey followed by fentanyl and crack cocaine

Overdoses in the County

In 2010, the fatality rate secondary to “adverse effects of substance abuse” was 89. By 2018, it soared to 329 (2018) which is a 370% increase. Also, by 2018, there were 3,137 naloxone administrations (831 law enforcement, 2,306 EMS).

The impact of the opioid crisis continues to be felt all over the country, however, here in Camden County it has been particularly alarming. Every demographic is impacted. Overdoses occurred among Caucasians, African Americans, Hispanics, young, middle aged and senior, males and females. Most decedents, however, were between the ages of 21- and 60. Nearly 94% percent of the decedents (2016-2018) were between the ages of 21-60 years old. There were 14 deaths between the ages of 16-21 and 4 deaths above the age of 70.

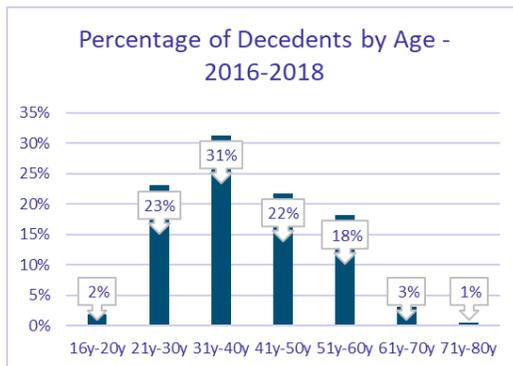
Figure 1. Overdose Deaths in Camden County 2010-2018



Also, using 2016-2018 data, 63% of decedents were Caucasian, 23% were black and 13% were Hispanic. Less than 1% were other.

Fatalities increased secondary to the introduction of fentanyl into the market. Nationally, from 2010 through 2016, the rate of deaths from illicit opioids increased 364% (NFLIS via DOJ and DEA (2017b); CDC WONDER; CEA calculations).

In this county (2016), fentanyl was found in 84 of 196 toxicology reports. This represented 43% of cases. By comparison, in 2013, fentanyl was found in 1 of 160 toxicology reports (less than 1%).



Fatalities are occurring all over the county. Those who are overdosing are coming from many regions.

Figure 2 – Percentage of Decedents by Age – 2016-2018

Figure 3: The top 14 municipalities where overdose deaths occurred (2016-2018)

Rank	Town	Fatalities	Percentage	Rank	Town	Fatalities	Percentage
1	Camden	266	35%	8	Bellmawr	21	3%
2	Cherry Hill	51	7%	9	Collingswood	20	3%
3	Gloucester Township	44	6%	10	Voorhees	17	2%
4	Gloucester City	43	6%	11	Winslow	17	2%
5	Pennsauken	43	6%	12	Pine Hill	16	2%
6	Lindenwold	30	4%	13	Mount Ephraim	15	2%
7	Sicklerville	23	3%	14	Brooklawn	14	2%

Figure 4: Decedents' Residential Locality (2016-2018)

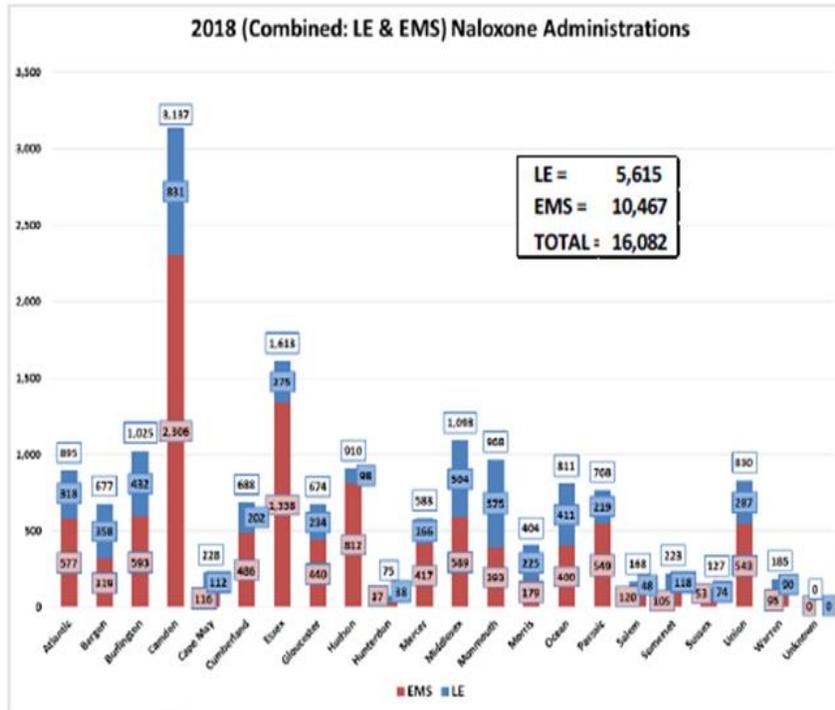
The victim's town and number of deceased during those years.								
Absecon	1	Collingswood	21	Lindenwold	26	Runnemede	9	
Albion	1	Delran	1	London, England	1	Salem	1	
Atco	5	Deptford	2	Magnolia	8	Sewell	1	
Audubon	6	Erial	1	Maple Shade	2	Sicklerville	18	
Audubon Park	1	Feasterville PA	1	Marlton	1	Somerdale	11	
Barrington	6	Franklinville	1	Medford	1	Stratford	10	
Bellmawr	20	Gibbsboro	1	Merchantville	3	Swedesboro	1	
Berlin	3	Glassboro	1	Mount Ephraim	9	Unknown	2	
Berlin Borough	6	Glendora	3	Mt. Holly	3	Vineland	1	
Berlin Twp.	6	Glenolden PA	1	Mt. Laurel	1	Voorhees	18	
Beverly	2	Gloucester City	41	N/A	4	W. Berlin	1	
Blackwood	11	Gloucester Twp	37	New Castle, De	1	Waterford	6	
Blenheim	1	Haddon Heights	3	Newtown, PA	1	Waterford Works	1	
Bridgeton	1	Haddon Twp	10	Oaklyn	7	West Deptford	1	
Brooklawn	8	Haddonfield	2	Pemberton	1	West Hampton	2	
Burlington	3	Hainesport	1	Pennsauken	42	Westville	1	
Camden	218	Hamilton	1	Pennsville	1	Wilks Barre, PA	1	
Cherry Hill	47	Hammonton	2	Perkiomen, PA	1	Williamstown	3	
Chesilhurst	3	Hi-Nella	1	Philadelphia, PA	3	Willingboro	2	
Cinnaminson	1	Homeless	2	Pine Hill	20	Winslow	15	
Clayton	2	Laurel Springs	1	Point Pleasant Beach	1	Woodbury	1	
Clementon	11	Lawnside	3	Pittsgrove	1	Woodylynne	6	
Coatesville	1	Levittown, PA	1	Riverside	2			

Naloxone Administrations

While naloxone is more available and trainings throughout the county are more widespread, Camden County remains the highest utilizer of naloxone in the state. By collaborating with other providers, trainings have been brought to the county by Robert Wood Johnson University Behavioral Healthcare and Urban Treatment Associates. Nearly 2000 family members, friends, colleagues have been trained. Therefore, members of the community as well as law enforcement and EMS are administering naloxone. Camden County was the first county in the state where nearly all police/fire/EMS carried naloxone as well as the top administrator of naloxone (**1505** in 2015 and **3137** in 2018). In 2018, 20% of administrations were provided in the 8th most populated county in the state.

This number is truly not reflecting all the administrations in the county. These numbers do not account for hospital administrations, individuals in the home or others who administer anonymously. Therefore, there is an undercount of the number of overdoses in the county and these undercounts are occurring nationally (Scholl et.al., 2018).

Figure 5: Naloxone administrations in the state/county in 2018



Combined: LE & EMS Naloxone Administrations				
County	2018			
	LE	EMS	Combined	Percent Change
Atlantic	318	577	895	-3%
Bergen	358	319	677	10%
Burlington	432	593	1,023	14%
Camden	831	2,306	3,137	28%
Cape May	112	116	228	-7%
Cumberland	202	486	688	49%
Essex	275	1,338	1,613	-2%
Gloucester	234	440	674	-13%
Hudson	98	812	910	34%
Hunterdon	38	37	75	-1%
Mercer	166	417	583	16%
Middlesex	504	589	1,093	-2%
Monmouth	575	393	968	47%
Morris	225	179	404	10%
Ocean	411	400	811	31%
Passaic	219	549	768	10%
Salem	48	120	168	16%
Somerset	118	105	223	-14%
Sussex	74	53	127	-13%
Union	287	543	830	19%
Warren	90	95	185	31%
Unknown	0	0	0	N/A
Total	5,615	10,467	16,082	14%
	35%	65%		

Ancillary Issues related to the OPIOID CRISIS:

- Substance Abuse Related Arrests**

Substance abuse related arrests in the county increased by 42% from 2010 to 2016. Disorderly conduct arrests also increased. The county’s correctional institution saw an increase in the number of offenders arriving with positive urine drug screens (UDS) for opioids.

The number of persons suffering homelessness are also on the rise. Anecdotally, persons seeking shelter placement are more likely to be engaged today in need of treatment.

Drug Abuse Arrests		Increase
2010	4036	
2016	5732	42%
Disorderly Conduct Arrests		19%
2010	1347	
2016	1597	

While there has been no challenge to the public that was insurmountable, all the issues are forcing changes in policy and commitment.

- Treatment Admissions**

The opioid crisis also forced the local system of care to change. More often, this is for the better. In 2017, 45% of admissions from Camden County were heroin and other opiates represented 9%. Therefore 54% of admissions from Camden County were for heroin and/or other opiates. By comparison, 40% of admissions were for heroin and other opiates. The increase from 2010 to 2017 equals 35%. 22% of admissions in 2010 were intravenous drug users. In 2017, 35% of admissions from the county were intravenous drug users. The increase equals 59%.

In 2010, 3% of admissions at discharge were homeless and in 2017, that number was 4%. In 2010, 92% of admissions were between the ages of 18 and 54 years old. In 2017, 93% of admissions were between the ages of 18 and 54.

58% of admissions (2010) had some sort of law enforcement/DCPP/DWI/Drug Court involvement. In 2017, 55% had the same.

In 2010, 13% of admissions were receiving methadone and 8% were receiving Suboxone. Whereas, in 2017, 19% of the admissions were received methadone and 9% received Suboxone

2010
45% of discharged admissions had a co-occurring mental illness.
68% were unemployed or not in the workforce at admission.
30% were insured by NJ Medicaid.
27% referred by the criminal justice system.

VS.

2017
61% of discharged admissions had a co-occurring mental illness.
69% were unemployed or not in the workforce at admission.
72% were insured by NJ Medicaid.
3% were pregnant.
32% referred by the criminal justice system

Wait times, bed stays, lack of availability of medication assisted treatment (Suboxone, Vivitrol and methadone) were all impediments to admissions and while access to care continues to be an issue, the system responding to Camden County residents is significantly improved.

Harm in The Community

Since August, 2018 HAZMAT teams have been dispatched to areas with known high drug abuse to remove dirty needles in 19 separate events. Other public spaces such as our county libraries have also been challenged by the opioid crisis. Needles have been found.

Families are losing loved ones. Since 2013, the county hosted at least 4 remembrance vigils. While these events provide opportunities to pay respect to those lost, they are also a reminder of the toll the opioid crisis is having on the residency here in the county. Children are losing their parents, brothers and sisters are losing their siblings and parents are losing their children.

At last year's vigil (2018), there were over 1000 names and photographs displayed.

First responders, law enforcement, counselors and other professionals are also suffering fatigue.

What's been done? What is being done?

Collaboration

The first effort Camden County's Freeholders and Administration embarked on brought Law Enforcement, Public Health, Healthcare, Substance Abuse, Mental Health, Spiritual Community, Recovering Community and other members of the

public to identify the problem. They reviewed all areas the opioid crisis touched. They carefully considered addressing all the complex issues. However, 'awareness' was the key emphasis. In 2013/2014 – the public's awareness of the issue was incomplete.

The Freeholders created the *Addiction Awareness Task Force* which formalized the county's response. They held community events and public forums that were open to mayors, municipal police departments, EMS, teachers and other educators as well as the public to increase awareness of the problem. They established a marketing campaign, "Heroin, Pills, it all Kills" and branded billboards and other materials to distribute at community events.

They held prevention and educational events in the schools, with student assistance counselors and superintendents.

They also met with key stakeholders; those in the recovering community and family members who were losing loved ones to the opioid crisis.

Prevention/Education

- **Programming**
- Since 2013, the **Municipal Alliance** program offered educational programs about substance abuse and the opioid crisis. Programs such as 'Right in My Back Yard', 'Hidden in Plain Sight' and presentations from Jeff Hatch (NFL), Chris Herren (NBA) and Tony Hoffman (BMX) have been offered to youth through seniors.
- The county partnered with Camden County College to bring together an **Addiction Series**. Once monthly discussions focus on topics such as resources for families, vocational development, recovery, medication assisted treatment, spirituality and burnout.
- Presentations have been directed at youth, offenders, seniors, law enforcement, the medical community, healthcare professionals, students in the police academy and medical students.
- Members of the AATF including the Freeholder Director, Freeholder Liaison, Deputy County Administrator, Office of Mental Health & Addiction staff, have offered presentations in-person, on television, radio and at national events and conferences.
- Education about drug trends and the opioid crisis are regularly offered to medical students, physicians and to incoming graduates at the Camden County police academy.
- Discussions about the 'personal impact' of the opioid crisis on families are provided annually in the Crisis Intervention Team (CIT) training.

Intervention

- **Information & Referral**
 - ⊖ The county partnered with Center for Family Services to provide a **24-hour 7-day-a-week** substance abuse information warmline.²
 - The county's Office of Mental Health & Addiction **provides information and referral 5 days-a-week.**
- **Harm Reduction**
 - The county partnered with Urban Treatment Associates and Robert Wood Johnson University Behavioral Healthcare to provide naloxone education at the Living Proof Recovery Center and county libraries. These programs are offered to anyone in the public.
 - The county partnered with the four health systems who supported the cost of naloxone for the municipal police departments.

- Cooper Health System lead a program funded by the county termed ‘End Dope’ which was designed to educate and provide naloxone as they are medically cleared and discharged following overdoses.
- Patient/Family Education.
- The county’s been promoting Medication Take Back day on an annual basis. By properly disposing of unused medications, the county hopes to decrease the number of opportunities for illicit prescription drug abuse. In 2012, there were 12 municipal medication drop boxes in the county. By 2019, there were 23.

Prescribing

- Camden County remains ~~number~~ highest in the state for the prescribing of opiates. However, from 2015 through 2018, prescriptions for opiates decreased by 113,217 or 24%. Because of changes in state laws, prescriptions for narcotics out of emergency rooms decreased and the State’s **Prescription Monitoring Program (PMP)** has been a tool that lead to decreased prescribing of opiates.
- Other steps to reduce the prescribing of opiates include the county’s anticipated *“Because you deserve pain relief without addiction!”*
- Congressmen Donald Norcross (NJ) and Patrick Meehan (PA) announce **Interstate Prescription Monitoring Program Information Sharing.**

Early Assessments

- The county’s Health Department provided quarterly **SBIRT** (Screening, Brief, Intervention to Treatment) trainings since 2016.
- **Project SAVE** is the latest program offered by the county (January 2019). It is funded by the Camden County Freeholders on behalf of the Addiction Awareness Task Force. Designed to intervene earlier in the cycle of addiction, the program provides Substance Abuse Advocates who are Certified Alcohol and Drug Counselors in municipal courts. As offenders’ transition from arrest to court, there are opportunities to engage those offenders with treatment professionals who then assess, refer and follow. All but 4 municipalities in the county participate in this program.
- The county also funded with state dollars an early assessment program of offenders entering the county jail.



Treatment

- The Office of Mental Health & Addiction is now contracted with treatment providers who can offer full continuums of care including psychiatric assessments, transportation, halfway houses that accept Medication Assisted Treatment and offer Medication Assisted Treatment (including Vivitrol and buprenorphine).
- Camden County’s **Federally Qualified Health Centers (FQHCs)**, Project HOPE and CamCARE are now able to prescribe buprenorphine. Short-term residential facilities are offering naltrexone at discharge. Some (but not enough) are offering naltrexone in outpatient settings.
- Treatment now may include vocational support but also, the Office of Mental Health & Addiction is working with other providers (Center for Family Services (CFS), Hispanic Family Center (HFC), Camden County Workforce Development Board) to assist those in recovery towards full employment and received a \$600,000.00 grant called the **Pathways to Recovery** for this. The goal of the program is to bring anyone touched by the opioid crisis back to full employment. If that takes training, getting identification, driver’s license restoration, connections to childcare – the grant pays for that and the providers can offer those services to the public.

- By working with Cooper Health System, Virtua Health, Jefferson Health and Lourdes Health the county implemented **Operation SAL (Save-A-Life)**. The program was designed to ensure individuals who overdosed and were medically cleared in the hospital had an immediate treatment option where none existed. Historically, wait times for detox and short-term residential services exceeded 2-3 weeks. By working with our contracted treatment providers, we could secure admissions within 72 hours.
- OPERATION SAL

(SAVE-A-LIFE)
- Also by contracting with New Hope Integrated Behavioral Healthcare and Maryville, Inc. we provided **Vivitrol** at discharge. Vivitrol (Naltrexone) has been demonstrated to reduce relapse in opioid dependent patients when used with counseling following detoxification. The shot is delivered once a month.
 - **Patient/Family Education** was offered to providers who could voluntary include families in the treatment process. In treatment settings, parents and other family members are educated about the disease of addiction. The OMHA also supports a program that provides emotional support using the CRAFT (Community Reinforcement and Family Training) model. CRAFT is an evidenced based method that helps family and friends find ways to take care of themselves. In addition, the method teaches them how to encourage the substance user to enter treatment.

Recovery Supports

- **OORP** – this is a program that provides CPRs to emergency rooms following medical clearance. Peer-to-Peer Recovery is a method that offers additional support to the overdose victim. The rationale: those who have achieved success in overcoming addiction (lived experience), have a significant role in helping others reach the same goal. They may even have more success.
- The **CPRS** program at Camden County College that began in February 2019, ensures there are enough trained individuals with lived experience entering the workforce following this 13-week course. The college offers 3 credits for the course and the course covers many topics including ethics, community/family education, case management, crisis management, Recovery-Oriented Systems of Care (ROSC), screening and intake, identification of indicators of substance use and/or co-occurring disorders for referral, service coordination, service planning, cultural awareness and/or humility, and basic pharmacology. The class is ‘stackable’ which means, it is an elective that will count towards the achievement of a college degree.
- **HALO** – Healing After Loss to an Overdose is a program designed to offer professional support to an individual who are suffering secondary to the loss of someone to an overdose. The program provides ongoing once a week support, educating those impacted about grief, the complicated grief involved in losing someone to the disease of addiction and prepares the participants for the next steps.
- **Mentors** are like CPRs but do not necessarily have the certification. Camden County has had a Mentor program since 2017. They began providing peer support services in Camden County homeless shelters in 2018.
- The OMHA began reimbursing providers for **sober living environments (SLEs)**. The county has 12 contracted providers. Of those, 4 can reimburse for sober living. The county only funds Division of Community Affairs licensed SLEs. The county is now advocating to increase the number SLEs that will allow for MAT.
- Beginning in September 2019, the county will fund a halfway house that is inclusive of **MAT**.



- Every September during Recovery Month the county encourages participation in Philadelphia ProACT's **Recovery Walk**. The walk brings together 30,000 plus folks in recovery and those who support recovery.
- **Recovery REAL Sports** – "Recovery Encouragement Athletic League" started in 2017. The goal of the program is increase positive participation in athletics. County supported events like this offer individuals in recovery an outlet where they can 'swing' away frustrations, engage with others in recovery and enjoy being sober.



Because of the dedication and leadership of the **County's Board of Freeholders**, since 2012, the county's offering of funded services tripled. Their support for evidenced based programs that will lead to a reduction in the rate of fatalities secondary to the opioid crisis, a decrease in the number of youth engaging in substance abuse and increased access to care is an example of the leadership needed for this emergency.

Comparison of Services Funded by the Office of Mental Health & Addiction (2012 vs. 2019)

Since 2012 the county’s Alcohol and Drug Unit, then Office of Mental Health & Addiction has been moving towards ensuring a comprehensive offering of services that is fully dependent on the county’s comprehensive needs assessment and plan.

<u>2012</u>	<u>2019</u>
Prevention/Education (SACs, youth) Genesis Counseling Centers SODAT – COSA Group Woodland Development Corp Second Chance Program (CCJ) Detox Short-Term Residential Intensive Outpatient Outpatient Halfway House Methadone	Prevention/Education (SACs, Evidenced Based youth) Center for Family Services Genesis Counseling Centers Hispanic Family Center Maryville, Inc. Detox Short-Term Residential Intensive Outpatient Outpatient Halfway House Methadone Early Intervention 24-hour Warmline Recovery Mentors Substance Abuse Admissions in Homeless Shelters Recovery Mentors in Homeless Shelters Recovery Specialists - OORP Narcan at Treatment Discharge Grief Support - HALO Immediate Admissions for Overdose Victims – Operation SAL Substance Abuse Advocates in Municipal Courts Sober Living Transportation Halfway House with Medication Assisted Treatment Vivitrol Psychiatric Evaluations in Treatment Settings Vocational Assistance in Treatment Settings Youth Recovery Support – at Recovery Center Patient/Family Education Early Intervention Jail/Assessments Second Chance – Offender Substance Abuse Education “End – DOPE” Cooper naloxone study REAL Sports Presentations – Jeff Hatch, Chris Herren, Tony Hoffman Right in My Backyard (Samost - JCFS) Physician Education Backup Naloxone Education Emergency Shelter Placement for Substance Abusers

Camden County College partnered with the AATF to produce the Addiction Education Series at the college. Members of the public, current and future students participated in workshops on the following topics:

PAST

Gangs, violence, drugs and addiction
The Families Role in Recovery
Socratic Questioning for Assessment of Addiction: The Art of Socratic Questioning
Transitioning from Recovery to Advocacy & Clinical Practice
Giving Back: Peer-to-Peer Mentoring
Professional Ethics
Neuroplasticity: How Our Brain Rewires and Adapts
Stories of Recovery -September is Recovery Month!
A Hole in My Heart - Channeling Grief after loss
12-step & Medication Assisted Treatment Should Coexist?
Caregivers Have Feelings Too - How to Cope When Your Client Dies
Empowering People in Recovery, Their Families and Allies - How to Build Recovery Capital
Care for Grandparents - Expo for Grandparents Raising Grandchildren (due to the opioid crisis)
PROVIDE TO PREVENT: Overdose Prevention and Naloxone

UPCOMING

Get Your Loved One Sober: Alternatives to Nagging, Pleading, and Threatening. Community Reinforcement and Family Training (CRAFT)
So, You're in Recovery: Now What? How to get a JOB, Stay Productive, Busy and Sober!
Evidence-Based MAT in a Behavioral Health World: How Does It Integrate?

The college offered up to 2 CEU credits for these workshops to those seeking Certified Alcohol and Drug Certificate credits who participated in these workshops.

Other partner agencies in the county have been the recipients of grants that are assisting individuals with substance use or impacted by substance use. It is not possible to name all but some noteworthy are:

1. Operation Helping Hand – via the Prosecutor’s office: assists those recently arrested to obtain treatment or face incarceration.
2. Center for Family Services ReWork program: assists those impacted to obtain gainful employment.
3. Center for Family Services Grief and Traumatic Loss Services: assists children who have lost parents to an overdose.
4. Camden County Council on Alcoholism and Drug Abuse’s In Plain Sight: Drug Awareness for Parents - The signs of youth drug and alcohol use are not always obvious. Even the most observant parent can miss common indicators that their teen is using drugs or alcohol.
5. SAMOST - Jewish Children & Family Service’s “Right in My Backyard”.

Organizations that partner/ed with the county to achieve results.

Congressman Donald Norcross	Kennedy University Hospitals
All In Behavior	Lighthouse
Behavioral Crossroads	Livengrin Foundation
CamCARE	Lourdes Health
Camden County Board of Freeholders	Malvern Institute
Camden County Children's Interagency Coordinating Council	Maryville, Inc.
Camden County Council on Alcoholism and Drug Abuse (CCCADA)	Maryville, Inc.
Camden County Department of Community Events	Members of the South Jersey Coalition
Camden County Department of Corrections	Mental Health Association of Southwestern NJ
Camden County Department of Health & Human Services	Minding Your Mind
Camden County Golf Academy	New Hope Integrated Behavioral Healthcare
Camden County Local Advisory Committee on Alcohol and Drug Abuse	NJ Division of Mental Health & Addiction Services
Camden County Mental Health Board	Oaks Integrated Care
Camden County Municipal Alliance Coordinators	O'Leary Counseling
Camden County Municipal Alliances	Omni Healthcare
Camden County Municipal Courts	Penn Medicine - Princeton House Behavioral Health
Camden County Municipalities	Pine Hill Municipal Alliance
Camden County Office of the Prosecutor	Pinnacle Treatment
Camden County Police Chiefs Association/Municipal Police	Princeton House
Carrier Clinic	Project HOPE
Castle Program-Virtua Hospital	Pyramid Healthcare
Center for Family Services	Recovery Centers of America
Center for Family Services – Living Proof Recovery Center	Retreat
ChancetoChange, LLC	Rowan University
Community Planning and Advocacy Council (CPACHVI)	Rutgers University Behavioral Health Care
Contact Community Helplines	Samost Jewish Family and Children's Service of Southern New Jersey
Cooper Health	Seabrook House
CURA	Seacrest Recovery Center
Diocese of Camden	SODAT
Division of Child Protection & Permanency	South Jersey Behavioral Health
Drug Enforcement Agency	South Jersey Magazine
Families Anonymous	South Jersey Recovery Residences/Liberty Wellness
Footprints in Recovery	Steps to Recovery
Genesis Counseling Center	Sunrise Detox
Gloucester Twp Police Department	The Counseling Center
Hampton Behavioral Health	Urban Treatment Associates
Help Not Handcuffs	Victory Bay Recovery Center
Helping Hands Behavioral Health	Virtual Health
Hispanic Family Center	Volunteers of America
Humble Beginnings	Wiley Behavioral Health
Jefferson Health	Women of Hope Resource Center
Jewish Family Community Services	Young People in Recovery
Kaplan, Leaman & Wolfe	Youth Services Commission
Joseph's House	

Conclusion:

There are many in the county endeavoring to confront the challenge the opioid crisis presents to all residents. Since the Addiction Awareness Task Force was started, services increased, education and prevention programs related to the opioid crisis have been and are targeted at all populations. Residents, businesses, professionals, community and government leaders, civil servants, medical professionals, the media and countless others are devoting their time, energy, professional experience and wisdom to create the safest environment possible so that our children can learn and grow. The long-term goal is all citizens may be able to reach their fullest potential. **Everyone shares the same goal!**

Too often and very quickly, individuals with opioid use disorders are losing their lives. However, because of the all the hard work and in the spirit of collaboration, many lives are saved. The work is not finished but together with collaboration we will save lives.



Making It Better, Together.

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