

Treatment Agencies

MERCER COUNTY

**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:** [jleen.benedict@fgccorp.org](mailto:jleen.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>

**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>

**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

**PRINCETON HOUSE BEHAVIORAL HEALTH**  
**PRESIDENT: RICHARD WOHL**  
Phone: 6094973300  
Fax: 6094972641  
Email: [rwohl@princetonhcs.org](mailto:rwohl@princetonhcs.org)  
Website: <http://www.princetonhcs.org/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: 6096951436  
Fax: 6096955199  
Email: [mgay@rmtrenton.org](mailto:mgay@rmtrenton.org)  
Website: <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

**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

**RESCUE MISSION OF TRENTON**  
**CHIEF EXECUTIVE OFFICER: MARY GAY ABBOTT-YOUNG**  
Phone: 6093962183

**96 CARROLL ST**  
**TRENTON, NJ 08609**

Fax: 6096955199

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

License by DAS: Yes

Type of Organization: Non-Profit

Type of Care and Treatment Services: Transitional/Extended Care, Long-Term Residential, co-occurring

**SUMMIT BEHAVIORAL HEALTH, LLC**

**PRESIDENT & CEO: JIM KANE**

Phone: 6096514001

Fax: 7323580294

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

License by DAS: Yes

Type of Organization: Profit

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

**4065 QUAKERBRIDGE RD**

**PRINCETON JUNCTION, NJ 08550**

**TRENTON HEALTHCARE, LLC**

**CHIEF EXECUTIVE OFFICER: ARTHUR FASTMAN**

Phone: (609) 393-8000

Fax: (609) 393-8020

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

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

**801 NEW YORK AVENUE**

**TRENTON, NJ 08638**

**TRENTON TREATMENT CENTER**

**EXECUTIVE DIRECTOR: LESLIE A. DONA**

Phone: 6093922822

Fax: 6093923215

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

License by DAS: Yes

Type of Organization: Non-Profit

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

**56 ESCHER ST**

**TRENTON, NJ 08609**

**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)

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

**540 BORDENTOWN AVENUE**

**SOUTH AMBOY, NJ 08879**