



# RESOURCES FOR WOMEN AFFECTED BY SUBSTANCE USE DISORDERS

A GUIDE FOR HEALTH CARE PROFESSIONALS IN NJ

Spring/Summer 2018



# Our Mission

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## Perinatal Opioid Initiative: Professional Education



The Perinatal Opioid Addictions Professional Education grant was funded by the NJ Department of Health. It was established to educate professionals that deal with women of childbearing age on the topic of opioid-use disorders.

This directory aims to aid health care professionals in assisting women with substance-use disorders in the state of NJ.

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788 Shrewsbury Avenue, Bldg. 2, Suite 203  
Tinton Falls, NJ 07724  
P 732-345-0500  
F 732-345 -0505  
[www.cjfhc.org](http://www.cjfhc.org)

**CJFHC**  
Central Jersey  
Family Health Consortium



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# HOTLINES AND OTHER RESOURCES 4

## **ADDICTION SERVICES HOTLINE – 844-276-2777**

24/7 service providing info/referral to substance abuse treatment agencies statewide

## **LICENSED ADDICTION SERVICES TREATMENT DIRECTORY** (available by county):

<https://njsams.rutgers.edu/dastxdirectory/txdirmain.htm>

## **NJ CONNECT FOR RECOVERY – 855-652-3737**

Support services from certified alcohol and drug counselors/peer specialists for both those concerned about their own opioid use and those concerned about a friend/family member

## **NJ MENTALHEALTHCARES HELPLINE – 866-202-4357**

Directs callers to appropriate mental health care service entry points

## **NJ HOPE LINE – 855-654-6735**

24/7 peer support and suicide prevention hotline

## **NARCOTICS ANONYMOUS – 24 HOUR HELPLINE: 800-992-0401 OR 732-933-0462**

WEBSITE: [NANJ.ORG](http://NANJ.ORG)

Community based nonprofit fellowship of people with opioid use disorder providing 12-Step meetings and other resources

## **ALCOHOLICS ANONYMOUS – 24 HOUR HELPLINE: 800-245-1377 OR 908-687-8566**

WEBSITE: [NNJA.ORG](http://NNJA.ORG)

Community based nonprofit fellowship of people with alcoholism providing 12-Step meetings and other resources

## **FAMILY ANONYMOUS – 800-736-9805** WEBSITE: [FAMILIESANONYMOUS.ORG](http://FAMILIESANONYMOUS.ORG)

Fellowship for friends/families of people with substance use disorder or related behavioral problems

## **AL-ANON/ALATEEN – 1-888-425-2666** WEBSITE: [ALANON.ORG](http://ALANON.ORG)

Fellowship for families, friends and children of alcoholics

## **PRESCRIPTION DRUG DROP BOX LOCATIONS** (available by county):

<http://www.njconsumeraffairs.gov/meddrop/pages/locations.aspx>

## **FREE NALOXONE TRAININGS IN NJ** (available by region):

<http://www.state.nj.us/humanservices/dmhas/initiatives/naloxone.html>

**Atlantic County**

Department of Family and Community Development  
1333 Atlantic Avenue  
Atlantic City, NJ 08401  
(609) 348-3001  
Fax: (609) 343-2374  
Hours: 8:00 AM - 5:00 PM

**Bergen County**

Bergen County Board of Social Services  
218 Route 17 North  
17 Park Office Center - Building A  
Rochelle Park, NJ 07662  
(201) 368-4200  
Fax: (201) 368-8710  
Hours: 7:45 AM- 4:45 PM  
Tues.: 7:45 AM -8:00 PM

**Burlington County**

Burlington County Board of Social Services  
Human Services Facility  
795 Woodlane Road  
Mount Holly, NJ 08060  
(609) 261-1000  
Fax: (609) 261-0463  
Hours: 8:00 AM - 5:00 PM

**Camden County**

Camden County Board of Social Service  
Althea R. Wright Administration Bldg.  
600 Market Street  
Camden, NJ 08102-1255  
(856) 225-8800  
Fax: (856) 225-7797  
Hours: 8:30 AM -4:30 AM

**Cape May County**

Cape May County Board of Social Services  
4005 Route 9 South  
Rio Grande, NJ 08242  
South Rio Grande, NJ 08242  
(609) 886-6200  
Fax: (609) 889-9332  
Hours: 8:30 AM - 4:30 PM

**Cumberland County**

Cumberland County Board of Social Services  
275 North Delsea Dr.  
Vineland, NJ 08360-3607  
(856) 691-4600  
Fax: (856) 692-7635  
Hours: 8:30 AM - 4:30 PM

**Essex County**

Essex County Dept of Citizen Services  
Division of Welfare  
18 Rector Street - 9th Floor  
Newark, NJ 07102  
(973) 733-3000  
Fax: (973) 643-3985  
Hours: 7:30 AM -4:00 PM  
Weds. by appointment only - (973) 733-2001: 7:30 AM - 7:30 PM  
\*Closed to public every 3rd Thursday of the month.\*

**Gloucester County**

Gloucester County Division of Social Services  
400 Hollydell Drive  
Sewell, NJ 08080  
(856) 582-9200  
Fax: (856) 582-6587  
Hours: 8:30 AM - 4:30 PM  
Every 1st & 3rd Tues. 8:30 AM - 6:30 PM

**Hudson County**

Hudson County Dept of Family Services  
Division of Welfare  
257 Cornelison Ave.  
Jersey City, NJ 07302  
(201) 420-3000  
Fax: (201) 420-0343  
Hours: 8:00 AM - 4:15 PM

**Hunterdon County**

Hunterdon County Department of Human Services  
 Division of Social Services  
 PO Box 2900  
 6 Gauntt Place  
 Flemington, NJ 08822  
 (908) 788-1300  
 Fax: (908) 806-4588  
 Hours: 8:30 AM - 4:30 AM

**Mercer County**

Mercer County Board of Social Services  
 200 Woolverton Street  
 Trenton, NJ 08611  
 (609) 989-4320  
 Fax: (609) 989-0405  
 Hours: 8:30 AM - 4:30 PM  
 Tues.: 8:30 AM - 8:30 PM

**Middlesex County**

Middlesex County Board of Social Services  
 181 How Lane  
 New Brunswick, NJ 08903  
 (732) 745-3500  
 Fax: (732) 745-4558  
 Hours: 8:30 AM - 4:15 PM

**Monmouth County**

Monmouth County Division of Social Services  
 PO Box 3000  
 3000 Kozloski Road  
 Freehold, NJ 07728  
 (732) 431-6000  
 Fax: (732) 431-6017

Freehold Hours: 8:30 AM - 4:40 PM  
 Thurs.: 8:30 AM - 8:00 PM

Ocean Field Office: 8:30 AM - 4:30 PM  
 Tues. & Weds.: 8:30 AM - 8:00 PM

**Morris County**

Morris County Office of Temporary Assistance  
 340 W. Hanover Ave  
 Morristown, NJ 07960  
 PO Box 900  
 Morristown, NJ 07963  
 (973) 326-7800  
 Fax: (973) 326-7875  
 Hours: 8:30 AM - 4:30 PM  
 Every Other Tues.: 8:30 - 7:30 PM

**Ocean County**

Ocean County Board of Social Services  
 1027 Hooper Avenue  
 Toms River, NJ 08753  
 PO Box 547  
 Toms River, NJ 08757  
 (732) 349-1500  
 Fax: (732) 244-8075  
 Hours: 8:30 AM - 4:30 PM  
 Tues.: 8:30 AM - 6:00 PM

**Passaic County**

Passaic County Board of Social Services  
 80 Hamilton Street  
 Paterson, NJ 07505-2057  
 (973) 881-0100  
 Fax: (973) 881-3232  
 Hours: 7:30 AM - 4:30 PM (Doors are closed to the public at 4:15 PM)

**Salem County**

Salem County Board of Social Services  
 147 South Virginia Avenue  
 Penns Grove, NJ 08069  
 (856) 299-7200  
 Fax: (856) 299-3245  
 Hours: 8:00 AM - 4:00 PM

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**Somerset County**

Somerset County Board of Social Services  
PO Box 936  
73 East High Street  
Somerville, NJ 08876  
(908) 526-8800  
Fax: (908) 707-1974  
Hours: 8:15 AM - 6:00 PM  
Field Office Hours: 8:30 AM - 4:30 PM

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**Sussex County**

Sussex County Division of Social Services  
83 Spring Street, Suite 203  
Newton, NJ 07860  
PO Box 218  
Newton, NJ 07860  
(973) 383-3600  
Fax: (973) 383-3627  
Hours: 8:30 AM - 4:30 PM

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**Union County**

Union County Division of Social Services  
342 Westminster Avenue  
Elizabeth, NJ 07208  
(908) 965-2700  
Fax: (908) 965-2758  
Hours: 8:30 AM - 4:30 PM

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**Warren County**

Warren County Division of Temporary  
Assistance and Social Services  
1 Shotwell Dr.  
Belvidere, NJ 07823  
(908) 475-6301  
Fax: (908) 475-1533  
Hours: 8:30 AM - 4:30 PM

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# What is Medication-Assisted Treatment? (MAT)

According to SAMSHA, “Medication-Assisted Treatment (MAT) is the use of medications, in combination with counseling and behavioral therapies, to provide a “whole-patient” approach to the treatment of substance-use disorders. Research shows that a combination of medication and therapy can successfully treat these disorders, and for some people struggling with addiction, MAT can help sustain recovery. Learn about many of the substance use disorders that MAT is designed to address.”

Most common types of MAT:

## **Methadone**

-Tricks the brain into thinking it's still getting the abused drug. In fact, the person is not getting high from it and feels normal, so withdrawal doesn't occur. Learn more about methadone.

-Pregnant or breastfeeding women must inform their treatment provider before taking methadone. It is the only drug used in MAT approved for women who are pregnant or breastfeeding.

## **Buprenorphine**

-Like methadone, buprenorphine suppresses and reduces cravings for the abused drug. It can come in a pill form or sublingual tablet that is placed under the tongue. It is the process of becoming an approved drug for women who are pregnant or breastfeeding.

Find a Buprenorphine Treatment Practitioner in your area:

<https://www.samhsa.gov/medication-assisted-treatment/physician-program-data/treatment-physician-locator>

-Naltrexone works differently than methadone and buprenorphine in the treatment of opioid dependency. If a person using naltrexone relapses and uses the abused drug, naltrexone blocks the euphoric and sedative effects of the abused drug and prevents feelings of euphoria.



# Treatment Services: Outpatient

## Atlantic County

### **ADDICTION TREATMENT SERVICES INTERNATIONAL (ATSI)**

EXECUTIVE DIRECTOR: CARL WILLIAMS  
 Phone: 8665068000  
 Fax: 6092416573  
 Email: [cwilliams@myatsi.com](mailto:cwilliams@myatsi.com)  
 313 EAST JIMMIE LEEDS ROAD  
 GALLOWAY, NJ 08205  
 License by DAS: Yes  
 Type of Organization: Other/Unknown  
 Type of Care and Treatment Services:  
 Outpatient, Intensive Outpatient, Partial  
 Care Treatment, co-occurring

### **ARS OF SOMERS POINT, LLC**

EXECUTIVE DIRECTOR: LESLEY BETTIS  
 Phone: 6096018612  
 Fax: 6096018610  
 Email: [lesley.bettis@arscares.org](mailto:lesley.bettis@arscares.org)  
 Website: <http://www.arscares.org>  
 1409 CANTILLON BLVD.  
 MAYS LANDING, NJ 08330  
 License by DAS: Yes  
 Accreditation Status: Yes  
 Type of Organization: Profit  
 Type of Care and Treatment Services:  
 Outpatient, OPIOID Maintenance-  
 Outpatient, Intensive Outpatient, Partial  
 Care Treatment, OPIOID Maintenance -  
 Intensive Outpatient, co-occurring

### **ATLANTIC PREVENTION RESOURCES**

EXECUTIVE DIRECTOR: ROBERT ZLOTNICK  
 Phone: 6092720964 x9  
 Fax: 6092418960  
 Email: [kharvey@atlprev.org](mailto:kharvey@atlprev.org)  
 Website: <http://www.atlprev.org>  
 1416 N MAIN ST  
 PLEASANTVILLE, NJ 08232  
 License by DAS: Yes  
 Type of Organization: Other/Unknown  
 Type of Care and Treatment Services:  
 Outpatient, Intensive Outpatient, co-  
 occurring

### **ATLANTICARE BEHAVIORAL HEALTH**

SYSTEM EXECUTIVE DIRECTOR: JULIE DREW  
 Phone: 6095617911  
 Fax: 6095617245  
 Email: [julia.drew@atlanticare.org](mailto:julia.drew@atlanticare.org)  
 Website: <http://www.atlanticare.org>  
 120 SOUTH WHITE HORSE PIKE SUITE  
 150 HAMMONTON, NJ 08037  
 License by DAS: Yes  
 Accreditation Status: Yes  
 Type of Organization: Non-Profit  
 Type of Care and Treatment Services:  
 Outpatient, Intensive Outpatient, co-  
 occurring

## **ATLANTICARE BEHAVIORAL HEALTH**

SYSTEM EXECUTIVE DIRECTOR BEH. HEALTH: JULIE DREW

Phone: 6093481161

Fax: 6093485460

Email: [julia.drew@atlanticare.org](mailto:julia.drew@atlanticare.org)

Website: <http://www.atlanticare.org>

13 NORTH HARTFORD AVENUE

ATLANTIC CITY, NJ 08401

License by DAS: Yes

Accreditation Status: Yes

Type of Organization: Non-Profit

Type of Care and Treatment Services:

Outpatient, Intensive Outpatient, co-occurring

## **ATLANTICARE BEHAVIORAL HEALTH**

SYSTEM EXECUTIVE DIRECTOR BEH. HEALTH: JULIE DREW

Phone: 6096457600

Fax: 6092720157

Email: [julie.drew@atlanticare.org](mailto:julie.drew@atlanticare.org)

Website: <http://www.atlanticare.org>

6010 BLACK HORSE PIKE

EGG HARBOR TWP, NJ 08234

License by DAS: Yes

Type of Organization: Non-Profit

Type of Care and Treatment Services:

Outpatient, Intensive Outpatient, co-occurring

## **ATLANTICARE BEHAVIORAL HEALTH**

SYSTEM EXECUTIVE DIRECTOR: JULIE DREW

Phone: 6096465142

Fax: 6096468715

Email: [julia.drew@atlanticare.org](mailto:julia.drew@atlanticare.org)

Website: <http://www.atlanticare.org>

501 SCARBOROUGH RD 3RD FLOOR E WING

EGG HARBOR TOWNSHIP, NJ 08234

License by DAS: Yes

Accreditation Status: Yes

Type of Organization: Non-Profit

Type of Care and Treatment Services:

Outpatient, Intensive Outpatient, co-occurring

## **BEHAVIORAL CROSSROADS RECOVERY LLC**

**EXECUTIVE DIRECTOR: SHLOMO GREENZWEIG**

Phone: 6096452500

Fax: 6096459467

Email:

[sgreenzweig@crossroadspartialcare.com](mailto:sgreenzweig@crossroadspartialcare.com)

205 WEST PARKWAY DRIVE

EGG HARBOR TOWNSHIP, NJ 08234

License by DAS: Yes

Type of Organization: Profit

Type of Care and Treatment Services:

Outpatient, Intensive Outpatient, Partial Care Treatment, co-occurring

## **ENLIGHTENED SOLUTIONS, LLC**

CEO/PRESIDENT: JENNIFER HANSEN

Phone: 6092705050

Fax: 6092705054

Email: [rsnyder@enlightenedsolutions.com](mailto:rsnyder@enlightenedsolutions.com)

600 SOUTH ODESSA DRIVE

EGG HARBOR CITY, NJ 08215

License by DAS: Yes

Type of Organization: Other/Unknown

Type of Care and Treatment Services:

Outpatient, Intensive Outpatient, Partial Care Treatment, co-occurring

### **ENLIGHTENED SOLUTIONS, LLC**

Director: ROBERT SNYDER  
 Phone: (609) 270-5050  
 Fax: (609) 270-5054  
 Email: [rsnyder@enlightenedsolutions.com](mailto:rsnyder@enlightenedsolutions.com)  
 6412 VENTNOR AVENUE  
 VENTNOR, NJ  
 License by DAS: Yes  
 Type of Organization: Other/Unknown  
 Type of Care and Treatment Services:  
 Outpatient, Intensive Outpatient

### **HELPING HAND BEHAVIORAL HEALTH CORPORATION**

DIRECTOR, SUBSTANCE ABUSE: JOSEPH STAHL  
 Phone: 6093838668  
 Fax: 6093830205  
 Email:  
[joe@helpinghandbehavioralhealth.com](mailto:joe@helpinghandbehavioralhealth.com)  
 2511 FIRE ROAD SUITE A9 AND A10  
 EGG HARBOR TOWNSHIP, NJ 08234  
 License by DAS: Yes  
 Type of Organization: Other/Unknown  
 Type of Care and Treatment Services:  
 Outpatient, Intensive Outpatient, Partial  
 Care Treatment, co-occurring

### **JOHN BROOKS RECOVERY CENTER**

CEO: ALAN OBERMAN  
 Phone: 6093454035  
 Fax: 6096467027  
 Email: [oberman.alan@jbrcnj.org](mailto:oberman.alan@jbrcnj.org)  
 Website: <http://www.ihd-nj.org>  
 660 BLACK HORSE PIKE  
 PLEASANTVILLE, NJ 08232  
 License by DAS: Yes  
 Type of Organization: Non-Profit  
 Type of Care and Treatment Services:  
 Outpatient, Intensive Outpatient, Partial  
 Care Treatment, co-occurring

### **JOHN BROOKS RECOVERY CENTER**

CHIEF EXECUTIVE OFFICER: ALAN OBERMAN  
 Phone: (609) 347-8615  
 Fax: (609) 347-8607  
 Email: [oberman.alan@jbrcnj.org](mailto:oberman.alan@jbrcnj.org)  
 Website: <http://www.jbrc.org>  
 5060 ATLANTIC AVE.  
 PLEASANTVILLE, NJ 08232  
 License by DAS: Yes  
 Accreditation Status: Yes  
 Handicap Accessibility: Yes  
 Type of Organization: Non-Profit  
 Type of Care and Treatment Services:  
 Outpatient, OPIOID Maintenance-  
 Outpatient, Outpatient-Detoxification (Non-  
 Methadone), co-occurring

### **JOHN BROOKS RECOVERY CENTER - OTP BACHARACH BLVD.**

DIRECTOR OF CORPORATE COMPLIANCE:  
 ANNETTE C MURRAY  
 Phone: 6093452020  
 Fax: 6096467027  
 Email: [murray.annette@jbrcnj.org](mailto:murray.annette@jbrcnj.org)  
 1931 BACHARACH BLVD.  
 ATLANTIC CITY, NJ 08401  
 License by DAS: Yes  
 Type of Organization: Non-Profit  
 Type of Care and Treatment Services:  
 Outpatient, OPIOID Maintenance-  
 Outpatient, Intensive Outpatient, Partial  
 Care Treatment, OPIOID Maintenance -  
 Intensive Outpatient

**NORTHEAST BEHAVIORAL SERVICES, INC. D/B/A/ PARK BENCH GROUP COUNSELING**

EXECUTIVE AND CLINICAL DIRECTOR:

JENNIFER MAGUIRE

Phone: 6093652601

Fax: 6093652519

Email:

[jennifer.maguire@parkbenchgroup.com](mailto:jennifer.maguire@parkbenchgroup.com)

421 BETHEL ROAD

SOMERS POINT, NJ 08244

License by DAS: Yes

Type of Organization: Other/Unknown

Type of Care and Treatment Services:

Outpatient, Intensive Outpatient, Partial Care Treatment, co-occurring

**RECOVERY CENTERS OF AMERICA LIGHTHOUSE AT HADDON TOWNSHIP**

CEO: JANET RICCI

Phone: 6096254900

Fax: 6096258158

215 HIGHLAND AVE SUITE C28

HADDON TOWNSHIP, NJ 08108

License by DAS: Yes

Type of Organization: Profit

Type of Care and Treatment Services:

Outpatient, Intensive Outpatient

**RECOVERY CENTERS OF AMERICA LIGHTHOUSE AT MANAHAWKIN**

CEO: JANET RICCI

Phone: 6109942928

Fax: 6096258158

400 N. MAIN STREET BUILDING 1 SUITE 2

MANAHAWKIN, NJ 08050

License by DAS: Yes

Type of Organization: Profit

Type of Care and Treatment Services:

Outpatient, Intensive Outpatient

**RECOVERY CENTERS OF AMERICA LIGHTHOUSE AT MAYS LANDING**

CEO: JANET RICCI

Phone: 6096254900

Fax: 6096258158

5034 ATLANTIC AVE

MAYS LANDING, NJ 08330

License by DAS: Yes

Type of Organization: Profit

Type of Care and Treatment Services:

Outpatient, Intensive Outpatient, Partial Care Treatment

**RECOVERY CENTERS OF AMERICA LIGHTHOUSE AT VENTNOR**

CEO: JANET RICCI

Phone: 6096254900

Fax: 6096258158

6601 VENTNOR AVE SUITE 12

VENTNOR CITY, NJ 08406

License by DAS: Yes

Type of Organization: Profit

Type of Care and Treatment Services:

Outpatient, Intensive Outpatient

**SEABROOK HOUSE D/B/A/ SHARE COUNSELING SERVICES**

DIRECTOR OF QUALITY MANAGEMENT:

JENNIFER COULTER

Phone: 8564557575

Fax: 8564557015

Email: [jcoulter@seabrookhouse.org](mailto:jcoulter@seabrookhouse.org)

2111 NEW RD SUITE 101

NORTHFIELD, NJ 08255

License by DAS: Yes

Type of Organization: Non-Profit

Type of Care and Treatment Services:

Outpatient, Intensive Outpatient, Partial Care Treatment, co-occurring

**UNITY PLACE OF ATLANTIC  
COUNTY, LLC**

MANAGING MANAGER: JERRY TISCHLER

Phone: 6097041313

Fax: 6097041208

Email: [ourplaceamde@aol.com](mailto:ourplaceamde@aol.com)

121 SOUTH WHITEHORSE PIKE SUITE A  
HAMMONTON, NJ 08037

License by DAS: Yes

Type of Organization: Other/Unknown

Type of Care and Treatment Services:

Outpatient, Intensive Outpatient, Partial Care

Treatment, co-occurring



## Bergen County

### **ADDICTION RECOVERY PROGRAM BERGEN COUNTY**

DIRECTOR/HEALTH OFFICER: HANSEL  
F. ASMAR  
Phone: 2013363330  
Fax: 2016460016  
Email: [sdebiak@co.bergen.nj.us](mailto:sdebiak@co.bergen.nj.us)  
Website: <http://www.bergenhealth.org>  
103 HUDSON ST  
HACKENSACK, NJ 07601  
License by DAS: Yes  
Type of Organization: Other/Unknown  
Type of Care and Treatment Services:  
Outpatient, Intensive Outpatient, co-  
occurring

### **ADOLESCENT SUBSTANCE ABUSE PROGRAM**

ADMINISTRATIVE CLINICAL DIRECTOR:  
JOHN ZELLARS  
Phone: 2013367350  
Fax: 2013367370  
Email: [jzellars@co.bergen.nj.us](mailto:jzellars@co.bergen.nj.us)  
Website: <http://www.co.bergen.nj.us>  
ONE BERGEN COUNTY PLAZA  
HACKENSACK, NJ 07601  
License by DAS: Yes  
Type of Organization: Non-Profit  
Type of Care and Treatment Services:  
Outpatient

### **AMERICAN DAY CD CENTERS, LLC D/B/A/ HIGH FOCUS CENTERS, INC.**

VICE PRESIDENT OF OPERATIONS:  
THOMAS FOWLER  
Phone: 2012910055  
Fax: 2012910888  
Email: [tfowler@highfocuscenters.com](mailto:tfowler@highfocuscenters.com)  
40 EISENHOWER DR SUITE 100, 204,  
208 AND 210  
PARAMUS, NJ 07652  
License by DAS: Yes  
Type of Organization: Profit  
Type of Care and Treatment Services:  
Outpatient, Intensive Outpatient, Partial  
Care Treatment, co-occurring

### **BERGEN REGIONAL MEDICAL CENTER, EVERGREEN TREATMENT CENTER**

PROGRAM DIRECTOR: MICHAEL  
PAOLELLO  
Phone: 2019674000  
Fax: 2019674292  
Email: [mpaoello@bergenregional.com](mailto:mpaoello@bergenregional.com)  
Website: <http://www.bergenregional.com>  
230 E RIDGEWOOD AVE  
PARAMUS, NJ 07652  
License by DAS: Yes  
Type of Organization: Non-Profit  
Type of Care and Treatment Services:  
Outpatient, Intensive Outpatient, co-  
occurring

**CARE PLUS NJ, INC.  
PRESIDENT AND CHIEF**

**EXECUTIVE OFFICER:** JOSEPH MASCIANDARO

Phone: 2012658200

Fax: 2012653543

Website: <http://www.careplusnj.org>

610 VALLEY HEALTH PLAZA

PARAMUS, NJ 07652-3607

License by DAS: Yes

Accreditation Status: Yes

Type of Organization: Non-Profit

Type of Care and Treatment Services:

Outpatient, Intensive Outpatient, co-occurring

**COMPREHENSIVE  
BEHAVIORAL HEALTHCARE,  
INC.**

**EXECUTIVE DIRECTOR:** PETER SCERBO

Phone: 2019353322

Fax: 2019353991

Email: [pscerbo@cbhcare.com](mailto:pscerbo@cbhcare.com)

Website: <http://www.cbhcare.com>

516 VALLEY BROOK AVENUE

LYNDHURST, NJ 07071

License by DAS: Yes

Type of Organization: Non-Profit

Type of Care and Treatment Services:

Outpatient, Intensive Outpatient, co-occurring

**COUNSELING CENTER OF FAIR  
LAWN**

**VP OF COMPLIANCE:** JOSEPH CHELALES

Phone: 2017970001

Fax: 2014581991

Email:

[jchelaless@praesumhealthcare.com](mailto:jchelaless@praesumhealthcare.com)

16-01 BROADWAY

FAIR LAWN, NJ 07410

License by DAS: Yes

Type of Organization: Other/Unknown

Type of Care and Treatment Services:

Outpatient, Intensive Outpatient, Partial Care Treatment, co-occurring

**NEW FOCUS PROGRAM**

**PROGRAM DIRECTOR:** EMIL VITALE

Phone: 2014892900

Fax: 2014892133

Email: [buddiesnj@aol.com](mailto:buddiesnj@aol.com)

149 HUDSON ST

HACKENSACK, NJ 07601

License by DAS: Yes

Type of Organization: Non-Profit

Type of Care and Treatment Services:

Outpatient, Intensive Outpatient

**NEW PATHWAY COUNSELING**

**EXECUTIVE DIRECTOR:** FRANK MATTIACE

Phone: 2014361022

Fax: 2012621381

Email: [new.pathway@verizon.net](mailto:new.pathway@verizon.net)

20 POWERS DRIVE

PARAMUS, NJ 07652-2911

License by DAS: Yes

Type of Organization: Profit

Type of Care and Treatment Services:

Outpatient, Intensive Outpatient, Partial Care Treatment

**TEAM MANAGEMENT 2000,  
INC.**

**EXECUTIVE DIRECTOR:** AVA FAUSTIN

Phone: 2014874700

Fax: 2014874787

Email: [avafaustin@yahoo.com](mailto:avafaustin@yahoo.com)

84 MAIN STREET

HACKENSACK, NJ 07601

License by DAS: Yes

Type of Organization: Other/Unknown

Type of Care and Treatment Services:

Outpatient, Intensive Outpatient, co-occurring

### **THE CENTER OF REVITALIZING PSYCHIATRY**

MEDICAL DIRECTOR: MARINA  
TOURKOVA

Phone: 2014885161

Fax: 2014885162

795 MAIN STREET

HACKENSACK, NJ 07601

License by DAS: Yes

Type of Organization: Other/Unknown

Type of Care and Treatment Services:

Intensive Outpatient

### **VANTAGE HEALTH SYSTEM**

PRESIDENT & CEO: VICTORIA SIDROW

Phone: 2015670500

Fax: 2015679335

Email: [vsidrow@vantagenj.org](mailto:vsidrow@vantagenj.org)

93 W PALISADE AVE

ENGLEWOOD, NJ 07631

License by DAS: Yes

Type of Organization: Non-Profit

Type of Care and Treatment Services:

Outpatient, Intensive Outpatient, co-  
occurring

### **VANTAGE HEALTH SYSTEMS, INC.**

VICE PRESIDENT, CLINICAL

SERVICES: JOSEPH UME

Phone: 2013854400

Fax: 2013852309

Email: [jume@vantagenj.org](mailto:jume@vantagenj.org)

2 PARK AVENUE

DUMONT, NJ 07628

License by DAS: Yes

Type of Organization: Non-Profit

Type of Care and Treatment Services:

Outpatient, Intensive Outpatient, co-  
occurring

### **WEST BERGEN MENTAL HEALTHCARE, INC.**

CHIEF EXECUTIVE OFFICER: MICHAEL  
TOZZOLI

Phone: 2014443550

Fax: 2016521613

Email: [mtozzoli@westbergen.org](mailto:mtozzoli@westbergen.org)

120 CHESTNUT STREET

RIDGEWOOD, NJ 07450-2500

License by DAS: Yes

Type of Organization: Non-Profit

Type of Care and Treatment Services:

Outpatient, Intensive Outpatient, Partial  
Care Treatment, co-occurring



## Burlington County

### **ADDICTION RECOVERY PROGRAM BERGEN COUNTY**

DIRECTOR/HEALTH OFFICER: HANSEL F. ASMAR

Phone: 2013363330

Fax: 2016460016

Email: [sdebiak@co.bergen.nj.us](mailto:sdebiak@co.bergen.nj.us)

Website: <http://www.bergenhealth.org>

103 HUDSON ST

HACKENSACK, NJ 07601

License by DAS: Yes

Type of Organization: Other/Unknown

Type of Care and Treatment Services:

Outpatient, Intensive Outpatient, co-occurring

### **ADOLESCENT SUBSTANCE ABUSE PROGRAM**

ADMINISTRATIVE CLINICAL DIRECTOR:  
JOHN ZELLARS

Phone: 2013367350

Fax: 2013367370

Email: [jzellars@co.bergen.nj.us](mailto:jzellars@co.bergen.nj.us)

Website: <http://www.co.bergen.nj.us>

ONE BERGEN COUNTY PLAZA

HACKENSACK, NJ 07601

License by DAS: Yes

Type of Organization: Non-Profit

Type of Care and Treatment Services:

Outpatient

### **AMERICAN DAY CD CENTERS, LLC D/B/A/ HIGH FOCUS CENTERS, INC.**

VICE PRESIDENT OF OPERATIONS:

THOMAS FOWLER

Phone: 2012910055

Fax: 2012910888

Email: [tfowler@highfocuscenters.com](mailto:tfowler@highfocuscenters.com)

40 EISENHOWER DR SUITE 100, 204, 208  
AND 210

PARAMUS, NJ 07652

License by DAS: Yes

Type of Organization: Profit

Type of Care and Treatment Services:

Outpatient, Intensive Outpatient, Partial  
Care Treatment, co-occurring

### **BERGEN REGIONAL MEDICAL CENTER, EVERGREEN TREATMENT CENTER**

PROGRAM DIRECTOR: MICHAEL  
PAOLELLO

Phone: 2019674000

Fax: 2019674292

Email: [mpaoello@bergenregional.com](mailto:mpaoello@bergenregional.com)

Website: <http://www.bergenregional.com>

230 E RIDGEWOOD AVE

PARAMUS, NJ 07652

License by DAS: Yes

Type of Organization: Non-Profit

Type of Care and Treatment Services:

Outpatient, Intensive Outpatient, co-occurring

**CARE PLUS NJ, INC.**

PRESIDENT AND CHIEF EXECUTIVE  
OFFICER: JOSEPH MASCIANDARO  
Phone: 2012658200  
Fax: 2012653543  
Website: <http://www.careplusnj.org>  
610 VALLEY HEALTH PLAZA  
PARAMUS, NJ 07652-3607  
License by DAS: Yes  
Accreditation Status: Yes  
Type of Organization: Non-Profit  
Type of Care and Treatment Services:  
Outpatient, Intensive Outpatient, co-  
occurring

**COMPREHENSIVE BEHAVIORAL  
HEALTHCARE, INC.**

EXECUTIVE DIRECTOR: PETER SCERBO  
Phone: 2019353322  
Fax: 2019353991  
Email: [pscerbo@cbhcare.com](mailto:pscerbo@cbhcare.com)  
Website: <http://www.cbhcare.com>  
516 VALLEY BROOK AVENUE  
LYNDHURST, NJ 07071  
License by DAS: Yes  
Type of Organization: Non-Profit  
Type of Care and Treatment Services:  
Outpatient, Intensive Outpatient, co-  
occurring

**COUNSELING CENTER OF FAIR  
LAWN**

VP OF COMPLIANCE: JOSEPH CHELALES  
Phone: 2017970001  
Fax: 2014581991  
Email: [jchelaes@praesumhealthcare.com](mailto:jchelaes@praesumhealthcare.com)  
16-01 BROADWAY  
FAIR LAWN, NJ 07410  
License by DAS: Yes  
Type of Organization: Other/Unknown  
Type of Care and Treatment Services:  
Outpatient, Intensive Outpatient, Partial  
Care Treatment, co-occurring

**NEW FOCUS PROGRAM**

PROGRAM DIRECTOR: EMIL VITALE  
Phone: 2014892900  
Fax: 2014892133  
Email: [buddiesnj@aol.com](mailto:buddiesnj@aol.com)  
149 HUDSON ST  
HACKENSACK, NJ 07601  
License by DAS: Yes  
Type of Organization: Non-Profit  
Type of Care and Treatment Services:  
Outpatient, Intensive Outpatient

**NEW PATHWAY COUNSELING**

EXECUTIVE DIRECTOR: FRANK MATTIACE  
Phone: 2014361022  
Fax: 2012621381  
Email: [new.pathway@verizon.net](mailto:new.pathway@verizon.net)  
20 POWERS DRIVE  
PARAMUS, NJ 07652-2911  
License by DAS: Yes  
Type of Organization: Profit  
Type of Care and Treatment Services:  
Outpatient, Intensive Outpatient, Partial  
Care Treatment

**TEAM MANAGEMENT 2000, INC.**

EXECUTIVE DIRECTOR: AVA FAUSTIN  
Phone: 2014874700  
Fax: 2014874787  
Email: [avafaustin@yahoo.com](mailto:avafaustin@yahoo.com)  
84 MAIN STREET  
HACKENSACK, NJ 07601  
License by DAS: Yes  
Type of Organization: Other/Unknown  
Type of Care and Treatment Services:  
Outpatient, Intensive Outpatient, co-  
occurring

### **THE CENTER OF REVITALIZING PSYCHIATRY**

MEDICAL DIRECTOR: MARINA TOURKOVA  
 Phone: 2014885161  
 Fax: 2014885162  
 795 MAIN STREET  
 HACKENSACK, NJ 07601  
 License by DAS: Yes  
 Type of Organization: Other/Unknown  
 Type of Care and Treatment Services:  
 Intensive Outpatient

### **VANTAGE HEALTH SYSTEM**

PRESIDENT & CEO: VICTORIA SIDROW  
 Phone: 2015670500  
 Fax: 2015679335  
 Email: [vsidrow@vantagenj.org](mailto:vsidrow@vantagenj.org)  
 93 W PALISADE AVE  
 ENGLEWOOD, NJ 07631  
 License by DAS: Yes  
 Type of Organization: Non-Profit  
 Type of Care and Treatment Services:  
 Outpatient, Intensive Outpatient, co-  
 occurring

### **VANTAGE HEALTH SYSTEMS, INC.**

VICE PRESIDENT, CLINICAL SERVICES:  
 JOSEPH UME  
 Phone: 2013854400  
 Fax: 2013852309  
 Email: [jume@vantagenj.org](mailto:jume@vantagenj.org)  
 2 PARK AVENUE  
 DUMONT, NJ 07628  
 License by DAS: Yes  
 Type of Organization: Non-Profit  
 Type of Care and Treatment Services:  
 Outpatient, Intensive Outpatient, co-  
 occurring

### **WEST BERGEN MENTAL HEALTHCARE, INC.**

CHIEF EXECUTIVE OFFICER: MICHAEL TOZZOLI  
 Phone: 2014443550  
 Fax: 2016521613  
 Email: [mtozzoli@westbergen.org](mailto:mtozzoli@westbergen.org)  
 120 CHESTNUT STREET  
 RIDGEWOOD, NJ 07450-2500  
 License by DAS: Yes  
 Type of Organization: Non-Profit  
 Type of Care and Treatment Services:  
 Outpatient, Intensive Outpatient, Partial  
 Care Treatment, co-occurring

## Camden

### **ADDICTION RECOVERY PROGRAM BERGEN COUNTY,**

DIRECTOR/HEALTH OFFICER: HANSEL F. ASMAR

Phone: 2013363330

Fax: 2016460016

Email: [sdebiak@co.bergen.nj.us](mailto:sdebiak@co.bergen.nj.us)

Website: <http://www.bergenhealth.org>

103 HUDSON ST

HACKENSACK, NJ 07601

License by DAS: Yes

Type of Organization: Other/Unknown

Type of Care and Treatment Services:

Outpatient, Intensive Outpatient, co-occurring

### **ADOLESCENT SUBSTANCE ABUSE PROGRAM**

ADMINISTRATIVE CLINICAL DIRECTOR:  
JOHN ZELLARS

Phone: 2013367350

Fax: 2013367370

Email: [jzellars@co.bergen.nj.us](mailto:jzellars@co.bergen.nj.us)

Website: <http://www.co.bergen.nj.us>

ONE BERGEN COUNTY PLAZA

HACKENSACK, NJ 07601

License by DAS: Yes

Type of Organization: Non-Profit

Type of Care and Treatment Services:

Outpatient

### **AMERICAN DAY CD CENTERS, LLC D/B/A/ HIGH FOCUS CENTERS, INC.**

VICE PRESIDENT OF OPERATIONS:

THOMAS FOWLER

Phone: 2012910055

Fax: 2012910888

Email: [tfowler@highfocuscenters.com](mailto:tfowler@highfocuscenters.com)

40 EISENHOWER DR SUITE 100, 204, 208  
AND 210

PARAMUS, NJ 07652

License by DAS: Yes

Type of Organization: Profit

Type of Care and Treatment Services:

Outpatient, Intensive Outpatient, Partial  
Care Treatment, co-occurring

### **BERGEN REGIONAL MEDICAL CENTER, EVERGREEN TREATMENT CENTER**

PROGRAM DIRECTOR: MICHAEL  
PAOLELLO

Phone: 2019674000

Fax: 2019674292

Email: [mpaoello@bergenregional.com](mailto:mpaoello@bergenregional.com)

Website: <http://www.bergenregional.com>

230 E RIDGEWOOD AVE

PARAMUS, NJ 07652

License by DAS: Yes

Type of Organization: Non-Profit

Type of Care and Treatment Services:

Outpatient, Intensive Outpatient, co-occurring

**CARE PLUS NJ, INC.**

PRESIDENT AND CHIEF EXECUTIVE  
OFFICER: JOSEPH MASCIANDARO  
Phone: 2012658200  
Fax: 2012653543  
Website: <http://www.careplusnj.org>  
610 VALLEY HEALTH PLAZA  
PARAMUS, NJ 07652-3607  
License by DAS: Yes  
Accreditation Status: Yes  
Type of Organization: Non-Profit  
Type of Care and Treatment Services:  
Outpatient, Intensive Outpatient, co-  
occurring

**COMPREHENSIVE BEHAVIORAL  
HEALTHCARE, INC.**

EXECUTIVE DIRECTOR: PETER SCERBO  
Phone: 2019353322  
Fax: 2019353991  
Email: [pscerbo@cbhcare.com](mailto:pscerbo@cbhcare.com)  
Website: <http://www.cbhcare.com>  
516 VALLEY BROOK AVENUE  
LYNDHURST, NJ 07071  
License by DAS: Yes  
Type of Organization: Non-Profit  
Type of Care and Treatment Services:  
Outpatient, Intensive Outpatient, co-  
occurring

**COUNSELING CENTER OF FAIR  
LAWN**

VP OF COMPLIANCE: JOSEPH CHELALES  
Phone: 2017970001  
Fax: 2014581991  
Email: [jchelaes@praesumhealthcare.com](mailto:jchelaes@praesumhealthcare.com)  
16-01 BROADWAY  
FAIR LAWN, NJ 07410  
License by DAS: Yes  
Type of Organization: Other/Unknown  
Type of Care and Treatment Services:  
Outpatient, Intensive Outpatient, Partial  
Care Treatment, co-occurring

**NEW FOCUS PROGRAM**

PROGRAM DIRECTOR: EMIL VITALE  
Phone: 2014892900  
Fax: 2014892133  
Email: [buddiesnj@aol.com](mailto:buddiesnj@aol.com)  
149 HUDSON ST  
HACKENSACK, NJ 07601  
License by DAS: Yes  
Type of Organization: Non-Profit  
Type of Care and Treatment Services:  
Outpatient, Intensive Outpatient

**NEW PATHWAY COUNSELING**

EXECUTIVE DIRECTOR: FRANK MATTIACE  
Phone: 2014361022  
Fax: 2012621381  
Email: [new.pathway@verizon.net](mailto:new.pathway@verizon.net)  
20 POWERS DRIVE  
PARAMUS, NJ 07652-2911  
License by DAS: Yes  
Type of Organization: Profit  
Type of Care and Treatment Services:  
Outpatient, Intensive Outpatient, Partial  
Care Treatment

**TEAM MANAGEMENT 2000, INC.**

EXECUTIVE DIRECTOR: AVA FAUSTIN  
Phone: 2014874700  
Fax: 2014874787  
Email: [avafaustin@yahoo.com](mailto:avafaustin@yahoo.com)  
84 MAIN STREET  
HACKENSACK, NJ 07601  
License by DAS: Yes  
Type of Organization: Other/Unknown  
Type of Care and Treatment Services:  
Outpatient, Intensive Outpatient, co-  
occurring

### **THE CENTER OF REVITALIZING PSYCHIATRY**

MEDICAL DIRECTOR: MARINA TOURKOVA

Phone: 2014885161

Fax: 2014885162

795 MAIN STREET

HACKENSACK, NJ 07601

License by DAS: Yes

Type of Organization: Other/Unknown

Type of Care and Treatment Services:

Intensive Outpatient

### **VANTAGE HEALTH SYSTEM**

PRESIDENT & CEO: VICTORIA SIDROW

Phone: 2015670500

Fax: 2015679335

Email: [vsidrow@vantagenj.org](mailto:vsidrow@vantagenj.org)

93 W PALISADE AVE

ENGLEWOOD, NJ 07631

License by DAS: Yes

Type of Organization: Non-Profit

Type of Care and Treatment Services:

Outpatient, Intensive Outpatient, co-occurring

### **VANTAGE HEALTH SYSTEMS, INC.**

VICE PRESIDENT, CLINICAL SERVICES:

JOSEPH UME

Phone: 2013854400

Fax: 2013852309

Email: [jume@vantagenj.org](mailto:jume@vantagenj.org)

2 PARK AVENUE

DUMONT, NJ 07628

License by DAS: Yes

Type of Organization: Non-Profit

Type of Care and Treatment Services:

Outpatient, Intensive Outpatient, co-occurring

### **WEST BERGEN MENTAL HEALTHCARE, INC.**

CHIEF EXECUTIVE OFFICER: MICHAEL TOZZOLI

Phone: 2014443550

Fax: 2016521613

Email: [mtozzoli@westbergen.org](mailto:mtozzoli@westbergen.org)

120 CHESTNUT STREET

RIDGEWOOD, NJ 07450-2500

License by DAS: Yes

Type of Organization: Non-Profit

Type of Care and Treatment Services:

Outpatient, Intensive Outpatient, Partial Care Treatment, co-occurring

## Cape May

### ARS OF RIO GRANDE, LLC

EXECUTIVE DIRECTOR: LESLEY BETTIS  
 Phone: 6094630500  
 Fax: 6094630589  
 Email: [lbettis@arscares.org](mailto:lbettis@arscares.org)  
 Website: <http://www.arscares.org>  
 1200 ROUTE 9 SOUTH  
 CAPE MAY COURT HOUSE, NJ 08210  
 License by DAS: Yes  
 Type of Organization: Profit  
 Type of Care and Treatment Services:  
 Outpatient, OPIOID Maintenance-  
 Outpatient, Intensive Outpatient, OPIOID  
 Maintenance - Intensive Outpatient, co-  
 occurring

### CAPE ASSIST

EXECUTIVE DIRECTOR/CEO: KATIE  
 FALDETTA  
 Phone: 6095225960  
 Fax: 6095224074  
 Email: [email@capeassist.org](mailto:email@capeassist.org)  
 Website: <http://www.capeassist.org>  
 3819 NEW JERSEY AVE  
 WILDWOOD, NJ 08260  
 License by DAS: Yes  
 Type of Organization: Non-Profit  
 Type of Care and Treatment Services:  
 Outpatient, Intensive Outpatient, co-  
 occurring

### CAPE COUNSELING SERVICES, INC.

CHIEF EXECUTIVE OFFICER: GREG SPEED  
 Phone: 6094654100  
 Fax: 6094638671  
 Email: [gspeed@capecounseling.org](mailto:gspeed@capecounseling.org)  
 128 CREST HAVEN ROAD  
 CAPE MAY COURT HOUSE, NJ 08210  
 License by DAS: Yes  
 Accreditation Status: Yes  
 Type of Organization: Non-Profit  
 Type of Care and Treatment Services:  
 Outpatient, Intensive Outpatient, Partial  
 Care Treatment, co-occurring

### COOPERATIVE CARE PARTNERSHIP, INC

DIRECTOR, CLINICAL SERVICES:  
 VICTORIA WELLS-MANLANDRO  
 Phone: 6097416363  
 Fax: 6094355058  
 Email: [cooperativecare.comcmc@gmail.com](mailto:cooperativecare.comcmc@gmail.com)  
 1076 ROUTE 47 SOUTH  
 RIO GRANDE, NJ 08242  
 License by DAS: Yes  
 Type of Organization: Non-Profit  
 Type of Care and Treatment Services:  
 Outpatient, Intensive Outpatient

### FAMILIES MATTER, LLC

EXECUTIVE DIRECTOR: PATRICIA M.  
 CAMPBELL  
 Phone: 6098868666  
 Fax: 6098869666  
 Email: [pcampbell@familiesmatternj.org](mailto:pcampbell@familiesmatternj.org)  
 899 BAYSHORE ROAD  
 VILLAS, NJ 08251  
 License by DAS: Yes  
 Type of Organization: Profit  
 Type of Care and Treatment Services:  
 Outpatient, Intensive Outpatient, co-  
 occurring

## Cumberland

### CURA, INC.

PRESIDENT AND CHIEF EXECUTIVE  
OFFICER: GLORIA PLAZA

Phone: 8566967335

Fax: 8566967334

Email: [cura@curainc.org](mailto:cura@curainc.org)

Website: <http://www.curainc.org>

729 E LANDIS AVE

VINELAND, NJ 08360

License by DAS: Yes

Type of Organization: Other/Unknown

Type of Care and Treatment Services:

Outpatient, Intensive Outpatient, co-  
occurring

### FIRST STEP CLINIC

DIRECTOR: JUANITA NAZARIO

Phone: 8564513727

Fax: 8564559706

Email: [juanitana@co.cumberland.nj.us](mailto:juanitana@co.cumberland.nj.us)

70 WEST BROAD STREET

BRIDGETON, NJ 08302

License by DAS: Yes

Handicap Accessibility: Yes

Type of Organization: Profit

Type of Care and Treatment Services:

Outpatient, Intensive Outpatient, co-  
occurring

### MARYVILLE, INC.

ADMINISTRATOR: MICHELLE DEBELLIS

Phone: 8566901000

Fax: 8566901764

Email: [mdebellis@maryvillenj.org](mailto:mdebellis@maryvillenj.org)

1173 EAST LANDIS AVENUE SUITE 202

VINELAND, NJ 08360

License by DAS: Yes

Type of Organization: Non-Profit

Type of Care and Treatment Services:

Outpatient, Intensive Outpatient, co-  
occurring

### SEABROOK HOUSE D/B/A SHARE COUNSELING SERVICES

PRESIDENT: EDWARD DIEHL

Phone: 8564557575

Fax: 8564557015

Email: [jcoulter@seabrookhouse.org](mailto:jcoulter@seabrookhouse.org)

Website: <http://www.seabrookhouse.org>

133 POLK LN

SEABROOK, NJ 08302

License by DAS: Yes

Accreditation Status: Yes

Type of Organization: Non-Profit

Type of Care and Treatment Services:

Outpatient, OPIOID Maintenance-  
Outpatient, Intensive Outpatient, Partial  
Care Treatment, OPIOID Maintenance -  
Intensive Outpatient, co-occurring

### SODAT OF NJ, INC., CUMBERLAND

CHIEF ADMINISTRATIVE OFFICER:

DONNA EMMA

Phone: 8564535713

Fax: 8564535715

Email: [info@sodat.org](mailto:info@sodat.org)

Website: <http://www.sodat.org>

92 VINE STREET

BRIDGETON, NJ 08302

License by DAS: Yes

Type of Organization: Non-Profit

Type of Care and Treatment Services:

Outpatient, Intensive Outpatient, co-  
occurring



**SOUTH JERSEY DRUG  
TREATMENT CENTER**

DIRECTOR: DAVID R. HUGHES

Phone: 8564555441

Fax: 8564550505

Email: [droberthughes@comcast.net](mailto:droberthughes@comcast.net)

162 SUNNY SLOPE DR

BRIDGETON, NJ 08302

License by DAS: Yes

Type of Organization: Other/Unknown

Type of Care and Treatment Services:

Outpatient, OPIOID Maintenance-

Outpatient

**THE SOUTHWEST COUNCIL,  
INC.**

CEO/EXECUTIVE DIRECTOR: JOSEPH  
WILLIAMS

Phone: 8567941011

Fax: 8567941239

Email:

[execdirector@southwestcouncil.org](mailto:execdirector@southwestcouncil.org)

1405 NORTH DELSEA DRIVE

VINELAND, NJ 08360

License by DAS: Yes

Type of Organization: Non-Profit

Type of Care and Treatment Services:

Outpatient, Intensive Outpatient



## Essex

### AIRMID COUNSELING SERVICES

EXECUTIVE DIRECTOR: RICHARD BARAKA

Phone: 9736780550

Fax: 9736781177

Email: airmid137@yahoo.com

137 EVERGREEN PL

EAST ORANGE, NJ 07018

License by DAS: Yes

Type of Organization: Non-Profit

Type of Care and Treatment Services:

Outpatient, Intensive Outpatient, Partial Care Treatment

### AMERICAN HABITARE AND COUNSELING, INC.

CHIEF EXECUTIVE OFFICER: ANITA KHAWAJA

Phone: 9737990508

Fax: 9737990505

Email: anita@americanhabitare.com

687 FRELINGHUYSEN AVE

NEWARK, NJ 07114

License by DAS: Yes

Type of Organization: Other/Unknown

Type of Care and Treatment Services:

Outpatient, OPIOID Maintenance-  
Outpatient, Intensive Outpatient, Partial  
Care Treatment, OPIOID Maintenance -  
Intensive Outpatient, co-occurring

### ANSWERS MOVING FORWARD SUPPORTIVE SERVICES

CEO: VERA CARPENTER

Phone: 9733997900

Fax: 9734162670

Email: vcar730@aol.com

Website: <http://www.answersmfss.com>

1344 SPRINGFIELD AVENUE

IRVINGTON, NJ 07111

License by DAS: Yes

Handicap Accessibility: Yes

Type of Organization: Other/Unknown

Type of Care and Treatment Services:

Outpatient, Intensive Outpatient, Partial  
Care Treatment

### BETHEL COUNSELING SERVICES

EXECUTIVE DIRECTOR: FELICIA OSBORNE

Phone: 9736436565

Fax: 8627635071

Email: fosborne.bethel@optimum.net

63 PIERCE ST 65

NEWARK, NJ 07103

License by DAS: Yes

Type of Organization: Non-Profit

Type of Care and Treatment Services:

Outpatient, Intensive Outpatient, Partial  
Care Treatment, co-occurring

### COMMUNITY PSYCHIATRIC INSTITUTE

ADMINISTRATIVE DIRECTOR: RICHARD CARUANA

Phone: 9736733342

Fax: 9736735612

Email: mentalhealth7@gmail.com

67 SANFORD STREET

EAST ORANGE, NJ 07018

License by DAS: Yes

Type of Organization: Other/Unknown

Type of Care and Treatment Services:

Outpatient, Intensive Outpatient, Partial  
Care Treatment, co-occurring

**COPE CENTER, INC.**

EXECUTIVE DIRECTOR: SUE SEIDENFELD  
 Phone: 9737836655  
 Fax: 9737830757  
 Email: [hcaso@copecenter.net](mailto:hcaso@copecenter.net)  
 104 BLOOMFIELD AVENUE  
 MONTCLAIR, NJ 07042  
 License by DAS: Yes  
 Type of Organization: Non-Profit  
 Type of Care and Treatment Services:  
 Outpatient, Intensive Outpatient, co-occurring

**COPE CENTER, INC.**

EXECUTIVE DIRECTOR: SUE SEIDENFELD  
 Phone: 9737836655  
 Fax: 9737830757  
 Email: [sseidenfeld@copecenter.net](mailto:sseidenfeld@copecenter.net)  
 73 SOUTH FULLERTON AVENUE  
 MONTCLAIR, NJ 07042  
 License by DAS: Yes  
 Type of Organization: Non-Profit  
 Type of Care and Treatment Services:  
 Outpatient, Intensive Outpatient, co-occurring

**CURA, INC.**

PRESIDENT & CHIEF EXECUTIVE OFFICER: GLORIA PLAZA  
 Phone: 9736223570  
 Fax: 9736218330  
 Email: [cura@curainc.org](mailto:cura@curainc.org)  
 61 LINCOLN PARK  
 NEWARK, NJ 07101  
 License by DAS: Yes  
 Type of Organization: Other/Unknown  
 Type of Care and Treatment Services:  
 Outpatient, Intensive Outpatient, co-occurring

**EAST ORANGE SUBSTANCE ABUSE TREATMENT PROGRAM**

DIRECTOR: MARSHA WALTON  
 Phone: 9732665200  
 Fax: 9736786843  
 Email: [eosatp@yahoo.com](mailto:eosatp@yahoo.com)  
 160 HALSTED ST  
 EAST ORANGE, NJ 07018-2693  
 License by DAS: Yes  
 Accreditation Status: Yes  
 Type of Organization: Non-Profit  
 Type of Care and Treatment Services:  
 Outpatient, OPIOID Maintenance-  
 Outpatient, Intensive Outpatient, OPIOID  
 Maintenance - Intensive Outpatient, co-occurring

**FAMILY CONNECTIONS, INC.**

EXECUTIVE DIRECTOR: JACQUES HRYSHKO  
 Phone: 9736753817  
 Fax: 9736735782  
 Email: [jhryshko@familyconnectionsny.org](mailto:jhryshko@familyconnectionsny.org)  
 Website: <http://www.familyconnectionsny.com>  
 395 SOUTH CENTER STREET  
 ORANGE, NJ 07050  
 License by DAS: Yes  
 Type of Organization: Non-Profit  
 Type of Care and Treatment Services:  
 Outpatient, Intensive Outpatient, co-occurring

## **FAMILY SERVICE BUREAU OF NEWARK**

EXECUTIVE DIRECTOR: MANUELA GARCIA

Phone: 9734122056

Fax: 9734843452

Email:

[manuelagarcia@newcommunity.org](mailto:manuelagarcia@newcommunity.org)

Website: <http://www.newcommunity.org>

274 SOUTH ORANGE AVE

NEWARK, NJ 07103

License by DAS: Yes

Accreditation Status: Yes

Handicap Accessibility: Yes

Type of Organization: Non-Profit

Type of Care and Treatment Services:

Outpatient, Intensive Outpatient, co-occurring

## **FULL RECOVERY WELLNESS CENTER**

CEO: BRIAN MCALISTER

Phone: 9732440022

Fax: 9732440122

Email: [bmcalister@full-recovery.com](mailto:bmcalister@full-recovery.com)

87 FAIRFIELD ROAD

FAIRFIELD, NJ 07004

License by DAS: Yes

Type of Organization: Non-Profit

Type of Care and Treatment Services:

Outpatient, Intensive Outpatient

## **GENPSYCH, PC**

SENIOR CLINICAL DIRECTOR: JIM FAY

Phone: 9739941011

Fax: 9739941230

Email: [mzimmer@genpsych.com](mailto:mzimmer@genpsych.com)

5 REGENT STREET SUITE 517-518

LIVINGSTON, NJ 07039

License by DAS: Yes

Type of Organization: Profit

Type of Care and Treatment Services:

Outpatient, Intensive Outpatient, Partial Care Treatment

## **GREATER ESSEX COUNSELING SERVICE. UNITED LABOR AGENCY OF ESSEX-WEST HUDSON, INC.,**

EXECUTIVE DIRECTOR: KATY LINTON

Phone: 9736237878

Fax: 9736236536

Email: [help@greateressex.org](mailto:help@greateressex.org)

30 CLINTON ST

NEWARK, NJ 07102

License by DAS: Yes

Type of Organization: Other/Unknown

Type of Care and Treatment Services:

Outpatient, Intensive Outpatient

## **HUMAN EMPOWERMENT INSTITUTE**

CHIEF EXECUTIVE DIRECTOR: JOHN E. PINKARD, SR.

Phone: 9733519111

Fax: 9733519112

Email: [jepsrue3@aol.com](mailto:jepsrue3@aol.com)

49 NESBIT TERRACE

IRVINGTON, NJ 07111

License by DAS: Yes

Type of Organization: Other/Unknown

Type of Care and Treatment Services:

Outpatient, Intensive Outpatient, Partial Care Treatment

## **INTEGRITY HOUSE ACADEMY PRESIDENT AND CHIEF EXECUTIVE**

OFFICER: ROBERT BUDSOCK

Phone: 9736230600

Fax: 9736231862

Email: [rbudsock@integrityhouse.org](mailto:rbudsock@integrityhouse.org)

1091-1093 BROAD ST

NEWARK, NJ 07114

License by DAS: Yes

Type of Organization: Non-Profit

Type of Care and Treatment Services:

Outpatient, Intensive Outpatient, Partial Care Treatment, co-occurring

**INTEGRITY, INC.**

PRESIDENT/CEO: ROBERT BUDSOCK

Phone: 9736230600

Fax: 9736231862

INTEGRITY, INC.

PRESIDENT/CEO: ROBERT BUDSOCK

Phone: (973) 623-0600

Fax: 2015832714

Email: [rbudsock@integrityhouse.org](mailto:rbudsock@integrityhouse.org)

26-28 LONGWORTH ST

NEWARK, NJ 07306

License by DAS: Yes

Type of Organization: Non-Profit

Type of Care and Treatment Services:

Outpatient, Intensive Outpatient, Partial

Care Treatment, co-occurring

**KINTOCK DAY REPORTING  
CENTER**

CHAIRMAN/CEO: DIANE DEBARRI

Phone: 9737926285

Fax: 9736620396

Email: [pierre.francis@kintock.org](mailto:pierre.francis@kintock.org)

19 MEEKER AVENUE

NEWARK, NJ 07114

License by DAS: Yes

Type of Organization: Non-Profit

Type of Care and Treatment Services:

Outpatient, co-occurring

**KWENYAN PROFESSIONAL  
HEALTH SERVICES, LLC**

EXECUTIVE DIRECTOR/

ADMINISTRATOR: DANIEL E. CASSELL

Phone: 9736726900

Fax: 8663738262

Email: [kwenyan@comcast.net](mailto:kwenyan@comcast.net)

19 HUTTON AVENUE

WEST ORANGE, NJ 07052

License by DAS: Yes

Type of Organization: Other/Unknown

Type of Care and Treatment Services:

Outpatient, Intensive Outpatient, Partial

Care Treatment, co-occurring

**NEW DIRECTIONS****BEHAVIORAL HEALTH CENTER**

PRESIDENT/CEO: ROY HARGROVE

Phone: 9732426599

Fax: 9732421976

Email: [hargroveroy@msn.com](mailto:hargroveroy@msn.com)

9 LINCOLN PARK

NEWARK, NJ 07102

License by DAS: Yes

Type of Organization: Other/Unknown

Type of Care and Treatment Services:

Outpatient, Intensive Outpatient, Partial

Care Treatment

**NEWARK RENAISSANCE  
HOUSE, INC.**

PRESIDENT &amp; CEO: JULIE GRIFFIN

Phone: 9736233386

Fax: 9736238877

Email: [marian.schreck@nrh.org](mailto:marian.schreck@nrh.org)

50-56 NORFOLK ST PO BOX 7057

NEWARK, NJ 07103

License by DAS: Yes

Type of Organization: Non-Profit

Type of Care and Treatment Services:

Outpatient, Intensive Outpatient, Partial

Care Treatment

**NEWARK RENAISSANCE  
HOUSE, INC.**

PRESIDENT AND CHIEF EXECUTIVE

OFFICER: JULIE GRIFFIN

Phone: 9736233386

Fax: 9736238877

Email: [marian.schreck@nrh.org](mailto:marian.schreck@nrh.org)

62-80 NORFOLK ST

NEWARK, NJ 07103

License by DAS: Yes

Type of Organization: Non-Profit

Type of Care and Treatment Services:

Outpatient, Intensive Outpatient

**NORTH JERSEY COMMUNITY  
RESEARCH INITIATIVE, INC.,  
(NJCRI)**

EXECUTIVE DIRECTOR: BRIAN  
MCGOVERN

Phone: 9734833444

Fax: 9736480312

Email: [h.iwuola@njcri.org](mailto:h.iwuola@njcri.org)

393 CENTRAL AVENUE

NEWARK, NJ 07103

License by DAS: Yes

Type of Organization: Other/Unknown

Type of Care and Treatment Services:

Outpatient, Intensive Outpatient

**NORTHWEST ESSEX  
COMMUNITY HEALTHCARE  
OPEN ROAD**

EXECUTIVE DIRECTOR: ANTHONY  
LUCIBELLO

Phone: 9734503100

Fax: 9734500065

Email: [tlucibello@northwestessex.org](mailto:tlucibello@northwestessex.org)

570 BELLEVILLE AVENUE

BELLEVILLE, NJ 07109

License by DAS: Yes

Type of Organization: Profit

Type of Care and Treatment Services:

Outpatient, Intensive Outpatient

**PRIME HEALTHCARE  
SERVICES - ST. MICHAEL'S,  
LLC.**

CEO: DAVID RICCI

Phone: 9733882104

Fax: 9738772451

Email: [mbrown@smmcnj.org](mailto:mbrown@smmcnj.org)

111 CENTRAL AVE

NEWARK, NJ 07102

License by DAS: Yes

Type of Organization: Profit

Type of Care and Treatment Services:

Outpatient, Intensive Outpatient

**PRODIGAL SONS AND  
DAUGHTERS BEHAVIORAL  
HEALTH CARE SERVICES**

CEO: HENRY D. MUHAMMAD-  
HAMILTON

Phone: 9736783966

Fax: 9736783968

Email: [hmuhammad@psdbhs.org.org](mailto:hmuhammad@psdbhs.org.org)

60 EVERGREEN PLACE SUITE 904

EAST ORANGE, NJ 07018

License by DAS: Yes

Type of Organization: Non-Profit

Type of Care and Treatment Services:

Outpatient, Intensive Outpatient, co-  
occurring

**REAL HOUSE, INC.**

CHIEF EXECUTIVE OFFICER: SHAWN  
JENNINGS

Phone: 9737460487

Fax: 9737460486

Email: [info@realhouseinc.com](mailto:info@realhouseinc.com)

127 PINE STREET

MONTCLAIR, NJ 07042

License by DAS: Yes

Type of Organization: Other/Unknown

Type of Care and Treatment Services:

Outpatient, Intensive Outpatient, co-  
occurring

**RUTGERS UNIVERSITY  
BEHAVIORAL HEALTHCARE**

INTERIM PRESIDENT & CEO, UBHC:

ROSEMARI ROSATI

Phone: 7322355700

Fax: 7322354594

Email: [rosatiro@ubhc.rutgers.edu](mailto:rosatiro@ubhc.rutgers.edu)

183 S ORANGE AVE

NEWARK, NJ 07103

License by DAS: Yes

Type of Organization: Other/Unknown

Type of Care and Treatment Services:

Outpatient, Intensive Outpatient

### **SUNRISE CLINICAL SERVICES, LLC, D/B/A/ OASIS CLINICAL SERVICES**

ADMINISTRATOR: MIGUEL MATEO

Phone: 9733721095

Fax: 9733721096

Email:

[mmateo@sunriseclinicalservices.com](mailto:mmateo@sunriseclinicalservices.com)

22 BALL STREET

IRVINGTON, NJ 07111

License by DAS: Yes

Handicap Accessibility: Yes

Type of Organization: Other/Unknown

Type of Care and Treatment Services:

Outpatient, OPIOID Maintenance-

Outpatient, Intensive Outpatient, Partial

Care Treatment, OPIOID Maintenance -

Intensive Outpatient

### **THE LENNARD CLINIC, INC.**

CHIEF EXECUTIVE OFFICER: TANYA

LAUGHINGHOUSE

Phone: 9735962850

Fax: 9736480467

Email: [info@tlclinics.org](mailto:info@tlclinics.org)

461 FRELINGHUYSEN AVENUE

NEWARK, NJ 07114

License by DAS: Yes

Type of Organization: Other/Unknown

Type of Care and Treatment Services:

Outpatient, OPIOID Maintenance-

Outpatient, Intensive Outpatient, Partial

Care Treatment, OPIOID Maintenance -

Intensive Outpatient, co-occurring

### **THE MARILYN CENTER**

PRESIDENT/CEO: BERNICE TAYLOR-JONES

Phone: 9734746492

Fax: 9736786742

Email: [marilyncenter@outlook.com](mailto:marilyncenter@outlook.com)

220 SOUTH HARRISON STREET, SUITE M

EAST ORANGE, NJ 07018

License by DAS: Yes

Type of Organization: Other/Unknown

Type of Care and Treatment Services:

Outpatient, Intensive Outpatient, co-occurring

### **THE NEW ESSECARE OF NJ, LLC**

CEO/PRESIDENT: JOSEPH

SCHONBERGER

Phone: 9734140091

Fax: 9734140091

Email: [ceciliah@essecare.org](mailto:ceciliah@essecare.org)

20 MAIN ST

ORANGE, NJ 07050

License by DAS: Yes

Type of Organization: Non-Profit

Type of Care and Treatment Services:

Outpatient, Intensive Outpatient, co-occurring

### **THE RESTORATION CENTER**

CHIEF EXECUTIVE OFFICER: T. DURR

Phone: 9736224934 x111

Fax: 9736225820

Email: [dr.durr.trc@verizon.net](mailto:dr.durr.trc@verizon.net)

300 S 12 ST

NEWARK, NJ 07103

License by DAS: Yes

Handicap Accessibility: Yes

Type of Organization: Non-Profit

Type of Care and Treatment Services:

Outpatient, Intensive Outpatient



**THE WISE PROGRAM**

PRESIDENT, CEO: ROBERT BUDSOCK

Phone: 9736230600

Fax: 9736231862

Email: [rbudsock@integrityhouse.org](mailto:rbudsock@integrityhouse.org)

659 MARTIN LUTHER KING BLVD

NEWARK, NJ 07102-1119

License by DAS: Yes

Type of Organization: Non-Profit

Type of Care and Treatment Services:

Outpatient, Intensive Outpatient, Partial

Care Treatment, co-occurring

**TULLY HOUSE**

DIRECTOR: DARRYL HOOPER

Phone: 9732971771

Fax: 9732422214

Email: [daryl.hooper@ehcamerica.org](mailto:daryl.hooper@ehcamerica.org)

28 PEERLESS PLACE

NEWARK, NJ 07114

License by DAS: Yes

Type of Organization: Non-Profit

Type of Care and Treatment Services:

Intensive Outpatient, co-occurring

**TURNING POINT, INC.**

CHIEF ADMINISTRATIVE OFFICER:

ROBERT DETORE

Phone: 9732399400

Fax: 9738574287

Email: [bgamarello@tpnj.orgg](mailto:bgamarello@tpnj.orgg)Website: <http://www.turningpointnj.org>

15 BLOOMFIELD AVE SUITE 1

VERONA, NJ 07044

License by DAS: Yes

Type of Organization: Non-Profit

Type of Care and Treatment Services:

Outpatient, Intensive Outpatient, co-

occurring

**TURNING POINT, INC.**

CHIEF ADMINISTRATIVE OFFICER:

ROBERT DETORE

Phone: 9732399400

Fax: 9738574287

Email: [bgamarello@tpnj.orgg](mailto:bgamarello@tpnj.orgg)Website: <http://www.turningpointnj.org>

532 ROUTE 523

VERONA, NJ 07044

License by DAS: Yes

Type of Organization: Non-Profit

Type of Care and Treatment Services:

Outpatient, Intensive Outpatient, co-

occurring

**TURNING POINT, INC.**

CHIEF ADMINISTRATIVE OFFICER:

ROBERT DETORE

Phone: 9732399400

Fax: 9738574287

Email: [bgamarello@tpnj.orgg](mailto:bgamarello@tpnj.orgg)Website: <http://www.turningpointnj.org>

15 BLOOMFIELD AVE SUITE 1

VERONA, NJ 07044

License by DAS: Yes

Type of Organization: Non-Profit

Type of Care and Treatment Services:

Outpatient, Intensive Outpatient, co-

occurring

**URBAN LIFE COUNSELING  
CENTER, INC.**

PRESIDENT/CEO: THOMAS JOHNSON

Phone: 9736777053

Fax: 9736777050

Email: [jalolc@aol.com](mailto:jalolc@aol.com)

220 SOUTH HARRISON STREET

EAST ORANGE, NJ 07018

License by DAS: Yes

Type of Organization: Other/Unknown

Type of Care and Treatment Services:

Outpatient, Intensive Outpatient, Partial

Care Treatment, co-occurring



## Gloucester

### **CENTER FOR FAMILY SERVICES, INC.**

ASSOCIATE VICE PRESIDENT: LINDA MUR, LCADC  
 Phone: 8567280404  
 Fax: 8567281407  
 Email: [lmur@centerffs.org](mailto:lmur@centerffs.org)  
 Website: <http://www.centerffs.org>  
 601 S BLACK HORSE PIKE  
 WILLIAMSTOWN, NJ 08094  
 License by DAS: Yes  
 Type of Organization: Non-Profit  
 Type of Care and Treatment Services: Outpatient, Intensive Outpatient, co-occurring

### **CENTER FOR FAMILY SERVICES, INC./THE SANCTUARY**

ASSOCIATE VICE PRESIDENT: LINDA MUR  
 Phone: 8568815511  
 Fax: 8568815582  
 Email: [lmur@centerffs.org](mailto:lmur@centerffs.org)  
 Website: <http://www.centerffs.org>  
 17 SOUTH DELSEA DRIVE  
 GLASSBORO, NJ 08028  
 License by DAS: Yes  
 Type of Organization: Non-Profit  
 Type of Care and Treatment Services: Outpatient, Intensive Outpatient, co-occurring

### **FAMILY CARE CONNECTIONS, LLC**

CEO: BRUCE BETNER  
 Phone: 8565797303  
 Fax: 8565797298  
 Email: [bbetner@familyccnj.net](mailto:bbetner@familyccnj.net)  
 44 COOPER ST SUITE 6  
 WOODBURY, NJ 08096  
 License by DAS: Yes  
 Type of Organization: Non-Profit  
 Type of Care and Treatment Services: Outpatient, Intensive Outpatient, co-occurring

### **HELPING HAND BEHAVIORAL HEALTH CORPORATION**

DIRECTOR OF ADDICTIONS SERVICES: MICHELLE WILLIAMS  
 Phone: 8568819000  
 Fax: 8568819033  
 Email: [michelle.williams@helpinghandbehavioralhealth.com](mailto:michelle.williams@helpinghandbehavioralhealth.com)  
 25 POP KRAMER BOULEVARD  
 CLAYTON, NJ 08312  
 License by DAS: Yes  
 Type of Organization: Other/Unknown  
 Type of Care and Treatment Services: Outpatient, Intensive Outpatient, Partial Care Treatment, co-occurring

### **KENNEDY UNIVERSITY HOSPITAL, INC.**

WASHINGTON TOWNSHIP DIVISION  
 CEO: JOSEPH DEVINE  
 Phone: 8565821419  
 Fax: 8565827661  
 Email: [m.cannata@kennedyhealth.org](mailto:m.cannata@kennedyhealth.org)  
 454 HURFFVILLE CROSS KEYS RD  
 TURNERSVILLE, NJ 08012  
 License by DAS: Yes  
 Type of Organization: Other/Unknown  
 Type of Care and Treatment Services: Intensive Outpatient

**MARYVILLE, INC.**

CHIEF EXECUTIVE OFFICER: KENDRIA MCWILLIAMS  
 Phone: 8568633913  
 Fax: 8568633917  
 Email: kmcwilliams@maryvillenj.org  
 129 JOHNSON ROAD SUITE 7  
 TURNERSVILLE, NJ 08012  
 License by DAS: Yes  
 Type of Organization: Non-Profit  
 Type of Care and Treatment Services: Outpatient, Intensive Outpatient, co-occurring

**RECOVERY AT THE CROSSROADS**

EXECUTIVE DIRECTOR: SHLOMO GREENZWEIG  
 Phone: 6096452500  
 Fax: 6096459467  
 Email: info@behavioralcrossroads.com  
 509 ROUTE 168  
 TURNERSVILLE, NJ 08012  
 License by DAS: Yes  
 Type of Organization: Other/Unknown  
 Type of Care and Treatment Services: Outpatient, Intensive Outpatient, Partial Care Treatment

**SODAT OF NJ, INC.**

CHIEF ADMINISTRATIVE OFFICER: DONNA EMMA  
 Phone: 8568456363  
 Fax: 8568457049  
 Email: info@sodat.org  
 124 NORTH BROAD STREET  
 WOODBURY, NJ 08096  
 License by DAS: Yes  
 Type of Organization: Non-Profit  
 Type of Care and Treatment Services: Outpatient, Intensive Outpatient, co-occurring

**SOLSTICE COUNSELING SERVICES CORP.**

CEO: MICHAEL MANDALE  
 Phone: 6092888844  
 Fax: 6092887210  
 Email: michael@solsticecares.com  
 29 SOUTH BROAD STREET  
 WOODBURY, NJ 08096  
 License by DAS: Yes  
 Type of Organization: Non-Profit  
 Type of Care and Treatment Services: Outpatient, Intensive Outpatient, Partial Care Treatment, co-occurring

**THE WOUNDED HEALER INC., DBA MY FRIENDS HOUSE FAMILY COUNSELING SERVICES**

EXECUTIVE DIRECTOR: RITA CULP  
 Phone: 8566696900  
 Fax: 8563840366  
 Email: jennifer@myfriendshousefc.org  
 371 GLASSBORO ROAD  
 WOODBURY HEIGHTS, NJ 08097  
 License by DAS: Yes  
 Type of Organization: Profit  
 Type of Care and Treatment Services: Outpatient, Intensive Outpatient, co-occurring

## Hudson

### **CENTER FOR FAMILY SERVICES, INC.**

ASSOCIATE VICE PRESIDENT: LINDA MUR, LCADC  
 Phone: 8567280404  
 Fax: 8567281407  
 Email: [lmur@centerffs.org](mailto:lmur@centerffs.org)  
 Website: <http://www.centerffs.org>  
 601 S BLACK HORSE PIKE  
 WILLIAMSTOWN, NJ 08094  
 License by DAS: Yes  
 Type of Organization: Non-Profit  
 Type of Care and Treatment Services: Outpatient, Intensive Outpatient, co-occurring

### **CENTER FOR FAMILY SERVICES, INC./THE SANCTUARY**

ASSOCIATE VICE PRESIDENT: LINDA MUR  
 Phone: 8568815511  
 Fax: 8568815582  
 Email: [lmur@centerffs.org](mailto:lmur@centerffs.org)  
 Website: <http://www.centerffs.org>  
 17 SOUTH DELSEA DRIVE  
 GLASSBORO, NJ 08028  
 License by DAS: Yes  
 Type of Organization: Non-Profit  
 Type of Care and Treatment Services: Outpatient, Intensive Outpatient, co-occurring

### **FAMILY CARE CONNECTIONS, LLC**

CEO: BRUCE BETNER  
 Phone: 8565797303  
 Fax: 8565797298  
 Email: [bbetner@familyccnj.net](mailto:bbetner@familyccnj.net)  
 44 COOPER ST SUITE 6  
 WOODBURY, NJ 08096  
 License by DAS: Yes  
 Type of Organization: Non-Profit  
 Type of Care and Treatment Services: Outpatient, Intensive Outpatient, co-occurring

### **HELPING HAND BEHAVIORAL HEALTH CORPORATION**

DIRECTOR OF ADDICTIONS SERVICES: MICHELLE WILLIAMS  
 Phone: 8568819000  
 Fax: 8568819033  
 Email: [michelle.williams@helpinghandbehavioralhealth.com](mailto:michelle.williams@helpinghandbehavioralhealth.com)

25 POP KRAMER BOULEVARD  
 CLAYTON, NJ 08312  
 License by DAS: Yes  
 Type of Organization: Other/Unknown  
 Type of Care and Treatment Services: Outpatient, Intensive Outpatient, Partial Care Treatment, co-occurring

### **KENNEDY UNIVERSITY HOSPITAL, INC. - WASHINGTON TOWNSHIP DIVISION**

CEO: JOSEPH DEVINE  
 Phone: 8565821419  
 Fax: 8565827661  
 Email: [m.cannata@kennedyhealth.org](mailto:m.cannata@kennedyhealth.org)  
 454 HURFFVILLE CROSS KEYS RD  
 TURNERSVILLE, NJ 08012  
 License by DAS: Yes  
 Type of Organization: Other/Unknown  
 Type of Care and Treatment Services: Intensive Outpatient

**MARYVILLE, INC.**

CHIEF EXECUTIVE OFFICER: KENDRIA MCWILLIAMS  
 Phone: 8568633913  
 Fax: 8568633917  
 Email: [kmcwilliams@maryvillenj.org](mailto:kmcwilliams@maryvillenj.org)  
 129 JOHNSON ROAD SUITE 7  
 TURNERSVILLE, NJ 08012  
 License by DAS: Yes  
 Type of Organization: Non-Profit  
 Type of Care and Treatment Services: Outpatient, Intensive Outpatient, co-occurring

**RECOVERY AT THE CROSSROADS**

EXECUTIVE DIRECTOR: SHLOMO GREENZWEIG  
 Phone: 6096452500  
 Fax: 6096459467  
 Email: [info@behavioralcrossroads.com](mailto:info@behavioralcrossroads.com)  
 509 ROUTE 168  
 TURNERSVILLE, NJ 08012  
 License by DAS: Yes  
 Type of Organization: Other/Unknown  
 Type of Care and Treatment Services: Outpatient, Intensive Outpatient, Partial Care Treatment

**SODAT OF NJ, INC.**

CHIEF ADMINISTRATIVE OFFICER: DONNA EMMA  
 Phone: 8568456363  
 Fax: 8568457049  
 Email: [info@sodat.org](mailto:info@sodat.org)  
 124 NORTH BROAD STREET  
 WOODBURY, NJ 08096  
 License by DAS: Yes  
 Type of Organization: Non-Profit  
 Type of Care and Treatment Services: Outpatient, Intensive Outpatient, co-occurring

**SOLSTICE COUNSELING SERVICES CORP.**

CEO: MICHAEL MANDALE  
 Phone: 6092888844  
 Fax: 6092887210  
 Email: [michael@solsticecares.com](mailto:michael@solsticecares.com)  
 29 SOUTH BROAD STREET  
 WOODBURY, NJ 08096  
 License by DAS: Yes  
 Type of Organization: Non-Profit  
 Type of Care and Treatment Services: Outpatient, Intensive Outpatient, Partial Care Treatment, co-occurring

**THE WOUNDED HEALER INC., DBA MY FRIENDS HOUSE FAMILY COUNSELING SERVICES**

EXECUTIVE DIRECTOR: RITA CULP  
 Phone: 8566696900  
 Fax: 8563840366  
 Email: [jennifer@myfriendshousefc.org](mailto:jennifer@myfriendshousefc.org)  
 371 GLASSBORO ROAD  
 WOODBURY HEIGHTS, NJ 08097  
 License by DAS: Yes  
 Type of Organization: Profit  
 Type of Care and Treatment Services: Outpatient, Intensive Outpatient, co-occurring

## Hunterdon

### **CENTER FOR FAMILY SERVICES, INC.**

ASSOCIATE VICE PRESIDENT: LINDA MUR, LCADC

Phone: 8567280404

Fax: 8567281407

Email: [lmur@centerffs.org](mailto:lmur@centerffs.org)

Website: <http://www.centerffs.org>

601 S BLACK HORSE PIKE  
WILLIAMSTOWN, NJ 08094

License by DAS: Yes

Type of Organization: Non-Profit

Type of Care and Treatment Services:

Outpatient, Intensive Outpatient, co-occurring

### **CENTER FOR FAMILY SERVICES, INC./THE SANCTUARY**

ASSOCIATE VICE PRESIDENT: LINDA MUR

Phone: 8568815511

Fax: 8568815582

Email: [lmur@centerffs.org](mailto:lmur@centerffs.org)

Website: <http://www.centerffs.org>

17 SOUTH DELSEA DRIVE  
GLASSBORO, NJ 08028

License by DAS: Yes

Type of Organization: Non-Profit

Type of Care and Treatment Services:

Outpatient, Intensive Outpatient, co-occurring

### **FAMILY CARE CONNECTIONS, LLC**

CEO: BRUCE BETNER

Phone: 8565797303

Fax: 8565797298

Email: [bbetner@familyccnj.net](mailto:bbetner@familyccnj.net)

44 COOPER ST SUITE 6

WOODBURY, NJ 08096

License by DAS: Yes

Type of Organization: Non-Profit

Type of Care and Treatment Services:

Outpatient, Intensive Outpatient, co-occurring

### **HELPING HAND BEHAVIORAL HEALTH CORPORATION**

DIRECTOR OF ADDICTIONS SERVICES:

MICHELLE WILLIAMS

Phone: 8568819000

Fax: 8568819033

Email:

[michelle.williams@helpinghandbehavioralhealth.com](mailto:michelle.williams@helpinghandbehavioralhealth.com)

25 POP KRAMER BOULEVARD

CLAYTON, NJ 08312

License by DAS: Yes

Type of Organization: Other/Unknown

Type of Care and Treatment Services:

Outpatient, Intensive Outpatient, Partial Care Treatment, co-occurring

### **KENNEDY UNIVERSITY HOSPITAL, INC. - WASHINGTON TOWNSHIP DIVISION**

CEO: JOSEPH DEVINE

Phone: 8565821419

Fax: 8565827661

Email: [m.cannata@kennedyhealth.org](mailto:m.cannata@kennedyhealth.org)

454 HURFFVILLE CROSS KEYS RD

TURNERSVILLE, NJ 08012

License by DAS: Yes

Type of Organization: Other/Unknown

Type of Care and Treatment Services:

Intensive Outpatient

**MARYVILLE, INC.**

CHIEF EXECUTIVE OFFICER: KENDRIA  
MCWILLIAMS

Phone: 8568633913

Fax: 8568633917

Email: [kmcwilliams@maryvillenj.org](mailto:kmcwilliams@maryvillenj.org)

129 JOHNSON ROAD SUITE 7

TURNERSVILLE, NJ 08012

License by DAS: Yes

Type of Organization: Non-Profit

Type of Care and Treatment Services:

Outpatient, Intensive Outpatient, co-  
occurring

**RECOVERY AT THE  
CROSSROADS**

EXECUTIVE DIRECTOR: SHLOMO  
GREENZWEIG

Phone: 6096452500

Fax: 6096459467

Email: [info@behavioralcrossroads.com](mailto:info@behavioralcrossroads.com)

509 ROUTE 168

TURNERSVILLE, NJ 08012

License by DAS: Yes

Type of Organization: Other/Unknown

Type of Care and Treatment Services:

Outpatient, Intensive Outpatient, Partial  
Care Treatment

**SODAT OF NJ, INC.**

CHIEF ADMINISTRATIVE OFFICER:  
DONNA EMMA

Phone: 8568456363

Fax: 8568457049

Email: [info@sodat.org](mailto:info@sodat.org)

124 NORTH BROAD STREET

WOODBURY, NJ 08096

License by DAS: Yes

Type of Organization: Non-Profit

Type of Care and Treatment Services:

Outpatient, Intensive Outpatient, co-  
occurring

**SOLSTICE COUNSELING  
SERVICES CORP.**

CEO: MICHAEL MANDALE

Phone: 6092888844

Fax: 6092887210

Email: [michael@solsticecares.com](mailto:michael@solsticecares.com)

29 SOUTH BROAD STREET

WOODBURY, NJ 08096

License by DAS: Yes

Type of Organization: Non-Profit

Type of Care and Treatment Services:

Outpatient, Intensive Outpatient, Partial  
Care Treatment, co-occurring

**THE WOUNDED HEALER INC.,  
DBA MY FRIENDS HOUSE  
FAMILY COUNSELING  
SERVICES**

EXECUTIVE DIRECTOR: RITA CULP

Phone: 8566696900

Fax: 8563840366

Email: [jennifer@myfriendshousefc.org](mailto:jennifer@myfriendshousefc.org)

371 GLASSBORO ROAD

WOODBURY HEIGHTS, NJ 08097

License by DAS: Yes

Type of Organization: Profit

Type of Care and Treatment Services:

Outpatient, Intensive Outpatient, co-  
occurring

## Mercer

### **AMERICAN DAY CD CENTERS, LLC D/B/A HIGH FOCUS CENTERS**

DIRECTOR OF QUALITY  
MANAGEMENT: KIMBERLY CERRETTA  
Phone: 8149400407  
Fax: 6093497627  
Email: [tflower@highfocuscenters.com](mailto:tflower@highfocuscenters.com)  
15 PRINCESS ROAD SUITE C-H  
LAWRENCEVILLE, NJ 08648  
License by DAS: Yes  
Type of Organization: Profit  
Type of Care and Treatment Services:  
Outpatient, Intensive Outpatient, co-  
occurring

### **ANOTHER DOOR OPENS RECOVERY CENTER**

COO: REJA PATERSON  
Phone: 6093931219  
Fax: 6093931246  
Email: [rpatterson@adorc.org](mailto:rpatterson@adorc.org)  
700 SOUTH CLINTON  
TRENTON, NJ 08618  
License by DAS: Yes  
Handicap Accessibility: Yes  
Type of Organization: Non-Profit  
Type of Care and Treatment Services:  
Outpatient, Intensive Outpatient, Partial  
Care Treatment, co-occurring

### **CATHOLIC CHARITIES ALCOHOLISM/ADDICTIONS PROGRAM**

Phone: 6093949398  
Fax: 6093962670  
Email: [avitale@cctrenton.org](mailto:avitale@cctrenton.org)  
39 NORTH CLINTON AVENUE  
TRENTON, NJ 08609-1011  
License by DAS: Yes  
Accreditation Status: Yes  
Type of Organization: Other/Unknown  
Type of Care and Treatment Services:  
Outpatient, co-occurring

### **CATHOLIC CHARITIES, DIOCESE OF TRENTON, NEW CHOICES**

CHIEF OPERATING OFFICER: HARRY  
POSTEL  
Phone: 6099849042  
Fax: 6093968420  
Email: [rglickstein@cctrenton.org](mailto:rglickstein@cctrenton.org)  
10 SOUTHARD STREET  
TRENTON, NJ 08609  
License by DAS: Yes  
Type of Organization: Other/Unknown  
Type of Care and Treatment Services:  
Outpatient, Intensive Outpatient

### **CATHOLIC CHARITIES, DIOCESE OF TRENTON, PROJECT FREE**

ASSOCIATE EXECUTIVE DIRECTOR  
OF OPERATION: HARRY POSTEL  
Phone: 6093964557  
Fax: 6093968420  
Email: [rglickstein@cctrenton.org](mailto:rglickstein@cctrenton.org)  
10 SOUTHARD STREET  
TRENTON, NJ 08609  
License by DAS: Yes  
Type of Organization: Other/Unknown  
Type of Care and Treatment Services:  
Outpatient, Intensive Outpatient, co-  
occurring

### **CENTER FOR HEALING AND BEHAVIORAL HEALTH SERVICES**

EXECUTIVE DIRECTOR: ERICA  
FRANCO MORTIMER  
Phone: 6094684419  
Fax: 6096135571  
Email: [efranco@center4healing.com](mailto:efranco@center4healing.com)  
20 SCOTCH ROAD FIRST FLOOR,  
SUITE A  
EWING, NJ 08650  
License by DAS: Yes  
Type of Organization: Other/Unknown  
Type of Care and Treatment Services:  
Outpatient, Intensive Outpatient, Partial  
Care Treatment



**CORNER HOUSE**

EXECUTIVE DIRECTOR: GARY DEBLASIO

Phone: 6099248018

Fax: 6096882045

Email: [gdeblasio@cornerhousej.org](mailto:gdeblasio@cornerhousej.org)

ONE MONUMENT DRIVE

PRINCETON, NJ 08540

License by DAS: Yes

Accreditation Status: Yes

Type of Organization: Non-Profit

Type of Care and Treatment Services:

Outpatient, Intensive Outpatient, co-occurring

**FAMILY GUIDANCE CENTER CORPORATION**

ACTING EXECUTIVE DIRECTOR: RISA BREHON

Phone: 6095877044

Fax: 6095876765

Email: [joleen.benedict@fgccorp.org](mailto:joleen.benedict@fgccorp.org)

Website: <http://www.fgccorp.org>

2210 HAMILTON AVENUE

TRENTON, NJ 08619

License by DAS: Yes

Accreditation Status: Yes

Type of Organization: Non-Profit

Type of Care and Treatment Services:

Outpatient

**FAMILY GUIDANCE CENTER CORPORATION**

EXECUTIVE DIRECTOR: JEFFREY ROBBINS

Phone: 6093931626

Fax: 6093933113

Email: [shirley.bellardo@fgccorp.org](mailto:shirley.bellardo@fgccorp.org)

Website: <http://www.fgccorp.org>

946 EDGEWOOD AVE

TRENTON, NJ 08618

License by DAS: Yes

Type of Organization: Non-Profit

Type of Care and Treatment Services:

Outpatient

**FOOTPRINTS TO RECOVERY**

VICE PRESIDENT OF OPERATIONS:

ERIN COWLEY

Phone: 6092494645

Fax: 6093899510

Email: [info@footprintstorecovery.com](mailto:info@footprintstorecovery.com)

3535 QUAKERBRIDGE ROAD

HAMILTON, NJ 08619

License by DAS: Yes

Type of Organization: Other/Unknown

Type of Care and Treatment Services:

Outpatient, Intensive Outpatient, Partial Care Treatment

**GENPSYCH, PC**

MEDICAL DIRECTOR/CEO: HENRY ODUNLAMI

Phone: 6094036190

Fax: 6094036191

Email: [kwoodruff@genpsych.com](mailto:kwoodruff@genpsych.com)

31 E DARRAH LN

LAWRENCEVILLE, NJ 08648

License by DAS: Yes

Type of Organization: Profit

Type of Care and Treatment Services:

Outpatient, Intensive Outpatient, Partial Care Treatment

**LEGACY TREATMENT SERVICES**

DIRECTOR OF SUBSTANCE ABUSE SERVICES: AMANDA RODRIQUEZ

Phone: (609) 267-5656 Email:

[ckirkbride@legacytreatment.org](mailto:ckirkbride@legacytreatment.org)

25 SCOTCH ROAD

EWING, NJ 08060

License by DAS: Yes

Type of Organization: Non-Profit

Type of Care and Treatment Services:

Outpatient, Intensive Outpatient, Partial Care Treatment, co-occurring



### **LIFEBACK ADDICTIONS AND BEHAVIORAL HEALTH**

ADMINISTRATOR: JENNIFER BOCCANFUSO

Phone: (609)482-3701

4 PRINCESS ROAD BUILDING 200, SUITE 206

LAWRENCEVILLE, NJ 08648

License by DAS: Yes

Type of Organization: Non-Profit

Type of Care and Treatment Services:

Outpatient, Intensive Outpatient

### **LIFEBACK ADDICTIONS AND BEHAVIORAL HEALTH**

ADMINISTRATOR: JENNIFER BOCCANFUSO

Phone: 6094823701

Fax: 6094823702

Email: [info@lifebacknj.com](mailto:info@lifebacknj.com)

4 PRINCESS ROAD BUILDING 200, SUITE 206

LAWRENCE, NJ 08648

License by DAS: Yes

Type of Organization: Other/Unknown

Type of Care and Treatment Services:

Outpatient, Intensive Outpatient

### **NEW HORIZON TREATMENT SERVICES, INC.**

EXECUTIVE DIRECTOR: LUIS NIEVES

Phone: 6093948988

Fax: 6093965856

Email: [tracy.simmonshart@nhts.net](mailto:tracy.simmonshart@nhts.net)

Website: <http://nhts.net>

132 PERRY STREET

TRENTON, NJ 08618

License by DAS: Yes

Accreditation Status: Yes

Type of Organization: Other/Unknown

Type of Care and Treatment Services:

Outpatient, OPIOID Maintenance-

Outpatient, Intensive Outpatient, Partial

Care Treatment, OPIOID Maintenance -

Intensive Outpatient, co-occurring

### **NEW HORIZON TREATMENT**

SERVICES, INC., GRYPHON HOUSE  
EXECUTIVE DIRECTOR: LUIS NIEVES

Phone: 6093948988

Fax: 6093942402

Email: [luis.nieves@nhts.net](mailto:luis.nieves@nhts.net)

144 PERRY STREET

TRENTON, NJ 08618

License by DAS: Yes

Type of Organization: Other/Unknown

Type of Care and Treatment Services:

Outpatient, Intensive Outpatient, Partial

Care Treatment, co-occurring

### **OAKS INTEGRATED CARE, INC.**

ADMINISTRATOR OF FACILITY/  
DIRECTOR OF S.A.C.: KIM BORGES

Phone: 6093965944

Fax: 6093963499

Email: [kim.borges@oaksintcare.org](mailto:kim.borges@oaksintcare.org)

314-316 EAST STATE STREET

TRENTON, NJ 08608

License by DAS: Yes

Type of Organization: Non-Profit

Type of Care and Treatment Services:

Outpatient, Intensive Outpatient, Partial

Care Treatment

### **OPPORTUNITIES FOR ALL, INC.**

CHIEF EXECUTIVE OFFICER: PATTI LOUKIDES

Phone: (609) 433-5499

Fax: (609) 394-7018

Email: [vemon.long@opp4all.com](mailto:vemon.long@opp4all.com)

1701 SOUTH BROAD STREET

HAMILTON, NJ 08610

License by DAS: Yes

Type of Organization: Non-Profit

Type of Care and Treatment Services:

Intensive Outpatient, co-occurring

## **PHOENIX BEHAVIORAL HEALTH, LLC**

EXECUTIVE DIRECTOR: URIEL  
FELDMAN

Phone: 6097713777

Fax: 6097718041

Email: [uriel@phoenixbh.com](mailto:uriel@phoenixbh.com)

1014 WHITEHEAD RD EXT SUITE B  
AND C

EWING, NJ 08638

License by DAS: Yes

Type of Organization: Profit

Type of Care and Treatment Services:

Outpatient, Intensive Outpatient, Partial  
Care Treatment, co-occurring

## **PRINCETON HOUSE BEHAVIORAL HEALTH**

DIRECTOR OF OUTPATIENT  
SERVICES, PRINCETON: MARGARET  
RUSCIANO

Phone: 6094973350

Fax: 6094973324

Email: [mrusciano@princetonhcs.org](mailto:mrusciano@princetonhcs.org)

Website: [http://www.princetonhcs.org/  
phcs-home/what-we-do/p](http://www.princetonhcs.org/phcs-home/what-we-do/p)

741 MOUNT LUCAS ROAD

PRINCETON, NJ 08540

License by DAS: Yes

Accreditation Status: Yes

Handicap Accessibility: Yes

Type of Organization: Other/Unknown

Type of Care and Treatment Services:

Outpatient, Intensive Outpatient

## **PRINCETON HOUSE BEHAVIORAL HEALTH**

DIRECTOR OF OUTPATIENT  
SERVICES-HAMILTON: NICOLE ORRO

Phone: 6096882788

Fax: 6096833291

Email: [norro@princetonhcs.org](mailto:norro@princetonhcs.org)

Website: [http://www.princetonhcs.org/  
phcs-home/what-we-do/p](http://www.princetonhcs.org/phcs-home/what-we-do/p)

300 CLOCKTOWER DRIVE, SUITE 101

HAMILTON, NJ 08690

License by DAS: Yes

Accreditation Status: Yes

Handicap Accessibility: Yes

Type of Organization: Other/Unknown

Type of Care and Treatment Services:

Outpatient, Intensive Outpatient

## **RESCUE MISSION OF TRENTON**

CHIEF EXECUTIVE OFFICER: MARY  
GAY ABBOTT-YOUNG

Phone: 6096951436

Fax: 6096955199

Email: [mgay@rmtrenton.org](mailto:mgay@rmtrenton.org)

Website: [http://  
www.rescuemissionoftrenton.org](http://www.rescuemissionoftrenton.org)

72 EWING ST

TRENTON, NJ 08609

License by DAS: Yes

Type of Organization: Non-Profit

Type of Care and Treatment Services:

Outpatient, Intensive Outpatient, co-  
occurring

## **SUMMIT BEHAVIORAL HEALTH, LLC**

PRESIDENT & CEO: JIM KANE

Phone: 6096514001

Fax: 7323580294

Email: [jimkane@summithelps.com](mailto:jimkane@summithelps.com)

4065 QUAKERBRIDGE RD

PRINCETON JUNCTION, NJ 08550

License by DAS: Yes

Type of Organization: Profit

Type of Care and Treatment Services:

Outpatient, Intensive Outpatient, Partial  
Care Treatment, co-occurring

**TRENTON HEALTHCARE, LLC**

CHIEF EXECUTIVE OFFICER:

ARTHUR FASTMAN

Phone: (609) 393-8000

Fax: (609) 393-8020

Email:

[afastman@trentonhealthcare.com](mailto:afastman@trentonhealthcare.com)

801 NEW YORK AVENUE

TRENTON, NJ 08638

License by DAS: Yes

Type of Organization: Profit

Type of Care and Treatment Services:

Outpatient, OPIOID Maintenance-

Outpatient, Intensive Outpatient,

OPIOID Maintenance - Intensive

Outpatient, co-occurring

**TRENTON TREATMENT  
CENTER**

EXECUTIVE DIRECTOR: LESLIE A.

DONA

Phone: 6093922822

Fax: 6093923215

Email: [destrada@unitedprogress.org](mailto:destrada@unitedprogress.org)

56 ESCHER ST

TRENTON, NJ 08609

License by DAS: Yes

Type of Organization: Non-Profit

Type of Care and Treatment Services:

Outpatient, Intensive Outpatient, Partial

Care Treatment

## Middlesex

### **CATHOLIC CHARITIES, DIOCESE OF METUCHEN COMMUNITY MENTAL HEALTH CENTER**

EXECUTIVE DIRECTOR: MARIANNE  
MAJEWSKI

Phone: 7322576100

Fax: 7326519834

Email: [aorth@ccdom.org](mailto:aorth@ccdom.org)

Website: <http://www.ccdom.org>

288 RUES LANE

EAST BRUNSWICK, NJ 08816

License by DAS: Yes

Accreditation Status: Yes

Type of Organization: Non-Profit

Type of Care and Treatment Services:  
Outpatient

### **CENTER FOR NETWORK THERAPY, LLP**

MEDICAL DIRECTOR: INDRA CIDAMBI

Phone: 7325601081

Fax: 7325601081

Email: [networktherapy@gmail.com](mailto:networktherapy@gmail.com)

Website: <http://www.recoverycnt.com>

333 CEDAR AVENUE, BUILDING B,  
SUITE 3

MIDDLESEX, NJ 08846

License by DAS: Yes

Type of Organization: Other/Unknown

Type of Care and Treatment Services:  
Outpatient, Intensive Outpatient, Partial  
Care Treatment

### **CLARITY TREATMENT SERVICES**

MANAGING MEMBER: BONNIE  
NOLAN

Phone: 7324423535

Fax: 7327346576

Email: [bonnienolan93@gmail.com](mailto:bonnienolan93@gmail.com)

Website: [http://](http://www.claritytreatmentservices.com)

[www.claritytreatmentservices.com](http://www.claritytreatmentservices.com)

262 STATE STREET

PERTH AMBOY, NJ 08861

License by DAS: Yes

Type of Organization: Profit

Type of Care and Treatment Services:  
Outpatient, Intensive Outpatient

### **COLLEGE RECOVERY, LLC**

CEO, DIRECTOR OF SUBSTANCE  
ABUSE: PATRICIA WALLACE

Phone: 7328472869

Fax: 7328511031

Email: [patriciaw@sobanewjersey.com](mailto:patriciaw@sobanewjersey.com)

104 BAYARD STREET 1ST/2ND

FLOORS

NEW BRUNSWICK, NJ 08901

License by DAS: Yes

Type of Organization: Other/Unknown

Type of Care and Treatment Services:  
Outpatient, Intensive Outpatient, Partial  
Care Treatment, co-occurring

**DIAMOND REHAB CENTER,  
LLC, D/B/A/ DIAMOND  
COUNSELING CENTER**

CEO/PRESIDENT: ESTER RAYMAN  
Phone: 7322481805  
Fax: 7322481809  
Email:  
[support@diamondcounselingcenter.com](mailto:support@diamondcounselingcenter.com)

Website: <http://www.diamondcounselingcenter.net>  
DURHAM CENTER 1 ETHEL RD,  
SUITE 101-B  
EDISON, NJ 08817  
License by DAS: Yes  
Handicap Accessibility: Yes  
Type of Organization: Non-Profit  
Type of Care and Treatment Services:  
Outpatient, Intensive Outpatient, Partial  
Care Treatment

**HABIT OPCO, INC. D/B/A/  
STRATHMORE TREATMENT  
ASSOCIATES**

CTC DIVISION PRESIDENT: JOHN  
PELOQUIN  
Phone: 7327272555  
Fax: 7327270255  
Email: [jaramos@crchealth.com](mailto:jaramos@crchealth.com)

1 LOWER MAIN ST  
SOUTH AMBOY, NJ 08879  
License by DAS: Yes  
Type of Organization: Non-Profit  
Type of Care and Treatment Services:  
Outpatient, OPIOID Maintenance-  
Outpatient, Intensive Outpatient,  
OPIOID Maintenance - Intensive  
Outpatient

**JFK/CENTER FOR  
BEHAVIORAL HEALTH**

DIRECTOR: JAMES CUNNINGHAM  
Phone: 7323217189  
Fax: 7329064929  
65 JAMES ST  
EDISON, NJ 08820  
License by DAS: Yes  
Accreditation Status: Yes  
Type of Organization: Other/Unknown  
Type of Care and Treatment Services:  
Outpatient, Intensive Outpatient, co-  
occurring

**JOURNEY TO WELLNESS, INC.**

PRESIDENT: ANNA KOMISSARENKO  
Phone: 7327097440  
Fax: 7327090147  
Email: [anna@treatmentnj.net](mailto:anna@treatmentnj.net)  
Website: <http://www.treatmentnj.net>

220 MARKET STREET  
PERTH AMBOY, NJ 08861  
License by DAS: Yes  
Type of Organization: Non-Profit  
Type of Care and Treatment Services:  
Outpatient, Intensive Outpatient, Partial  
Care Treatment, co-occurring

**NEW BRUNSWICK  
COUNSELING CENTER**

EXECUTIVE DIRECTOR: RONALD  
TRAUTZ  
Phone: 7322464025  
Fax: 7322463296  
Email:  
[rtrautz@newbrunswickcounselingcenter.org](mailto:rtrautz@newbrunswickcounselingcenter.org)

320 SUYDAM ST  
NEW BRUNSWICK, NJ 08901-2417  
License by DAS: Yes  
Type of Organization: Non-Profit  
Type of Care and Treatment Services:  
Outpatient, OPIOID Maintenance-  
Outpatient, Intensive Outpatient,  
OPIOID Maintenance - Intensive  
Outpatient, co-occurring

**NEW HOPE FOUNDATION, INC.,  
THE OPEN DOOR**

PRESIDENT AND CHIEF EXECUTIVE  
OFFICER: ANTHONY COMERFORD

Phone: 7322464800

Fax: 7322464860

Email: [cdelia@newhopefoundation.org](mailto:cdelia@newhopefoundation.org)

2-4 NEW AND KIRKPATRICK STS

NEW BRUNSWICK, NJ 08901

License by DAS: Yes

Type of Organization: Non-Profit

Type of Care and Treatment Services:

Outpatient, Intensive Outpatient, Partial

Care Treatment, co-occurring

**PRINCETON HOUSE  
BEHAVIORAL HEALTH**

DIRECTOR OF OUTPATIENT

SERVICES: KAMERON CASSELLA

Phone: 7327293600

Fax: 7324350222

Email: [kcassella@princetonhcs.org](mailto:kcassella@princetonhcs.org)

Website: <http://www.princetonhcs.org/>

phcs-home/what-we-do/p

1460 LIVINGSTON AVENUE

NORTH BRUNSWICK, NJ 08902

License by DAS: Yes

Accreditation Status: Yes

Handicap Accessibility: Yes

Type of Organization: Other/Unknown

Type of Care and Treatment Services:

Outpatient, Intensive Outpatient

**RUTGERS ALCOHOL AND  
OTHER DRUG ASSISTANCE  
PROGRAM (ADAP)**

PROGRAM DIRECTOR: LISA LAITMAN

Phone: 8489327884

Fax: 7329328278

Email: [llaitman@echo.rutgers.edu](mailto:llaitman@echo.rutgers.edu)

17 SENIOR STREET

NEW BRUNSWICK, NJ 08901

License by DAS: Yes

Type of Organization: Other/Unknown

Type of Care and Treatment Services:

Outpatient

**RUTGERS UNIVERSITY -  
MIDDLESEX COUNTY ADULT  
CORRECTIONAL CENTER**

**A.S.A.P. PROGRAM,**

CHIEF OPERATING OFFICER:

ROSEMARIE ROSATI

Phone: 7322355900

Fax: 7322354594

Email: [rosatiro@ubhc.rutgers.edu](mailto:rosatiro@ubhc.rutgers.edu)

US HWY 130 & APPLE ORCHARD RD

NEW BRUNSWICK, NJ 08902

License by DAS: Yes

Type of Organization: Other/Unknown

Type of Care and Treatment Services:

Outpatient, Intensive Outpatient

**RUTGERS UNIVERSITY  
BEHAVIORAL HEALTHCARE**

CHIEF OPERATING OFFICER:

ROSEMARIE ROSATI

Phone: 7322355093

Fax: 7322355629

Email: [rosatiro@ubhc.rutgers.edu](mailto:rosatiro@ubhc.rutgers.edu)

303 GEORGE STREET SECOND

FLOOR

NEW BRUNSWICK, NJ 08901

License by DAS: Yes

Type of Organization: Other/Unknown

Type of Care and Treatment Services:

Outpatient, Intensive Outpatient

**RUTGERS, THE STATE  
UNIVERSITY OF NJ/  
UNIVERSITY BEHAVIORAL  
HEALTH CARE**

DIRECTOR: ED MANN

Phone: (732) 235-5900 Email:

[chindh@ubhc.rutgers.edu](mailto:chindh@ubhc.rutgers.edu)

671 HOES LANE

PISCATAWAY, NJ 08855

License by DAS: Yes

Handicap Accessibility: Yes

Type of Organization: Other/Unknown

Type of Care and Treatment Services:

Outpatient, Outpatient-Detoxification

(Non-Methadone)

### **THE CENTER FOR CHANGE AND RECOVERY, LLC**

PROGRAM ADMINISTRATOR:

MARIELENA MOTTA

Phone: 7326675567

Fax: 7326675568

Email:

[thecenter4changeandrecovery@earthlink.net](mailto:thecenter4changeandrecovery@earthlink.net)

1255 BOUND BROOK ROAD

MIDDLESEX, NJ 08846

License by DAS: Yes

Type of Organization: Profit

Type of Care and Treatment Services:

Outpatient, Intensive Outpatient, co-occurring

### **THE CENTER FOR GREAT EXPECTATIONS**

PRESIDENT/CEO: PEG WRIGHT

Phone: 7329936403

Fax: 7326264544

Email: [dfredrickson@cge-nj.org](mailto:dfredrickson@cge-nj.org)

123 HOW LN

NEW BRUNSWICK, NJ 08901

License by DAS: Yes

Type of Organization: Non-Profit

Type of Care and Treatment Services:

Outpatient, Intensive Outpatient, co-occurring

### **THE PASSION CARE CENTER**

ADMINISTRATOR: ELI SANTIAGO

Phone: 7324107102

Fax: 7324008503

Email:

[santiago.e@thepassioncarecenter.com](mailto:santiago.e@thepassioncarecenter.com)

Website: [http://](http://www.thepassioncarecenter.com)

[www.thepassioncarecenter.com](http://www.thepassioncarecenter.com)

187 FAYETTE STREET

PERTH AMBOY, NJ 08801

License by DAS: Yes

Handicap Accessibility: Yes

Type of Organization: Profit

Type of Care and Treatment Services:

Outpatient, Intensive Outpatient, Partial Care Treatment, co-occurring



## Monmouth

### ADVANCED HEALTH & EDUCATION, LLC

PROGRAM ADMINISTRATOR: IAN GERSHMAN

Phone: 7329822674

Fax: 8484564536

Email: [igershman1@gmail.com](mailto:igershman1@gmail.com)

Website: <http://www.advhealth.com>

3 CORBETT WAY

EATONTOWN, NJ 07724

License by DAS: Yes

Type of Organization: Non-Profit

Type of Care and Treatment Services:

Outpatient, Intensive Outpatient, Partial Care Treatment

### AMERICAN DAY CD CENTERS, LLC D/B/A/ HIGH FOCUS CENTERS

VICE PRESIDENT OF OPERATIONS: THOMAS FOWLER

Phone: 7324747447

Fax: 7324747437

Email: [tfowler@highfocuscenters.com](mailto:tfowler@highfocuscenters.com)

6 PARAGON WAY SUITE 104

FREEHOLD, NJ 07728

License by DAS: Yes

Type of Organization: Profit

Type of Care and Treatment Services:

Outpatient, Intensive Outpatient

### CATHOLIC CHARITIES - PROJECT FREE

SERVICES AREA DIRECTOR: RONALD GERING

Phone: 7328977701

Fax: 7328977705

Email: [rgering@cctrenton.org](mailto:rgering@cctrenton.org)

Website: <http://www.cctrenton.org>

238 NEPTUNE BLVD

NEPTUNE, NJ 07753

License by DAS: Yes

Type of Organization: Other/Unknown

Type of Care and Treatment Services:

Outpatient, Intensive Outpatient, Partial Care Treatment, co-occurring

### COMMUNITY REHAB, INC.

CEO: MARTIN COLEMAN

Phone: 7324625553

Fax: 7324622012

Email: [marshat@communitycare.us](mailto:marshat@communitycare.us)

3443 RTE 9 SUITE 9

FREEHOLD, NJ 07728

License by DAS: Yes

Type of Organization: Non-Profit

Type of Care and Treatment Services:

Outpatient, Intensive Outpatient, Partial Care Treatment, co-occurring

### COMMUNITY YMCA FAMILY SERVICES

VICE PRESIDENT: COLLEEN VERRIEST

Phone: 7322909040

Fax: 7325660433

Email: [lwagner@cymca.org](mailto:lwagner@cymca.org)

166 MAIN STREET

MATAWAN, NJ 07747

License by DAS: Yes

Accreditation Status: Yes

Type of Organization: Other/Unknown

Type of Care and Treatment Services:

Outpatient, Intensive Outpatient, co-occurring



## **CPC BEHAVIORAL HEALTHCARE**

DIRECTOR: VERA SANSONE

Phone: (732)842-2000

270 HIGHWAY 35

RED BANK, NJ 07701

License by DAS: Yes

Accreditation Status: Yes

Type of Organization: Non-Profit

Type of Care and Treatment Services:

Outpatient, Intensive Outpatient,

Outpatient-Detoxification (Non-

Methadone)

## **CPC BEHAVIORAL HEALTHCARE**

DIRECTOR: VERA SANSONE

Phone: (732) 935-2250

1088 HIGHWAY 34

ABERDE, NJ 07701

License by DAS: Yes

Accreditation Status: Yes

Type of Organization: Non-Profit

Type of Care and Treatment Services:

Outpatient, Intensive Outpatient

## **DISCOVERY INSTITUTE FOR ADDICTIVE DISORDER**

EXECUTIVE OFFICER: ROGER

DESCH

Phone: 7329469444

Fax: 7329460758

Email: [pgiandonato@discoverynj.org](mailto:pgiandonato@discoverynj.org)

80 CONOVER RD

MARLBORO, NJ 07746

License by DAS: Yes

Type of Organization: Non-Profit

Type of Care and Treatment Services:

Outpatient, Intensive Outpatient, co-  
occurring

## **DISCOVERY INSTITUTE FOR ADDICTIVE DISORDERS, INC.**

EXECUTIVE OFFICER: ROGER

DESCH

Phone: 7329469444

Fax: 7329460758

Email: [pgiandonato@discoverynj.org](mailto:pgiandonato@discoverynj.org)

80 CONOVER RD

MARLBORO, NJ 07746

License by DAS: Yes Accreditation

Status: Yes Type of

Organization: Non-Profit

Type of Care and Treatment Services:

Short-Term Residential, Long-Term

Residential, Detox-Free-Standing

Residential (Sub-Acute), co-occurring

## **EPIPHANY HOUSE**

DIRECTOR: TARA CASTELLINI

Phone: 7327750720 x20

Fax: 7325020065

Email:

[tcastellini@newhopefoundation.org](mailto:tcastellini@newhopefoundation.org)

1110 GRAND AVE

ASBURY PARK, NJ 07712

License by DAS: Yes

Type of Organization: Non-Profit

Type of Care and Treatment Services:

Outpatient, Intensive Outpatient, Partial

Care Treatment, co-occurring

## **GATEWAY DAY TREATMENT PROGRAM**

CHIEF ADMINISTRATOR: STEPHANIE

CARTER

Phone: 7329220591

Fax: 7329220593

Email: [stephanie@gateway.com](mailto:stephanie@gateway.com)

1 CENTER ST

OCEAN, NJ 07712

License by DAS: Yes

Type of Organization: Non-Profit

Type of Care and Treatment Services:

Outpatient, Intensive Outpatient, Partial

Care Treatment

**INTEGRITY, INC.**

PRESIDENT/CEO: ROBERT BUDSOCK

Phone: (732) 780-7387

Fax: 2015832714

Email: [rbudsock@integrityhouse.org](mailto:rbudsock@integrityhouse.org)

22 COURT STREET

FREEHOLD, NJ 07306

License by DAS: Yes

Type of Organization: Non-Profit

Type of Care and Treatment Services:

Outpatient, Intensive Outpatient, Partial

Care Treatment, co-occurring

**JERSEY SHORE UNIVERSITY  
MEDICAL CENTER, ADDICTION  
RECOVERY SERVICE**

HOSPITAL PRESIDENT: KENNETH

SABLE

Phone: 7326434400

Fax: 7326434378

Email: [ntuerk@meridianhealth.com](mailto:ntuerk@meridianhealth.com)

3535 RTE 66

NEPTUNE, NJ 07754

License by DAS: Yes

Type of Organization: Non-Profit

Type of Care and Treatment Services:

Outpatient, Intensive Outpatient

**JEWISH FAMILY AND  
CHILDREN'S SERVICE OF  
GREATER MONMOUTH  
COUNTY**

EXECUTIVE DIRECTOR: PAUL

FREEDMAN

Phone: 7327746886

Fax: 7327748809

Email: [paulf@jfcsmonmouth.org](mailto:paulf@jfcsmonmouth.org)

705 SUMMERFIELD AVE

ASBURY PARK, NJ 07712

License by DAS: Yes

Type of Organization: Non-Profit

Type of Care and Treatment Services:

Outpatient, Intensive Outpatient

**JSAS HEALTHCARE, INC.**

PRESIDENT: EDWARD HIGGINS

Phone: 7329888877

Fax: 7329882572

Email: [jsasdrugtx@aol.com](mailto:jsasdrugtx@aol.com)Website: <http://www.jsashc.org>

685 NEPTUNE BLVD

NEPTUNE, NJ 07754

License by DAS: Yes

Accreditation Status: Yes

Type of Organization: Non-Profit

Type of Care and Treatment Services:

Outpatient, OPIOID Maintenance-

Outpatient, Intensive Outpatient,

OPIOID Maintenance - Intensive

Outpatient, co-occurring

**MIDDLETOWN MEDICAL, LLC**

EXECUTIVE DIRECTOR: ERIN

MCCABE

Phone: 7327061300

Fax: 7327061313

Email:

[emccabe@middletownmedical.net](mailto:emccabe@middletownmedical.net)

600 STATE HWY 35

MIDDLETOWN, NJ 07748

License by DAS: Yes

Type of Organization: Non-Profit

Type of Care and Treatment Services:

Outpatient, OPIOID Maintenance-

Outpatient, Intensive Outpatient,

OPIOID Maintenance - Intensive

Outpatient

**NEW HOPE FOUNDATION, INC.,  
PHILLIPS HOUSE OUTPATIENT  
SERVICES**

PRESIDENT & CHIEF EXECUTIVE  
OFFICER: ANTHONY COMERFORD

Phone: 7328708500

Fax: 7322229315

Email:

[tcastellini@newhopefoundation.org](mailto:tcastellini@newhopefoundation.org)

190 CHELSEA AVE

LONG BRANCH, NJ 07740

License by DAS: Yes

Type of Organization: Non-Profit

Type of Care and Treatment Services:  
Outpatient, Intensive Outpatient, co-  
occurring

**NEW HOPE OUTPATIENT  
SERVICES**

PRESIDENT AND CHIEF EXECUTIVE  
OFFICER: ANTHONY COMERFORD

Phone: 7323080113

Fax: 7323080115

Email: [cdelia@newhopefoundation.org](mailto:cdelia@newhopefoundation.org)

2 MONMOUTH AVE

FREEHOLD, NJ 07728

License by DAS: Yes

Type of Organization: Non-Profit

Type of Care and Treatment Services:  
Outpatient, Intensive Outpatient

**PATHWAY TO WELLNESS, LLC  
DBA CENTER FOR WELLNESS**

EXECUTIVE DIRECTOR: GAGANDEEP  
SINGH

Phone: 7326554239

Fax: 7324443120

Email: [centerforwellnessnj@gmail.com](mailto:centerforwellnessnj@gmail.com)

312 APPLGARTH ROAD SUITE 200

MONROE, NJ 08831

License by DAS: Yes

Type of Organization: Other/Unknown

Type of Care and Treatment Services:  
Outpatient, Intensive Outpatient, co-  
occurring

**PINNACLE TREATMENT  
CENTERS NJ-VII, LLC D/B/A/  
NEW LIFE COUNSELING**

EXECUTIVE DIRECTOR: HENRY  
BENNETT

Phone: 7322643824

Fax: 7328880901

Email: [hbennett@endeavorhouse.com](mailto:hbennett@endeavorhouse.com)

25 EAST FRONT STREET

KEYPORT, NJ 07735

License by DAS: Yes

Type of Organization: Non-Profit

Type of Care and Treatment Services:  
Outpatient, Intensive Outpatient, Partial  
Care Treatment

**PREFERRED BEHAVIORAL HEALTH  
OF NJ**

: WILLIAM J. WOOD

Phone: (732) 663-1800

Fax: (732) 785-3296

1405 HIGHWAY 35

OCEAN, NJ 07712

License by DAS: Yes

Type of Organization: Non-Profit

Type of Care and Treatment Services:  
Outpatient, Intensive Outpatient

**RECOVERY INNOVATIONS, INC.**

CHIEF EXECUTIVE OFFICER: KEITH  
MARTINEZ

Phone: 7323807061

Fax: 7323807508

Email:

[kmartinez@recoveryinnovations.com](mailto:kmartinez@recoveryinnovations.com)

Website: [http://](http://www.recoveryinnovations.com)

[www.recoveryinnovations.com](http://www.recoveryinnovations.com)

1 CORBETT WAY

EATONTOWN, NJ 07724

License by DAS: Yes

Type of Organization: Other/Unknown

Type of Care and Treatment Services:  
Outpatient, Intensive Outpatient, Partial  
Care Treatment, co-occurring

### **RESA TREATMENT CENTER, LLC**

CEO: MICHAEL PALMIERI

Phone: 7324951474

Fax: 8667307538

Email: [resa.treatmentcenter@gmail.com](mailto:resa.treatmentcenter@gmail.com)

Website: [http://](http://www.resatreatmentcenter.com)

[www.resatreatmentcenter.com](http://www.resatreatmentcenter.com)

199 MAIN STREET 2A

KEANSBURG, NJ 07734

License by DAS: Yes

Type of Organization: Other/Unknown

Type of Care and Treatment Services:

Outpatient, Intensive Outpatient

### **RIVERVIEW MEDICAL CENTER, ADDICTION RECOVERY SERVICE**

PRESIDENT: TIMOTHY HOGAN

Phone: 7323453400

Fax: 7323453401

Email: [ntuerk@meridianhealth.com](mailto:ntuerk@meridianhealth.com)

Website: <http://www.meridianhealth.com>

661 SHREWSBURY AVE

SHREWSBURY, NJ 07702

License by DAS: Yes

Type of Organization: Other/Unknown

Type of Care and Treatment Services:

Outpatient, Intensive Outpatient

### **SEABROOK HOUSE INC., D/B/A/ SHARE COUNSELING**

DIRECTOR OF QUALITY

MANAGEMENT: JENNIFER COULTER

Phone: (732) 889-3900

Fax: (732) 414-7970

Email: [jcoulter@seabrookhouse.org](mailto:jcoulter@seabrookhouse.org)

21 WHITE STREET

SHREWSBURY, NJ 07960

License by DAS: Yes

Type of Organization: Other/Unknown

Type of Care and Treatment Services:

Outpatient, Intensive Outpatient, Partial

Care Treatment, co-occurring

### **STRESS CARE OF NEW JERSEY**

EXECUTIVE DIRECTOR/CEO: ALEX SMUKLAVSKIY

Phone: (732) 679-4500 x8107

Fax: (732) 679-4549

Email: [stressmg@optonline.net](mailto:stressmg@optonline.net)

Website: [http://](http://www.stresscareclinic.com)

[www.stresscareclinic.com](http://www.stresscareclinic.com)

500 PARK AVENUE

MANALAPAN, NJ 07726

License by DAS: Yes

Type of Organization: Profit

Type of Care and Treatment Services:

Outpatient, Intensive Outpatient, Partial

Care Treatment, co-occurring

### **STRESS CARE OF NEW JERSEY**

EXECUTIVE DIRECTOR/CEO: ALEX SMUKLAVSKIY

Phone: 7326794500 x8107

Fax: 7326794549

Email: [stressmg@optonline.net](mailto:stressmg@optonline.net)

Website: [http://](http://www.stresscareclinic.com)

[www.stresscareclinic.com](http://www.stresscareclinic.com)

4122 ROUTE 516

MATAWAN, NJ 07747

License by DAS: Yes

Type of Organization: Profit

Type of Care and Treatment Services:

Outpatient, Intensive Outpatient, Partial

Care Treatment, co-occurring

### **THE COUNSELING CENTER OF FREEHOLD**

EXECUTIVE DIRECTOR: WARREN CONNELLY

Phone: 7324315300

Fax: 7324315301

Email:

[wconnelly@thecounselingcenter.com](mailto:wconnelly@thecounselingcenter.com)

4345 RTE 9

FREEHOLD, NJ 07728

License by DAS: Yes

Type of Organization: Non-Profit

Type of Care and Treatment Services:

Outpatient, Intensive Outpatient, Partial Care Treatment

### **TOWNSHIP OF MIDDLETOWN INC., CROSSROADS**

TOWNSHIP ADMINISTRATIVE

DIRECTOR: HEATHER D. DIBLASI

Phone: 7326152277

Fax: 7327580566

Email: [hdiblas@middletownnj.org](mailto:hdiblas@middletownnj.org)

730 NEWMAN SPRINGS ROAD

LINCROFT, NJ 07738

License by DAS: Yes

Type of Organization: Other/Unknown

Type of Care and Treatment Services:

Outpatient

### **TOWNSHIP OF OCEAN HUMAN SERVICES DEPARTMENT**

COMMUNITY SERVICES DIRECTOR:

SHARON MOLESKI

Phone: 7325312600

Fax: 7325178567

Email: [smoleski@oceantwp.org](mailto:smoleski@oceantwp.org)

601 DEAL ROAD

OCEAN, NJ 07712-3622

License by DAS: Yes

Type of Organization: Other/Unknown

Type of Care and Treatment Services:

Outpatient, Intensive Outpatient

### **UNITY PLACE OF MONMOUTH COUNTY, LLC**

EXECUTIVE DIRECTOR/PARTNER:

JERRY TISCHLER

Phone: 7327740911

Fax: 7327744061

Email: [ourplaceamdc@aol.com](mailto:ourplaceamdc@aol.com)

1075 STEPHENSON AVENUE

OCEANPORT, NJ 07757

License by DAS: Yes

Type of Organization: Profit

Type of Care and Treatment Services:

Outpatient, Intensive Outpatient, Partial Care Treatment, co-occurring

### **WALL YOUTH CENTER AND COMMUNITY SERVICES DEPARTMENT**

DIRECTOR: PATTI MARICONDA

Phone: 7326811375

Fax: 7326817512

Email: [pmariconda@townshipofwall.com](mailto:pmariconda@townshipofwall.com)

1824 S M ST

WALL, NJ 07719

License by DAS: Yes

Type of Organization: Non-Profit

Type of Care and Treatment Services:

Outpatient, Intensive Outpatient

## Morris

### **ALFRE, INC. D.B.A. MRS. WILSON'S**

EXECUTIVE DIRECTOR: MICHELLE REYES

Phone: 9735400116

Fax: 9735399626

Email: [director@mrswilsons.org](mailto:director@mrswilsons.org)

Website: <http://www.mrs-wilsons.org>

56 MOUNT KEMBLE AVE

MORRISTOWN, NJ 07960

License by DAS: Yes

Type of Organization: Other/Unknown

Type of Care and Treatment Services:

Outpatient, Intensive Outpatient

### **AMERICAN DAY CD CENTERS, LLC D/B/A/ HIGH FOCUS CENTERS**

VICE PRESIDENT OF OPERATIONS:

THOMAS FOWLER

Phone: 9732999919

Fax: 9732999916

Email: [tfowler@highfocuscenters.com](mailto:tfowler@highfocuscenters.com)

1259 ROUTE 46 SUITE 4

PARSIPPANY, NJ 07054

License by DAS: Yes

Type of Organization: Profit

Type of Care and Treatment Services:

Outpatient, Intensive Outpatient

### **DAYTOP VILLAGE OF NEW JERSEY, INC.**

MANAGING DIRECTOR - MORRIS

OUTPATIENT: PEGGY WALLER

Phone: 9735395764

Fax: 9735395489

Email: [pwaller@daytopnj.org](mailto:pwaller@daytopnj.org)

Website: <http://www.daytopnj.org>

320-360 WEST HANOVER AVENUE

PARSIPPANY, NJ 07054

License by DAS: Yes

Accreditation Status: Yes

Type of Organization: Non-Profit

Type of Care and Treatment Services:

Outpatient, Intensive Outpatient, co-occurring

### **EXCEL TREATMENT CENTER OF DOVER, LLC.**

ADMINISTRATOR: ANTHONY POLITO

Phone: 9739897500

Fax: 9739897511

Email:

[apolito@exceltreatmentcenter.com](mailto:apolito@exceltreatmentcenter.com)

58 NORTH SUSSEX STREET

DOVER, NJ 07801

License by DAS: Yes

Type of Organization: Other/Unknown

Type of Care and Treatment Services:

Outpatient, Intensive Outpatient, Partial Care Treatment

### **HOPE HOUSE**

SITE DIRECTOR: LEE ANN CIANCI

Phone: 9733615555

Fax: 9733617354

Email: [lciancil@catholiccharities.org](mailto:lciancil@catholiccharities.org)

19 - 21 BELMONT AVENUE

DOVER, NJ 07801

License by DAS: Yes

Type of Organization: Non-Profit

Type of Care and Treatment Services:

Outpatient, Intensive Outpatient, co-occurring

**INTEGRITY, INC.**

PRESIDENT AND CEO: ROBERT  
BUDSOCK

Phone: 9736236000

Fax: 9736828734

415 SPEEDWELL AVENUE  
MORRIS PLAINS, NJ 07950

License by DAS: Yes

Type of Organization: Non-Profit

Type of Care and Treatment Services:

Outpatient, Intensive Outpatient, co-  
occurring

**MORRIS COUNTY AFTERCARE  
CENTER**

EXECUTIVE DIRECTOR: LORNA  
TANGARA

Phone: 9739276641

Fax: 9739276644

Email: [ltangara925@comcast.net](mailto:ltangara925@comcast.net)

1574 SUSSEX TPKE  
RANDOLPH, NJ 07869

License by DAS: Yes

Type of Organization: Other/Unknown

Type of Care and Treatment Services:

Outpatient, OPIOID Maintenance-  
Outpatient, Intensive Outpatient,  
OPIOID Maintenance - Intensive  
Outpatient, co-occurring

**MORRISTOWN MEMORIAL  
HOSPITAL-CHEMICAL  
DEPENDENCY SERVICE**

MANAGER: REBECCA DAUERMAN

Phone: 9739714635

Fax: 9739714692

Email:

[rebecca.dauerman@atlantichhealth.org](mailto:rebecca.dauerman@atlantichhealth.org)

Website: <http://www.atlantichhealth.org>

95 MOUNT KEMBLE AVE  
MORRISTOWN, NJ 07962

License by DAS: Yes

Type of Organization: Non-Profit

Type of Care and Treatment Services:

Outpatient, Intensive Outpatient

**MT. OLIVE COUNSELING &  
CLINIC**

EXECUTIVE DIRECTOR: JULIA AKPAN

Phone: 9735846700

Fax: 9735844991

Email: [julia@mtocg.com](mailto:julia@mtocg.com)

Website: <http://www.mtocg.com>

1278 US HWY 46 E

LEDGEWOOD, NJ 07852

License by DAS: Yes

Type of Organization: Non-Profit

Type of Care and Treatment Services:

Outpatient, Intensive Outpatient, Partial  
Care Treatment, co-occurring

**NEW BRIDGE SERVICES, INC.**

CHIEF ADMINISTRATION OFFICER:

DAVID LACOUTURE

Phone: 9738392520 x646

Fax: 9733165790

Email: [dave@newbridge.org](mailto:dave@newbridge.org)

Website: <http://www.newbridge.org>

1259 ROUTE 46 BDLG., 2, 1ST. FLOOR  
PARSIPPANY, NJ 07054

License by DAS: Yes

Handicap Accessibility: Yes

Type of Organization: Non-Profit

Type of Care and Treatment Services:

Outpatient

**NEW PATHWAY COUNSELING  
SERVICES, INC.**

DIRECTOR: FRANK MATTIACE

Phone: 2014361022

Fax: 9732274297

Email: [new.pathway@verizon.net](mailto:new.pathway@verizon.net)

321 CHANGEBRIDGE RD

PINE BROOK, NJ 07058

License by DAS: Yes

Type of Organization: Profit

Type of Care and Treatment Services:

Outpatient, Intensive Outpatient, Partial  
Care Treatment



**PRIME HEALTHCARE  
SERVICES SAINT CLARES LLC  
D/B/A SAINT CLARES  
HOSPITAL**

ADMINISTRATOR DIRECTOR:

SUSANNE GRAHAM

Phone: 9733161899

Fax: 9733161815

Email:

[stacyldutka@primehealthcare.com](mailto:stacyldutka@primehealthcare.com)

130 POWERVILLE ROAD

BOONTON, NJ 07005

License by DAS: Yes

Type of Organization: Profit

Type of Care and Treatment Services:

Outpatient, Intensive Outpatient, Partial

Care Treatment, co-occurring

**SEABROOK HOUSE INC., D/B/  
A/ SHARE COUNSELING**

DIRECTOR OF QUALITY

MANAGEMENT: JENNIFER COULTER

Phone: 9739462800

Fax: 9737952229

Email: [jcoulter@seabrookhouse.org](mailto:jcoulter@seabrookhouse.org)

101 MADISON AVENUE SUITE 205

MORRISTOWN, NJ 07960

License by DAS: Yes

Type of Organization: Other/Unknown

Type of Care and Treatment Services:

Outpatient, Intensive Outpatient, Partial

Care Treatment, co-occurring

**SUMMIT AT FLORHAM PARK,  
LLC**

PRESIDENT/CEO: JIM KANE

Phone: 6096514001

Fax: 7323580294

Email: [jameskane@summithelps.com](mailto:jameskane@summithelps.com)

256 COLUMBIA TURNPIKE SUITE

100N

FLORHAM PARK, NJ 07932

License by DAS: Yes

Type of Organization: Non-Profit

Type of Care and Treatment Services:

Outpatient, Intensive Outpatient, Partial

Care Treatment, co-occurring





## Ocean

### AGAPE COUNSELING SERVICES

ADMINISTRATOR: DANIANNE GANCY

Phone: 6092420086

Fax: 6092420087

Email: [agape.counseling@yahoo.com](mailto:agape.counseling@yahoo.com)

815 RTE 9

LANOKA HARBOR, NJ 08734

License by DAS: Yes

Type of Organization: Non-Profit

Type of Care and Treatment Services:

Outpatient, Intensive Outpatient, co-occurring

### COUNSELING CENTER AT TOMS RIVER, LLC

V.P., QA & PI/SITE ADMINISTRATOR:

JOSEPH CHELALES

Phone: 7327366559

Fax: 7327972388

Email:

[jchelaless@praesumhealthcare.com](mailto:jchelaless@praesumhealthcare.com)

1198 LAKEWOOD ROAD, SUITE 102

TOMS RIVER, NJ 08753

License by DAS: Yes

Type of Organization: Other/Unknown

Type of Care and Treatment Services:

Outpatient, Intensive Outpatient, Partial Care Treatment, co-occurring

### DAYTOP VILLAGE OF NEW JERSEY

MANAGING DIRECTOR: PEGGY WALLER

Phone: 7328751090

Fax: 0

Email: [pwaller@daytopnj.org](mailto:pwaller@daytopnj.org)

399 NORTH MAIN STREET

MANAHAWKIN, NJ 08050

License by DAS: Yes

Type of Organization: Non-Profit

Type of Care and Treatment Services:

Outpatient, Intensive Outpatient, co-occurring

### GENPSYCH, PC

MEDICAL DIRECTOR/CEO: HENRY ODUNLAMI

Phone: 7324756152

Fax: 7324756172

Email: [rzacchia@genpsych.com](mailto:rzacchia@genpsych.com)

940 CEDARBRIDGE AVENUE 1ST.

FLOOR

BRICK, NJ 08723

License by DAS: Yes

Type of Organization: Non-Profit

Type of Care and Treatment Services:

Outpatient, Intensive Outpatient, Partial Care Treatment

### INTEGRITY HOUSE

CEO/PRESIDENT: ROBERT BUDSOCK

Phone: 9736236000

Fax: 9736231862

Email: [rbudsock@integrityhouse.org](mailto:rbudsock@integrityhouse.org)

310 MAIN STREET SUITE 3B

TOMS RIVER, NJ 08753

License by DAS: Yes

Type of Organization: Profit

Type of Care and Treatment Services:

Outpatient, Intensive Outpatient, Partial Care Treatment, co-occurring

**LIFE EXCEL, LLC**

CHIEF OPERATING OFFICER:

YOGESH SHINGALA

Phone: 7329207933

Fax: 7329202966

Email: [yogshingala@aol.com](mailto:yogshingala@aol.com)

35 BEAVERSON BLVD BUILDING 1

BRICK, NJ 08723

License by DAS: Yes

Type of Organization: Other/Unknown

Type of Care and Treatment Services:

Outpatient, Intensive Outpatient, co-occurring

**OCEAN MEDICAL SERVICES**

CEO: JOSEPH PRITCHARD

Phone: 7322889322

Fax: 7322889264

Email: [asaliba@oceanmed.net](mailto:asaliba@oceanmed.net)

2001 RTE 37 E

TOMS RIVER, NJ 08753

License by DAS: Yes

Type of Organization: Other/Unknown

Type of Care and Treatment Services:

Outpatient, OPIOID Maintenance-  
Outpatient, Intensive Outpatient,  
OPIOID Maintenance - Intensive  
Outpatient**OCEAN MEDICAL SERVICES, INC.**EXECUTIVE DIRECTOR: ANGELA  
SALIBA

Phone: (732) 569-3538

Fax: (732) 569-3719

Email:

[michelle.miller@pinnacle-treatment.com](mailto:michelle.miller@pinnacle-treatment.com)

2008 ROUTE 37 EAST, OFFICE 11

TOMS RIVER, NJ 08753

License by DAS: Yes      Accreditation

Status: Yes      Type of

Organization: Other/Unknown

Type of Care and Treatment Services:

Outpatient, Intensive Outpatient

**OCEAN MENTAL HEALTH SERVICES, INC., PROJECT RECOVERY**CHIEF EXECUTIVE OFFICER: JAMES  
COONEY

Phone: 7323495550

Fax: 7325051747

Email: [kveith@oceanmhs.org](mailto:kveith@oceanmhs.org)

687 ROUTE 9

BAYVILLE, NJ 08721

License by DAS: Yes

Type of Organization: Non-Profit

Type of Care and Treatment Services:

Outpatient, Intensive Outpatient, Partial  
Care Treatment, co-occurring**OCEAN MONMOUTH CARE, LLC**ACTING EXECUTIVE DIRECTOR:  
THEA BERK

Phone: 7324582180

Fax: 7324582185

Email: [cwhite@oceanmonmouth.biz](mailto:cwhite@oceanmonmouth.biz)

495 JACK MARTIN BLVD

BRICK, NJ 08724

License by DAS: Yes

Type of Organization: Non-Profit

Type of Care and Treatment Services:

Outpatient, OPIOID Maintenance-  
Outpatient, Intensive Outpatient,  
OPIOID Maintenance - Intensive  
Outpatient

**PINNACLE TREATMENT  
CENTERS D/B/A OCEAN  
MEDICAL SERVICES, INC.**

EXECUTIVE DIRECTOR: ANGELA  
SALIBA

Phone: (732) 569-3538

Fax: (732) 569-3719

Email:

[michelle.miller@pinnacle-treatment.com](mailto:michelle.miller@pinnacle-treatment.com)

2008 ROUTE 37 EAST, OFFICE 11

TOMS RIVER, NJ 08753

License by DAS: Yes

Accreditation Status: Yes

Type of Organization: Non-Profit

Type of Care and Treatment Services:

Outpatient, Intensive Outpatient

**PREFERRED BEHAVIORAL  
HEALTH OF N.J., INC.**

PRESIDENT AND CHIEF EXECUTIVE  
OFFICER: MARY PAT ANGELINI

Phone: 6096600197

Fax: 6096600132

Email:

[acastellano@preferredbehavioral.org](mailto:acastellano@preferredbehavioral.org)

848 W BAY AVE UNIT C-1

BARNEGAT, NJ 08005

License by DAS: Yes

Type of Organization: Non-Profit

Type of Care and Treatment Services:

Outpatient, Intensive Outpatient, Partial  
Care Treatment, co-occurring

**PREFERRED BEHAVIORAL  
HEALTH OF NEW JERSEY @  
TOMS RIVER**

DIRECTOR, SUBSTANCE ABUSE  
SERVICES: ANTHONY CASTELLANO

Phone: 7323674700

Fax: 7323644190

Email:

[acastellano@preferredbehavioral.org](mailto:acastellano@preferredbehavioral.org)

Website: <http://>

[www.preferredbehavioral.org](http://www.preferredbehavioral.org)

1191 LAKEWOOD ROAD

TOMS RIVER, NJ 08755

License by DAS: Yes

Accreditation Status: Yes

Type of Organization: Non-Profit

Type of Care and Treatment Services:

Outpatient, Intensive Outpatient

**PREFERRED BEHAVIORAL  
HEALTH OF NEW JERSEY, INC.**

PRESIDENT AND CHIEF EXECUTIVE  
OFFICER: MARY PAT ANGELINI

Phone: 7323674700 x1114

Fax: 7323644190

Email:

[acastellano@preferredbehavioral.org](mailto:acastellano@preferredbehavioral.org)

Website: <http://>

[www.preferredbehavioral.org](http://www.preferredbehavioral.org)

700 AIRPORT RD

LAKEWOOD, NJ 08701

License by DAS: Yes

Accreditation Status: Yes

Type of Organization: Non-Profit

Type of Care and Treatment Services:

Outpatient, Intensive Outpatient, Partial  
Care Treatment, co-occurring

### **PREFERRED BEHAVIORAL HEALTH OF NJ, INC.**

PRESIDENT/CEO: MARY PAT  
ANGELINI

Phone: 7323671710 x1114

Fax: 7323677422

Email:

[ggrosso@preferredbehavioral.org](mailto:ggrosso@preferredbehavioral.org)

Website: [http://](http://www.preferredbehavioral.org)

[www.preferredbehavioral.org](http://www.preferredbehavioral.org)

591 LAKEHURST ROAD

TOMS RIVER, NJ 08753

License by DAS: Yes

Type of Organization: Non-Profit

Type of Care and Treatment Services:

Outpatient, Intensive Outpatient

### **SEASHORE FAMILY SERVICES OF NEW JERSEY**

EXECUTIVE DIRECTOR: ROBERTO  
FLECHA

Phone: 7329202700

Fax: 7322620707

Email: [director@sfsnj.org](mailto:director@sfsnj.org)

Website: <http://www.sfsnj.org>

35 BEAVERSON BLVD., BUILDING 6  
SUITE A

BRICK, NJ 08723

License by DAS: Yes

Handicap Accessibility: Yes

Type of Organization: Non-Profit

Type of Care and Treatment Services:

Outpatient, Intensive Outpatient, co-  
occurring

### **SEASHORE FAMILY SERVICES OF NEW JERSEY**

EXECUTIVE DIRECTOR: ROBERTO  
FLECHA

Phone: 7322441600

Fax: 7323495532

Email: [director@sfsnj.org](mailto:director@sfsnj.org)

Website: <http://www.sfsnj.org>

226 MAIN ST

TOMS RIVER, NJ 08753

License by DAS: Yes

Handicap Accessibility: Yes

Type of Organization: Non-Profit

Type of Care and Treatment Services:

Outpatient, Intensive Outpatient, co-  
occurring

### **THE CENTER AT ADVANCED BEHAVIORAL CARE SERVICES, LLC**

EXECUTIVE DIRECTOR/COO:

SOLOMON LONNER

Phone: 7329619666

Fax: 7328209909

Email:

[solomon@advancedbehavioral.com](mailto:solomon@advancedbehavioral.com)

Website: [http://](http://www.advancedbehavioral.com)

[www.advancedbehavioral.com](http://www.advancedbehavioral.com)

5 AIRPORT RD

LAKEWOOD, NJ 08701

License by DAS: Yes

Accreditation Status: Yes

Type of Organization: Other/Unknown

Type of Care and Treatment Services:

Outpatient, Intensive Outpatient, Partial  
Care Treatment

## Passaic

### **DAMON HOUSE OUTPATIENT**

EXECUTIVE DIRECTOR: ILEEN  
BRADLEY

Phone: 9732795563

Fax: 9732796108

Email: [ibradley@damonhouse.org](mailto:ibradley@damonhouse.org)

175 MARKET ST

PATERSON, NJ 07505

License by DAS: Yes

Type of Organization: Other/Unknown

Type of Care and Treatment Services:

Outpatient, Intensive Outpatient, co-  
occurring

### **DOORS INTO THE FUTURE, INC.**

PRESIDENT: MARK SHVARTSBURD

Phone: 9739284260

Fax: 9739284263

Email: [doorsintothefuture@gmail.com](mailto:doorsintothefuture@gmail.com)

823 MAIN AVE

PASSAIC, NJ 07055

License by DAS: Yes

Type of Organization: Non-Profit

Type of Care and Treatment Services:

Outpatient, Intensive Outpatient, Partial  
Care Treatment, co-occurring

### **EVA'S KITCHEN AND SHELTERING PROGRAMS, INC.**

EXECUTIVE DIRECTOR: MARIE  
REGER

Phone: 9735236220

Fax: 9738257297

Email: [marie.reger@evasvillage.org](mailto:marie.reger@evasvillage.org)

16 SPRING STREET

PATERSON, NJ 07501

License by DAS: Yes

Type of Organization: Non-Profit

Type of Care and Treatment Services:

Outpatient, Intensive Outpatient, Partial  
Care Treatment

### **KEYSTONE RECOVERY CENTER, INC**

EXECUTIVE DIRECTOR: BRIAN

GAMARELLO

Phone: (201)893-1516 Email:

[briang@bluecrestrc.com](mailto:briang@bluecrestrc.com)

482 NOTCH RD

WOODLAND PARK, NJ

License by DAS: Yes

Type of Organization: Non-Profit

Type of Care and Treatment Services:

Outpatient, Intensive Outpatient, Partial  
Care Treatment

### **NEW BRIDGE SERVICES, INC.**

CHIEF ADMINISTRATION OFFICER:

DAVID LACOUTURE

Phone: 9737283938

Fax: 9737287913

Email: [dave@newbridge.org](mailto:dave@newbridge.org)

Website: <http://www.newbridge.org>

1069 RINGWOOD AVE SUITE 301

WANAQUE, NJ 07420

License by DAS: Yes

Type of Organization: Non-Profit

Type of Care and Treatment Services:

Outpatient

### **NEW LIFE RECOVERY CENTER, INC.**

DIRECTOR: EUGENE MCLAUGHLIN

Phone: 9737287788

Fax: 9737287410

Email: [newliferecoverycenter@msn.com](mailto:newliferecoverycenter@msn.com)

1810 MACOPIN RD

WEST MILFORD, NJ 07480-1810

License by DAS: Yes

Type of Organization: Non-Profit

Type of Care and Treatment Services:

Outpatient, Intensive Outpatient

### **NORTHEAST LIFE SKILLS ASSOCIATES, INC.**

EXECUTIVE DIRECTOR: CAROLYN ILLGE

Phone: 9737772962

Fax: 9739777623

Email: [carolyn.illge@nlsa-inc.org](mailto:carolyn.illge@nlsa-inc.org)

121 HOWE AVE

PASSAIC, NJ 07055

License by DAS: Yes

Type of Organization: Other/Unknown

Type of Care and Treatment Services:

Outpatient, OPIOID Maintenance-

Outpatient, Intensive Outpatient,

OPIOID Maintenance - Intensive

Outpatient, co-occurring

### **OPTIONS COUNSELING CENTER, INC.**

OPERATIONS DIRECTOR: JOSEPH CONTE

Phone: 9733451883

Fax: 9733455480

Email: [fscounsel@aol.com](mailto:fscounsel@aol.com)

9 WEST BROADWAY

PATERSON, NJ 07505-1014

License by DAS: Yes

Type of Organization: Profit

Type of Care and Treatment Services:

Outpatient, Intensive Outpatient, Partial

Care Treatment

### **PASSAIC ALLIANCE**

DIRECTOR: THOMAS A. FISCHETTI

Phone: 9733655740

Fax: 9733655743

Email: [tfischetti@cityofpassaicnj.gov](mailto:tfischetti@cityofpassaicnj.gov)

Website: <http://www.passaicalliance.org>

286 PASSAIC ST

PASSAIC, NJ 07055

License by DAS: Yes

Type of Organization: Other/Unknown

Type of Care and Treatment Services:

Outpatient, Intensive Outpatient

### **PATERSON COUNSELING CENTER, INC.**

C.E.O.: ROBERT ALEXANDER

Phone: 9735238316

Fax: 9735232248

Email:

[ralexander@patersoncounseling.org](mailto:ralexander@patersoncounseling.org)

319-321 MAIN ST

PATERSON, NJ 07505-1805

License by DAS: Yes

Type of Organization: Other/Unknown

Type of Care and Treatment Services:

Outpatient, OPIOID Maintenance-

Outpatient, Intensive Outpatient,

OPIOID Maintenance - Intensive

Outpatient, co-occurring

### **RED OAK CENTERS: ADDICTION AND BEHAVIORAL HEALTH TREATMENT SERVICES**

EXECUTIVE DIRECTOR: EMIL IFTODE

Phone: 2016781999

Fax: 2018152535

Email: [eiftode@redoakcenters.com](mailto:eiftode@redoakcenters.com)

ONE SEARS DRIVE

PARAMUS, NJ 07652

License by DAS: Yes

Type of Organization: Non-Profit

Type of Care and Treatment Services:

Outpatient, Intensive Outpatient

**STRAIGHT & NARROW, INC.**EXECUTIVE DIRECTOR: SAVERIO  
PIROZZI

Phone: 2019679020

Fax: 2019674007

Email:

Email: [spirozzi@straightandnarrowinc.org](mailto:spirozzi@straightandnarrowinc.org)

230 E RIDGEWOOD AVE BUILDING 10

PARAMUS, NJ 07652

License by DAS: Yes

Type of Organization: Non-Profit

Type of Care and Treatment Services:

Outpatient, OPIOID Maintenance-

Outpatient, Intensive Outpatient,

OPIOID Maintenance - Intensive

Outpatient, co-occurring

**STRAIGHT AND NARROW  
OUTPATIENT CLINIC**EXECUTIVE DIRECTOR: JOSEPH  
DUFFY

Phone: 9733456000 x6229

Fax: 9733457279

Email: [jduffy@straightandnarrowinc.org](mailto:jduffy@straightandnarrowinc.org)Website: <http://>[www.straightandnarrowinc.org](http://www.straightandnarrowinc.org)

508 STRAIGHT ST

PATERSON, NJ 07503-3044

License by DAS: Yes

Type of Organization: Non-Profit

Type of Care and Treatment Services:

Outpatient, Intensive Outpatient, co-

occurring

**WAYNE COUNSELING AND  
FAMILY SERVICES**EXECUTIVE DIRECTOR: THOMAS  
MCARDLE

Phone: 9736941234

Fax: 9736330992

Email: [mcardlet@wcfservices.org](mailto:mcardlet@wcfservices.org)

1022 HAMBURG TPKE

WAYNE, NJ 07470-3209

License by DAS: Yes

Type of Organization: Profit

Type of Care and Treatment Services:

Outpatient, Intensive Outpatient, co-

occurring

**WELL OF HOPE COMMUNITY  
DEVELOPMENT****CORPORATION, INC.**EXECUTIVE DIRECTOR: JEROME  
KING

Phone: 9735230700

Fax: 9735236462

Email: [jeromeking@wohdrop-in.org](mailto:jeromeking@wohdrop-in.org)

207 BROADWAY

PATERSON, NJ 07501

License by DAS: Yes

Type of Organization: Non-Profit

Type of Care and Treatment Services:

Outpatient, Intensive Outpatient

## Salem

### **DAYTOP VILLAGE OF NEW JERSEY, INC.**

PRESIDENT & CEO: JAMES CURTAIN

Phone: 8563584111

Fax: 8563484120

Email: [efox@daytopnj.org](mailto:efox@daytopnj.org)

9 HARDING HIGHWAY

PITTSBURGH, NJ 08318

License by DAS: Yes

Type of Organization: Non-Profit

Type of Care and Treatment Services:

Outpatient, Intensive Outpatient, co-occurring

### **SODAT OF NJ, INC.**

CHIEF ADMIN., OFFICER: DONNA EMMA

Phone: 8569350441

Fax: 8569354399

Email: [demma@sodat.org](mailto:demma@sodat.org)

75 MARKET STREET

SALEM, NJ 08079-1108

License by DAS: Yes

Type of Organization: Non-Profit

Type of Care and Treatment Services:

Outpatient, Intensive Outpatient, co-occurring





## Somerset

### AMERICAN DAY CD CENTERS D/B/A/ HIGH FOCUS CENTERS

VICE PRESIDENT OF OPERATIONS:  
THOMAS FOWLER

Phone: 7324747447

Fax: 7324747437

Email: [tfowler@highfocuscenters.com](mailto:tfowler@highfocuscenters.com)

3322 ROUTE 22 WEST, SUITE 1403  
BRANCBURG, NJ 08876

License by DAS: Yes

Type of Organization: Profit

Type of Care and Treatment Services:  
Outpatient, Intensive Outpatient

### CAPITOL CARE AT SOMERSET

CEO, MA, LPC, LCADC, ACS: TINA  
COOKE

Phone: (844) 437-3482

Fax: (844) 437-3482

Email: [tcooke@capitol-care.org](mailto:tcooke@capitol-care.org)

2121 ROUTE 22 WEST  
BRIDGEWATER, NJ 08873

License by DAS: Yes

Type of Organization: Non-Profit

Type of Care and Treatment Services:  
Outpatient, Intensive Outpatient, Partial  
Care Treatment

### CARRIER CLINIC OUTPATIENT ADDICTION TREATMENT SERVICES

CEO: DONALD J. PARKER

Phone: 9082811412

Fax: 9082811600

Email: [dparker@carrierclinic.com](mailto:dparker@carrierclinic.com)

Website: [http://](http://www.blakerecoverycenter.org/)

[www.blakerecoverycenter.org/](http://www.blakerecoverycenter.org/)

252 RTE 601

BELLE MEAD, NJ 08502

License by DAS: Yes

Accreditation Status: Yes

Type of Organization: Non-Profit

Type of Care and Treatment Services:  
Outpatient, Intensive Outpatient, Partial  
Care Treatment

### COMPREHENSIVE FAMILY TREATMENT OF ADDICTIONS

EXECUTIVE DIRECTOR: MARIANNE  
MAJEWSKI

Phone: 9087221881

Fax: 9087040215

Email: [gcriscuolo@ccdom.org](mailto:gcriscuolo@ccdom.org)

540-550 ROUTE 22 EAST

BRIDGEWATER, NJ 08807

License by DAS: Yes

Accreditation Status: Yes

Type of Organization: Non-Profit

Type of Care and Treatment Services:  
Outpatient, Intensive Outpatient

## **FAMILY AND COMMUNITY SERVICES OF SOMERSET COUNTY**

EXECUTIVE DIRECTOR: ERIC HARRIS

Phone: 7323561082

Fax: 7323566327

Email: [eharris@fcssomerset.org](mailto:eharris@fcssomerset.org)

Website: <http://www.fcssomerset.org>

339 WEST SECOND STREET

BOUND BROOK, NJ 08805

License by DAS: Yes

Type of Organization: Other/Unknown

Type of Care and Treatment Services:

Outpatient, co-occurring

## **GENPSYCH, PC**

ADMINISTRATOR: XUEMING YE

Phone: 9082310511

Fax: 9082311115

Email: [lmorton@genpsych.com](mailto:lmorton@genpsych.com)

981 US HIGHWAY 22

BRIDGEWATER, NJ 08807

License by DAS: Yes

Type of Organization: Profit

Type of Care and Treatment Services:

Outpatient, Intensive Outpatient, Partial Care Treatment

## **GUIDED LIFE STRUCTURES**

EXECUTIVE DIRECTOR: EILEEN

OERTEL

Phone: 9087040011

Fax: 9087040711

Email: [guidedlifestructures@verizon.net](mailto:guidedlifestructures@verizon.net)

75 VETERANS MEMORIAL DRIVE

SOMERVILLE, NJ 08876

License by DAS: Yes

Type of Organization: Non-Profit

Type of Care and Treatment Services:

Outpatient, Intensive Outpatient, co-occurring

## **RICHARD HALL COMMUNITY MENTAL HEALTH CENTER OF SOMERSET COUNTY**

EXECUTIVE DIRECTOR: NICCI

SPINAZZOLA

Phone: 9087252800

Fax: 9087251394

Email: [spinazzola@co.somerset.nj.us](mailto:spinazzola@co.somerset.nj.us)

500 NORTH BRIDGE STREET

BRIDGEWATER, NJ 08807

License by DAS: Yes

Type of Organization: Non-Profit

Type of Care and Treatment Services:

Outpatient, Intensive Outpatient, co-occurring

## **SOMERSET TREATMENT SERVICES**

EXECUTIVE DIRECTOR: BARBARA

SCHLICHTING

Phone: 9087221232

Fax: 9084297523

Email: [barbsts@aol.com](mailto:barbsts@aol.com)

118 WEST END AVENUE

SOMERVILLE, NJ 08876

License by DAS: Yes

Type of Organization: Non-Profit

Type of Care and Treatment Services:

Outpatient, OPIOID Maintenance-

Outpatient, Intensive Outpatient,

OPIOID Maintenance - Intensive

Outpatient, co-occurring

## Sussex

### AHS HOSPITAL CORP./NEWTON MEDICAL CENTER FOR MENTAL HEALTH, A.S.A.P. PROGRAM

DIRECTOR, BEHAVIORAL &  
INTEGRATIVE HEALTH SERVICES:  
LORIANN RIZZUTO  
Phone: 9736603180  
Fax: 9736609054  
Email: [loriann.rizzuto@atlantichhealth.org](mailto:loriann.rizzuto@atlantichhealth.org)  
Website: <http://www.nmhnj.org>  
175 HIGH STREET  
NEWTON, NJ 07860  
License by DAS: Yes  
Type of Organization: Non-Profit  
Type of Care and Treatment Services:  
Outpatient, Intensive Outpatient

### CAPITOL CARE, INC.

CHIEF EXECUTIVE OFFICER: TINA  
MARIE COOKE  
Phone: (844)437-3482  
Fax: (844) 437-3482  
Email: [tcooke@capitol-care.org](mailto:tcooke@capitol-care.org)  
Website: <http://www.capitol-care.org>  
7 WATERLOO ROAD  
STANHOPE, NJ 07874  
License by DAS: Yes  
Type of Organization: Non-Profit  
Type of Care and Treatment Services:  
Outpatient, Intensive Outpatient, Partial  
Care Treatment, co-occurring

### CENTER FOR PREVENTION AND COUNSELING

EXECUTIVE DIRECTOR: BECKY  
CARLSON  
Phone: 9733834787  
Fax: 9733836576  
Email: [becky@centerforprevention.org](mailto:becky@centerforprevention.org)  
Website: <http://www.centerforprevention.org>  
61 SPRING STREET  
NEWTON, NJ 07860  
License by DAS: Yes  
Type of Organization: Non-Profit  
Type of Care and Treatment Services:  
Outpatient, Intensive Outpatient, co-  
occurring

### NEW JERSEY ADDICTION TREATMENT CENTER, LLC D/B/ A SUNRISE HOUSE

CEO: FRED TRAPASSI  
Phone: (973) 383-6300  
Fax: 9733833940  
Email: [phorowitz@contactaac.com](mailto:phorowitz@contactaac.com)  
37 SUNSET INN RD  
LAFAYETTE, NJ 07848  
License by DAS: Yes  
Type of Organization: Profit  
Type of Care and Treatment Services:  
Outpatient, Intensive Outpatient, Partial  
Care Treatment, co-occurring

## Union

### **ADDICTION SERVICES AT OVERLOOK MEDICAL CENTER**

MANAGER: BARBARA FERGUSON

Phone: 9085224882

Fax: 9085982388

Email:

[barbara.ferguson@atlantichhealth.org](mailto:barbara.ferguson@atlantichhealth.org)

46-48 BEAUVOIR AVE

SUMMIT, NJ 07902

License by DAS: Yes

Type of Organization: Non-Profit

Type of Care and Treatment Services:

Outpatient, Intensive Outpatient

### **AMERICAN DAY CD CENTERS, LLC D/B/A/ HIGH FOCUS CENTERS**

VICE PRESIDENT OF OPERATIONS:

THOMAS FOWLER

Phone: 9082722474

Fax: 9082728996

Email: [tfowler@highfocuscenters.com](mailto:tfowler@highfocuscenters.com)

16 COMMERCE DRIVE

CRANFORD, NJ 07016

License by DAS: Yes

Type of Organization: Profit

Type of Care and Treatment Services:

Outpatient, Intensive Outpatient

### **BRIDGEWAY REHABILITATION SERVICES**

PRESIDENT/CEO: CORY STORCH

Phone: 9083557886

Fax: 9083556668

Email: [linda.rauh@bridgewayinc.com](mailto:linda.rauh@bridgewayinc.com)

567 MORRIS AVE

ELIZABETH, NJ 07208

License by DAS: Yes

Type of Organization: Non-Profit

Type of Care and Treatment Services:

Outpatient, Intensive Outpatient

### **CENTERSTONE COMMUNITY WELLNESS**

EXECUTIVE DIRECTOR: RICHARD  
RODGERS

Phone: 9087566870

Fax: 9087565566

Email: [brivera@centerstonecw.org](mailto:brivera@centerstonecw.org)

117-119 ROOSEVELT AVENUE

PLAINFIELD, NJ 07060

License by DAS: Yes

Type of Organization: Other/Unknown

Type of Care and Treatment Services:

Outpatient, Intensive Outpatient, Partial  
Care Treatment

### **COUNSELING CENTER AT CLARK, LLC**

CLINICAL DIRECTOR: CHRISTOPHER  
LARRES

Phone: 7328821920

Fax: 7328821925

Email:

[clarres@thecounselingcenter.com](mailto:clarres@thecounselingcenter.com)

60 WALNUT AVENUE, SUITE 201

CLARK, NJ 07066

License by DAS: Yes

Type of Organization: Other/Unknown

Type of Care and Treatment Services:

Outpatient, Intensive Outpatient, Partial  
Care Treatment, co-occurring

### **ORGANIZATION FOR RECOVERY, INC.**

EXECUTIVE DIRECTOR: BRIAN  
RAFFERTY

Phone: 9087694700

Fax: 9087698212

Email:

[brafferty@organizationforrecovery.org](mailto:brafferty@organizationforrecovery.org)

120 W 7TH ST

PLAINFIELD, NJ 07060

License by DAS: Yes

Type of Organization: Other/Unknown

Type of Care and Treatment Services:

Outpatient, OPIOID Maintenance-  
Outpatient, co-occurring

### **ORGANIZATION FOR RECOVERY, INC.**

EXECUTIVE DIRECTOR: BRIAN RAFFERTY

Phone: 9087694700

Fax: 9087698212

Email:

[brafferty@organizationalforrecovery.org](mailto:brafferty@organizationalforrecovery.org)

519 NORTH AVE

PLAINFIELD, NJ 07060

License by DAS: Yes

Type of Organization: Other/Unknown

Type of Care and Treatment Services:

Outpatient, OPIOID Maintenance-

Outpatient, Intensive Outpatient,

OPIOID Maintenance - Intensive

Outpatient, co-occurring

### **PROCEED, INC.**

EXECUTIVE DIRECTOR: TERESA SOTO VEGA

Phone: 9083517727

Fax: 9083937620

Email: [info@proceedinc.com](mailto:info@proceedinc.com)

1122-1130 E GRAND ST

ELIZABETH, NJ 07201

License by DAS: Yes

Type of Organization: Non-Profit

Type of Care and Treatment Services:

Outpatient, Intensive Outpatient, Partial

Care Treatment, co-occurring

### **PROCEED, INC.**

EXECUTIVE DIRECTOR: TERESA SOTO VEGA

Phone: 9083517727

Fax: 9083535185

Email: [esantiago@proceedinc.com](mailto:esantiago@proceedinc.com)

1126 DICKINSON STREET

ELIZABETH, NJ 07201

License by DAS: Yes

Type of Organization: Non-Profit

Type of Care and Treatment Services:

Outpatient, co-occurring

### **SBH UNION IOP, LLC**

PRESIDENT/CHIEF EXECUTIVE

OFFICER: JIM KANE

Phone: 6096514001

Fax: 7323580294

Email: [jimkane@summithelps.com](mailto:jimkane@summithelps.com)

2780 MORRIS AVENUE SUITE 2D

UNION, NJ 07083

License by DAS: Yes

Type of Organization: Profit

Type of Care and Treatment Services:

Outpatient, Intensive Outpatient, Partial

Care Treatment, co-occurring

### **SOCIAL CLUBHOUSE INC.**

VICE PRESIDENT: MICHAEL SAMET

Phone: 9733762500

Fax: 9733765737

Email: [socialclubhouse@aol.com](mailto:socialclubhouse@aol.com)

58 BROWN AVENUE

SPRINGFIELD, NJ 07081

License by DAS: Yes

Type of Organization: Other/Unknown

Type of Care and Treatment Services:

Outpatient, Intensive Outpatient

### **THE LENNARD CLINIC, INC.**

CHIEF EXECUTIVE OFFICER: TANYA

LAUGHINGHOUSE

Phone: 9083520850

Fax: 9083521036

Email: [info@tlclinics.org](mailto:info@tlclinics.org)

850 WOODRUFF LN

ELIZABETH, NJ 07201

License by DAS: Yes

Type of Organization: Other/Unknown

Type of Care and Treatment Services:

Outpatient, OPIOID Maintenance-

Outpatient, Intensive Outpatient, Partial

Care Treatment, OPIOID Maintenance -

Intensive Outpatient, co-occurring

**TRINITAS HOSPITAL/  
ADDICTION SERVICES**

VP, BEHAVIORAL HEALTH &  
PSYCHIATRY: JAMES NCCREATH

Phone: 9089947060

Fax: 9089947457

Email: [jmccreath@trinitas.org](mailto:jmccreath@trinitas.org)

654 E JERSEY ST

ELIZABETH, NJ 07206

License by DAS: Yes

Handicap Accessibility: Yes

Type of Organization: Non-Profit

Type of Care and Treatment Services:

Outpatient, Intensive Outpatient, Partial  
Care Treatment, co-occurring

## Warren

### **FAMILY GUIDANCE CENTER OF WARREN COUNTY**

EXECUTIVE DIRECTOR: RICHARD MCDONNELL  
 Phone: 9088520333  
 Fax: 9086894529  
 Email: [rmcdonnell@fgwc.org](mailto:rmcdonnell@fgwc.org)  
 108 BILBY ROAD, SUITE 302 AND 304  
 HACKETTSTOWN, NJ 07840  
 License by DAS: Yes  
 Type of Organization: Non-Profit  
 Type of Care and Treatment Services: Outpatient, co-occurring

### **FAMILY GUIDANCE CENTER OF WARREN COUNTY**

EXECUTIVE DIRECTOR: RICHARD MCDONNELL  
 Phone: 9084544470  
 Fax: 9086894520  
 Email: [rmcdonnell@fgwc.org](mailto:rmcdonnell@fgwc.org)  
 370 MEMORIAL PKWY  
 PHILLIPSBURG, NJ 08865  
 License by DAS: Yes  
 Type of Organization: Non-Profit  
 Type of Care and Treatment Services: Outpatient, Intensive Outpatient, co-occurring

### **FAMILY GUIDANCE CENTER OF WARREN COUNTY**

EXECUTIVE DIRECTOR: RICHARD MCDONNELL  
 Phone: 9086891000  
 Fax: 9086894529  
 Email: [rmcdonnell@fgwc.org](mailto:rmcdonnell@fgwc.org)  
 492 RT 57 W  
 WASHINGTON, NJ 07882  
 License by DAS: Yes  
 Type of Organization: Non-Profit  
 Type of Care and Treatment Services: Outpatient, co-occurring

### **FREEDOM HOUSE**

EXECUTIVE DIRECTOR: GARLINDO KING  
 Phone: (908) 537-6043  
 Fax: (908) 537-4190  
 Email: [gking@freedomhousenj.org](mailto:gking@freedomhousenj.org)  
 427-429 SOUTH MAIN STREET  
 PHILLIPSBURG, NJ 08865  
 License by DAS: Yes  
 Type of Organization: Non-Profit  
 Type of Care and Treatment Services: Outpatient, Intensive Outpatient

### **HACKETTSTOWN REGIONAL MEDICAL CENTER, COUNSELING CENTER**

DIRECTOR, BEHAVIORAL & INTEGRATIVE HEALTH SERVICES: LORIANN RIZZUTO  
 Phone: 9084411558  
 Fax: 9088506864  
 Email: [elizabeth.sartori@atlantichhealth.org](mailto:elizabeth.sartori@atlantichhealth.org)  
 Website: <http://www.hch.org>  
 112 EAST AVE  
 HACKETTSTOWN, NJ 07840  
 License by DAS: Yes  
 Type of Organization: Other/Unknown  
 Type of Care and Treatment Services: Outpatient, Intensive Outpatient

### **PEOPLE HELPING PEOPLE IN NEED,**

EXECUTIVE DIRECTOR: ABU-BAKR SAKU  
 Phone: (973) 998-6327  
 Fax: (973) 372-1399  
 372 SOUTH MAIN STREET  
 PHILLIPSBURG, NJ 07960  
 License by DAS: Yes  
 Type of Organization: Non-Profit  
 Type of Care and Treatment Services: Outpatient, Intensive Outpatient

**WARREN MEDICAL SERVICES**

EXECUTIVE DIRECTOR: JANICE  
WRIGHT

Phone: 9083870003

Fax: 9083870024

Email: [jwright@statelinemed.com](mailto:jwright@statelinemed.com)

590 MARSHALL ST

PHILLIPSBURG, NJ 08865

License by DAS: Yes

Type of Organization: Other/Unknown

Type of Care and Treatment Services:

Outpatient, OPIOID Maintenance-

Outpatient, Intensive Outpatient,

OPIOID Maintenance - Intensive

Outpatient, co-occurring





# Treatment Services: Halfway House/ Short Term Residential

## Atlantic

### HANSEN HOUSE

EXECUTIVE DIRECTOR: AUDREY  
CARTER

Phone: 8567942443

Fax: 8567948887

Email: [acarter@hendrickshouse.org](mailto:acarter@hendrickshouse.org)

Website: <http://www.hansenhouse.org>

411 ALOE ST

EGG HARBOR CITY, NJ 08215

License by DAS: Yes

Type of Organization: Other/Unknown

Type of Care and Treatment Services:

Halfway house, co-occurring

### SPRING HOUSE

DIRECTOR/HEALTH OFFICER: DNP

NANCY L. MANGIERI

Phone: 2012613582

Fax: 2012615087

Email: [sdebiak@co.bergen.nj.us](mailto:sdebiak@co.bergen.nj.us)

230 E RIDGEWOOD AVE BUILDING 7

PARAMUS, NJ 07652

License by DAS: Yes

Type of Organization: Other/Unknown

Type of Care and Treatment Services:

Halfway house, co-occurring

## Bergen

### LADDER PROJECT

EXECUTIVE DIRECTOR: ROBERT  
HALSCH

Phone: 2019680200

Fax: 2019680240

Email: [robert.halsch@greaterbergen.org](mailto:robert.halsch@greaterbergen.org)

261 STATE ST

HACKENSACK, NJ 07601

License by DAS: Yes

Type of Organization: Non-Profit

Type of Care and Treatment Services:

Halfway house

## Burlington

### GATEWAY FOUNDATION, INC.

ADMINISTRATOR: BRYAN BRADFORD

Phone: (609) 324-0671 Email:

[bxbradfo@gatewayfoundation.org](mailto:bxbradfo@gatewayfoundation.org)

P.O. BOX 866

WRIGHTSTOWN, NJ

License by DAS: Yes

Type of Organization: Other/Unknown

Type of Care and Treatment Services:

Short-Term Residential, Long-Term

Residential

## Camden

### **SUNRISE DETOX, CHERRY HILL**

EXECUTIVE DIRECTOR: WARREN CONNELLY  
 Phone: 8567950036  
 Fax: 8567950039  
 Email: lburns@sunrise-detox.com  
 1417 BRACE ROAD  
 CHERRY HILL, NJ 08034  
 License by DAS: Yes  
 Type of Organization: Other/Unknown  
 Type of Care and Treatment Services: Detox-Free-Standing Residential (Sub-Acute)

## Cumberland

### **HENDRICKS HOUSE, INC.**

EXECUTIVE DIRECTOR: AUDREY CARTER  
 Phone: 8567942443  
 Fax: 8567948887  
 Email: acarter@hendrickshouse.org  
 542 N WEST BLVD  
 VINELAND, NJ 08360  
 License by DAS: Yes  
 Accreditation Status: Yes  
 Type of Organization: Other/Unknown  
 Type of Care and Treatment Services: Halfway house, co-occurring

### **SEABROOK HOUSE, INC. THE RECOVERY CENTER**

PRESIDENT: EDWARD DIEHL  
 Phone: 8564557575  
 Fax: 8564557015  
 Email: jcoulter@seabrookhouse.org  
 133 POLK LN  
 SEABROOK, NJ 08302  
 License by DAS: Yes  
 Type of Organization: Non-Profit  
 Type of Care and Treatment Services: Short-Term Residential, Detox-Free-Standing Residential (Sub-Acute), co-occurring

## Essex

### **ANGEL HOPE HOUSE**

CHIEF EXECUTIVE OFFICER: RICHARD BARAKA  
 Phone: 9733736800  
 Fax: 9733736802  
 Email: rbaraka@angelhopehouse.org  
 800 CLINTON AVENUE  
 NEWARK, NJ 07102  
 License by DAS: Yes  
 Type of Organization: Other/Unknown  
 Type of Care and Treatment Services: Halfway house

### **CURA, INC.**

PRESIDENT AND CHIEF EXECUTIVE OFFICER: GLORIA PLAZA  
 Phone: 9736223570  
 Fax: 9736218330  
 Email: cura@curainc.org  
 Website: <http://www.curainc.org>  
 61 LINCOLN PARK  
 NEWARK, NJ 07101-0180  
 License by DAS: Yes    Accreditation Status: Yes  
 Type of Organization: Other/Unknown  
 Type of Care and Treatment Services: Short-Term Residential, Long-Term Residential, co-occurring

### **INTEGRITY, INC.**

PRESIDENT/CEO: ROBERT BUDSOCK  
 Phone: 9736230600  
 Fax: 9736231862  
 Email: rbudsock@integrityhouse.org  
 37 LINCOLN PARK  
 NEWARK, NJ 07102  
 License by DAS: Yes  
 Type of Organization: Non-Profit  
 Type of Care and Treatment Services: Halfway house

**INTEGRITY, INC.**

PRESIDENT & CHIEF EXECUTIVE  
OFFICER: ROBERT BUDSOCK  
Phone: 9736230600  
Fax: 9736231862  
Email: rbudsock@integrityhouse.org  
49 LINCOLN PARK  
NEWARK, NJ 07102  
License by DAS: Yes  
Type of Organization: Non-Profit  
Type of Care and Treatment Services:  
Halfway house

**REAL HOUSE INC.**

CHIEF EXECUTIVE OFFICER: SHAWN  
JENNINGS  
Phone: 9737462400  
Fax: 9737468551  
Email: sjennings54@comcast.net  
15 SOUTH STREET  
NEWARK, NJ 07114  
License by DAS: Yes  
Type of Organization: Other/Unknown  
Type of Care and Treatment Services:  
Halfway house

**REAL HOUSE, INC.**

CEO: SHAWN JENNINGS  
Phone: 9733378742  
Fax: 9736804973  
Email: realhouse95@verizon.net  
60 HAZELWOOD RD  
BLOOMFIELD, NJ 07003  
License by DAS: Yes  
Type of Organization: Other/Unknown  
Type of Care and Treatment Services:  
Halfway house, co-occurring

**Gloucester****MARYVILLE, INC.**

CHIEF EXECUTIVE OFFICER:  
KENDRIA MCWILLIAMS  
Phone: 8566290244  
Fax: 8566293760  
Email: rkarpriel@maryvillenj.org  
1903 GRANT AVENUE  
WILLIAMSTOWN, NJ 08094  
License by DAS: Yes  
Type of Organization: Non-Profit  
Type of Care and Treatment Services:  
Short-Term Residential, Detox-Free-  
Standing Residential (Sub-Acute), co-  
occurring

**Hudson****INTEGRITY, INC.**

PRESIDENT/CEO: ROBERT BUDSOCK  
Phone: 9736230600  
Fax: 2015837114  
Email: rbudsock@integrityhouse.org  
595 COUNTY AVENUE, BUILDING 7  
2ND FLOOR  
SECAUCUS, NJ 07094  
License by DAS: Yes  
Type of Organization: Non-Profit  
Type of Care and Treatment Services:  
Short-Term Residential

**INTEGRITY, INC., HALFWAY  
HOUSE**

PRESIDENT AND CHIEF EXECUTIVE  
OFFICER: ROBERT BUDSOCK  
Phone: 9736230600  
Fax: 9736231862  
Email: rbudsock@integrityhouse.org  
595 COUNTY AVE  
SECAUCUS, NJ 07094  
License by DAS: Yes  
Type of Organization: Non-Profit  
Type of Care and Treatment Services:  
Halfway house, co-occurring

**PINNACLE TREATMENT  
CENTERS NJ-V, LLC D/B/A/  
ENDEAVOR HOUSE NORTH**

EXECUTIVE DIRECTOR: HENRY  
BENNETT

Phone: 7322643824

Fax: 7328880901

Email: [hbennett@endeavorhouse.com](mailto:hbennett@endeavorhouse.com)

206 BERGEN AVE

KEARNEY, NJ 07032

License by DAS: Yes

Type of Organization: Non-Profit

Type of Care and Treatment Services:

Short-Term Residential, Detox-Free-

Standing Residential (Sub-Acute)

**GOOD NEWS HOME, INC., D/B/  
A/ GOOD NEWS HOME FOR  
WOMEN**

EXECUTIVE DIRECTOR: ERNESTINE  
WINFREY

Phone: 9088067913

Fax: 9088067135

Email: [ernestine@goodnewshome.net](mailto:ernestine@goodnewshome.net)

Website: <http://www.goodnewshome.net>

33 BARTLES CORNER RD

FLEMINGTON, NJ 08822

License by DAS: Yes

Type of Organization: Non-Profit

Type of Care and Treatment Services:

Short-Term Residential, Long-Term

Residential

## Hunterdon

**FREEDOM HOUSE**

EXECUTIVE DIRECTOR: GALINDO  
KING

Phone: 9085376043

Fax: 9085374190

Email: [contactus@freedomhousenj.org](mailto:contactus@freedomhousenj.org)

Website: <http://www.freedomhousenj.org>

3 PAVILION ROAD

GLEN GARDNER, NJ 08826

License by DAS: Yes

Handicap Accessibility: Yes

Type of Organization: Non-Profit

Type of Care and Treatment Services:

Halfway house, co-occurring

## Mercer

**PRINCETON HOUSE  
BEHAVIORAL HEALTH**

PRESIDENT: RICHARD WOHL

Phone: 6094973300

Fax: 6094972641

Email: [rwohl@princetonhcs.org](mailto:rwohl@princetonhcs.org)

Website: [http://www.princetonhcs.org/](http://www.princetonhcs.org/phcs-home/what-we-do/p)

phcs-home/what-we-do/p

905 HERRONTOWN ROAD

PRINCETON, NJ 08540

License by DAS: Yes

Accreditation Status: Yes

Handicap Accessibility: Yes

Type of Organization: Other/Unknown

Type of Care and Treatment Services:

Short-Term Residential

## **RESCUE MISSION OF TRENTON**

CHIEF EXECUTIVE OFFICER: MARY GAY ABBOTT-YOUNG  
 Phone: 6093962183  
 Fax: 6096955199  
 Email: [mgay@rmtrenton.org](mailto:mgay@rmtrenton.org)  
 96 CARROLL ST  
 TRENTON, NJ 08609  
 License by DAS: Yes  
 Type of Organization: Non-Profit  
 Type of Care and Treatment Services: Halfway house, co-occurring

## **VERITAS RECOVERY CENTER, LLC**

CHIEF EXECUTIVE OFFICER: MARY PORCELLO  
 Phone: (732) 721-1000  
 Fax: (732) 721-1001  
 Email: [mporcello@optimum.net](mailto:mporcello@optimum.net)  
 540 BORDENTOWN AVENUE  
 SOUTH AMBOY, NJ 08879  
 License by DAS: Yes  
 Type of Organization: Non-Profit  
 Type of Care and Treatment Services: Short-Term Residential, Detox-Free-Standing Residential (Sub-Acute), co-occurring

## **Middlesex**

### **CORE HEALTH**

CEO/ADMINISTRATOR: ANDREW PISCATELLI  
 Phone: 7327211000  
 Fax: 7327211001  
 Email: [drew@pellnj.com](mailto:drew@pellnj.com)  
 Website: <http://www.corehealthnj.org>  
 540 BORDENTOWN AVENUE  
 SOUTH AMBOY, NJ 08879  
 License by DAS: Yes  
 Type of Organization: Other/Unknown  
 Type of Care and Treatment Services: Short-Term Residential, co-occurring

## **Monmouth**

### **DISCOVERY INSTITUTE FOR ADDICTIVE DISORDERS, INC.**

EXECUTIVE OFFICER: ROGER DESCH  
 Phone: 7329469444  
 Fax: 7329460758  
 Email: [pgiandonato@discoverynj.org](mailto:pgiandonato@discoverynj.org)  
 80 CONOVER RD  
 MARLBORO, NJ 07746  
 License by DAS: Yes  
 Accreditation Status: Yes  
 Type of Organization: Non-Profit  
 Type of Care and Treatment Services: Short-Term Residential, Long-Term Residential, Detox-Free-Standing Residential (Sub-Acute), co-occurring

### **EPIPHANY HOUSE, INC.-LONG BRANCH**

PRESIDENT & CEO: ANTHONY COMERFORD  
 Phone: 7327750720  
 Fax: 7325020065  
 Email: [tcomerford@newhopefoundation.org](mailto:tcomerford@newhopefoundation.org)  
 373 BRIGHTON AVE  
 LONG BRANCH, NJ 07740  
 License by DAS: Yes  
 Type of Organization: Non-Profit  
 Type of Care and Treatment Services: Halfway house, co-occurring

**MATTIE HOUSE**

PRESIDENT AND EXECUTIVE  
OFFICER: A.W. COMERFORD

Phone: 7328170616

Fax: 7328170617

Email:

minzelbuch@newhopefoundation.org

Website: <http://>

[www.newhopefoundation.org](http://www.newhopefoundation.org)

86 CONOVER RD

MARLBORO, NJ 07746

License by DAS: Yes

Accreditation Status: Yes

Type of Organization: Non-Profit

Type of Care and Treatment Services:

Halfway house, co-occurring

**NEW HOPE FOUNDATION, INC.**

PRESIDENT AND CHIEF EXECUTIVE  
OFFICER: A.W. COMERFORD

Phone: 7329463030 x243

Fax: 7329464891

Email:

tcomerford@newhopefoundation.org

Website: <http://>

[www.newhopefoundation.org](http://www.newhopefoundation.org)

80 CONOVER ROAD

MARLBORO, NJ 07746

License by DAS: Yes

Accreditation Status: Yes

Type of Organization: Non-Profit

Type of Care and Treatment Services:

Short-Term Residential, Detox-Free-  
Standing Residential (Sub-Acute), co-  
occurring

**NEW HOPE FOUNDATION, INC.,  
EPIPHANY HOUSE, INC.**

PRESIDENT & C.E.O.: ANTHONY  
COMERFORD

Phone: 7327750720

Fax: 7325020065

Email:

tcomerford@newhopefoundation.org

Website: <http://www.epiphanyhouse.org>

300 FOURTH AVENUE

ASBURY PARK, NJ 07712

License by DAS: Yes

Type of Organization: Non-Profit

Type of Care and Treatment Services:

Halfway house, co-occurring

**NEW HOPE FOUNDATIONS'S  
PHILLIP HOUSE HALFWAY  
HOUSE**

PRESIDENT & CHIEF EXECUTIVE  
OFFICER: ANTHONY COMERFORD

Phone: 7328708500 x225

Fax: 7322229315

Email:

tcastellini@newhopefoundation.org

190 CHELSEA AVE

LONG BRANCH, NJ 07740

License by DAS: Yes

Type of Organization: Non-Profit

Type of Care and Treatment Services:

Halfway house, co-occurring

**Morris****ALFRE, INC. D/B/A/ MRS.  
WILSON'S**

EXECUTIVE DIRECTOR: MICHELLE  
REYES

Phone: 9735400116

Fax: 9735399626

Email: [director@mrswilsons.org](mailto:director@mrswilsons.org)

56 MOUNT KEMBLE AVE

MORRISTOWN, NJ 07960

License by DAS: Yes

Type of Organization: Other/Unknown

Type of Care and Treatment Services:

Halfway house, co-occurring

**SUNRISE DETOX CENTER II**

EXECUTIVE DIRECTOR: JEAN  
BRONOCK-ZACCONE  
Phone: 9085042700  
Fax: 9085042750  
Email: jzaccone@sunrise-detox.com  
1272 LONG HILL RD  
STIRLING, NJ 07980  
License by DAS: Yes  
Type of Organization: Non-Profit  
Type of Care and Treatment Services:  
Detox-Free-Standing Residential (Sub-  
Acute)

**Ocean****SUNRISE DETOX TOMS RIVER  
LLC**

EXECUTIVE DIRECTOR: WARREN  
CONNELLY  
Phone: 7327972505  
Fax: 7327972506  
Email: jschettino@sunrise-detox.com  
16 WHITESVILLE ROAD  
TOMS RIVER, NJ 08753  
License by DAS: Yes  
Type of Organization: Other/Unknown  
Type of Care and Treatment Services:  
Detox-Free-Standing Residential (Sub-  
Acute)

**Passaic****DISMAS HOUSE FOR DRUG  
REHABILITATION**

EXECUTIVE DIRECTOR: SAVERIO  
PIROZZI  
Phone: 9733456000  
Fax: 9733457279  
Email:  
spirozzi@straightandnarrowinc.org  
396 STRAIGHT ST  
PATERSON, NJ 07501  
License by DAS: Yes  
Type of Organization: Non-Profit  
Type of Care and Treatment Services:  
Short-Term Residential, Long-Term  
Residential, co-occurring

**EVA'S KITCHEN AND  
SHELTERING PROGRAMS, INC.**

EXECUTIVE DIRECTOR: MARIE  
REGGER  
Phone: 9735236220  
Fax: 9738257297  
Email: marie.reger@evasvillage.org  
393 MAIN STREET  
PATERSON, NJ 07501-2815  
License by DAS: Yes  
Type of Organization: Non-Profit  
Type of Care and Treatment Services:  
Halfway house, co-occurring

**EVA'S KITCHEN AND  
SHELTERING PROGRAMS, INC.**

EXECUTIVE DIRECTOR: MARIE  
REGGER  
Phone: 9735236220  
Fax: 9738257297  
Email: marie.reger@evasvillage.org  
16 SPRING STREET  
PATERSON, NJ 07501  
License by DAS: Yes  
Type of Organization: Non-Profit  
Type of Care and Treatment Services:  
Halfway house, co-occurring



**EVA'S VILLAGE, INC., D.B.A.  
EVA'S KITCHEN AND  
SHELTERING PROGRAMS, INC.**

EXECUTIVE DIRECTOR: MARIE  
REGER

Phone: 9735236220

Fax: 9738257297

Email: [marie.reger@evasvillage.org](mailto:marie.reger@evasvillage.org)

25 JACKSON STREET

PATERSON, NJ 07501

License by DAS: Yes

Type of Organization: Non-Profit

Type of Care and Treatment Services:

Halfway house, co-occurring

**MILLICENT FENWICK HOUSE**

PROGRAM SUPERVISOR: LOLA

PATERSON

Phone: 9732787316

Fax: 9732787316

Email: [lpatter@njaconline.org](mailto:lpatter@njaconline.org)

369-371 MARKET STREET

PATERSON, NJ 07507

License by DAS: Yes

Type of Organization: Non-Profit

Type of Care and Treatment Services:

co-occurring

**MOUNT CARMEL CENTER FOR  
ALCOHOLISM AND OTHER  
CHEMICALLY ADDICTIVE  
DISEASES**

EXECUTIVE DIRECTOR: SAVERIO  
PIROZZI

Phone: 9733456000

Fax: 9733457279

Email:

[spirozzi@straightandnarrowinc.org](mailto:spirozzi@straightandnarrowinc.org)

Website: [http://](http://www.straightandnarrowinc.org)

[www.straightandnarrowinc.org](http://www.straightandnarrowinc.org)

396 STRAIGHT ST

PATERSON, NJ 07501

License by DAS: Yes

Type of Organization: Non-Profit

Type of Care and Treatment Services:

Detox-Free-Standing Residential (Sub-Acute), co-occurring

**STRAIGHT AND NARROW, INC.  
HALFWAY HOUSE**

EXECUTIVE DIRECTOR: JOSEPH F.  
DUFFY

Phone: 9733456000

Fax: 9733457279

Email: [jduffy@straightandnarrowinc.org](mailto:jduffy@straightandnarrowinc.org)

410 STRAIGHT STREET

PATERSON, NJ 07501

License by DAS: Yes

Type of Organization: Non-Profit

Type of Care and Treatment Services:

Halfway house, co-occurring

**TURNING POINT, INC.**

CHIEF EXECUTIVE OFFICER: JOHN  
CLANCY

Phone: 9732399400

Fax: 9738574407

Email: [jclancy@turningpointnj.org](mailto:jclancy@turningpointnj.org)

Website: <http://www.turningpointnj.org>

680 BROADWAY SUITE 104

PATERSON, NJ 07514

License by DAS: Yes

Accreditation Status: Yes

Type of Organization: Non-Profit

Type of Care and Treatment Services:

Short-Term Residential, Detox-Free-

Standing Residential (Sub-Acute), co-occurring

**Somerset**

**ANDERSON HOUSE, A  
TURNING POINT PROGRAM**

CHIEF ADMINISTRATIVE OFFICER:  
ROBERT R. DETORE

Phone: 9085345818

Fax: 9085348871

Email: [rrdetore@turningpointnj.org](mailto:rrdetore@turningpointnj.org)

532 ROUTE 523

WHITEHOUSE STATION, NJ 08889

License by DAS: Yes

Type of Organization: Non-Profit

Type of Care and Treatment

Services: Halfway house, co-

occurring



## **CARRIER CLINIC BLAKE RECOVERY CENTER**

DIRECTOR OF SUBSTANCE  
ABUSE: STEVEN

DRZEWOSEWSKI

Phone: 9082811000

Fax: 9082811680

Email: dparker@carrierclinic.com

252 ROUTE 601 PO BOX 147

BELLE MEAD, NJ 08502

License by DAS: Yes

Type of Organization: Non-Profit

Type of Care and Treatment

Services: Short-Term Residential,

Detox-Free-Standing Residential

(Sub-Acute)

## **DAYTOP VILLAGE OF NEW JERSEY AT CRAWFORD HOUSE**

CLINICAL SUPERVISOR: BRENDA  
PATEMAN

Phone: 9088745153

Fax: 9088744733

Email: lleyhane@crawfordhouse.org

362 SUNSET ROAD

SKILLMAN, NJ 08558

License by DAS: Yes

Type of Organization: Non-Profit

Type of Care and Treatment

Services: Halfway house

## **Sussex**

### **NEW JERSEY ADDICTION TREATMENT CENTER, LLC D/B/ A SUNRISE HOUSE**

CEO: PHILIP HOROWITZ

Phone: 9733836300

Fax: 9733833940

Email: phorowitz@contactaac.com

37 SUNSET INN RD

LAFAYETTE, NJ 07848

License by DAS: Yes

Type of Organization: Profit

Type of Care and Treatment Services:

Short-Term Residential, Detox-Free-

Standing Residential (Sub-Acute), co-

occurring

## **Union**

### **UNION FRESH START, LLC**

PRESIDENT/CEO: JIM KANE

Phone: 6096514001

Fax: 7323580294

Email: jimkane@summithelps.com

1000 GALLOPING HILL ROAD

UNION, NJ 07083

License by DAS: Yes

Type of Organization: Profit

Type of Care and Treatment Services:

Detox-Free-Standing Residential (Sub-

Acute)

## **Warren**

### **LITTLE HILL FOUNDATION HALEY HOUSE**

EXECUTIVE DIRECTOR: MICHAEL  
HORNSTEIN

Phone: 9083625417

Fax: 9083625450

Email: dyurga@alinalodge.org

62 WARDS RD PO BOX G

BLAIRSTOWN, NJ 07825-0966

License by DAS: Yes

Type of Organization: Non-Profit

Type of Care and Treatment Services:

Halfway house

# Smoking Cessation Services

## The New Jersey Quitline

Phone: 1-866-657-8677

## Mom's Quit Connection

24 Hotline: 1-800-545-5191  
 Email: [mqc@snjpc.org](mailto:mqc@snjpc.org)  
 Southern New Jersey Perinatal Cooperative  
 2500 McClellan Ave., Suite 250  
 Pennsauken, NJ 08109

## Tobacco Dependence Treatment Program

Phone: (609) 653-3440  
 Email: [quitcenter@shorememorial.org](mailto:quitcenter@shorememorial.org)  
[www.shorememorial.org](http://www.shorememorial.org)  
 Shore Memorial Hospital Quit Center,  
 One East New York Ave.,  
 Somers Point, NJ 08244

## American Lung Association

Phone: 1-800-586-4872

## HiTOPS, Inc

Ivy Pearlstein 609-683-5155 x212

## Barnabas Health

Parts of Bergen, Essex Hudson and Passaic Counties:  
 Fran Monteleone, 973-450-2997, [fmonteleone@barnabashealth.org](mailto:fmonteleone@barnabashealth.org)  
 Parts of West Essex, Morris, Somerset and Union Counties:  
 Roland Romano, 973-322-5767, [rromano@barnabashealth.org](mailto:rromano@barnabashealth.org)

## Shore Memorial Hospital (Atlantic County)

609-653-3440  
[quitcenter@shorememorial.org](mailto:quitcenter@shorememorial.org)

## Robert Wood Johnson University Hospital Somerset

Tobacco Dependency Treatment Program at the Tobacco Quitcenter (Somerset)  
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# Contact Us

## Locations



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## Our Directors

**Robyn D'Oria** Chief Executive Officer

**Laura Taylor** Deputy Director

**Jocelyn Claudio** Director of Administrative Services

**Tom Eagan** Director of Finance

**Cynthia Newman** Director of Regional Early Intervention Collaborative

**Diana Robinson** Director of Child and Adolescent Health

**Ellen Shuzman** Director of Education and Professional Development