

*New Jersey Comprehensive Statewide
Master Plan for Alcoholism, Tobacco
and Other Drug Abuse
December 2006*



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INTRODUCTION TO THE 2007 MASTER PLAN

Background

The Governor's Council on Alcoholism and Drug Abuse was established by the New Jersey Legislature in 1989 as an independent body to coordinate, plan, research and review all aspects of alcoholism and drug abuse, as well as maintain a statewide prevention network of Municipal Alliances. The Council is comprised of 25 members. Fourteen public members are appointed by the Governor, Senate President and Assembly Speaker and eleven ex-officio members represent state departments and agencies.

The Governor's Council on Alcoholism and Drug Abuse adopted its Mission Statement, Vision and Goals following a collaborative process involving a varied and diverse group of stakeholders with interest in substance abuse prevention, education, intervention, treatment and recovery. These guiding principles have formed the foundation for the ongoing development and implementation of a comprehensive, expansive, and meaningful planning process to address alcoholism and drug abuse in New Jersey.

The improvement of the Council's organization through by-laws revisions and subcommittee realignment under a unifying Planning Committee reinforces the Council's commitment to a strategic planning approach. This past year, following the strategic planning model, the Council reassigned the prevention planning responsibilities to the Alliance Committee in order to integrate the Council's prevention planning efforts and the vast prevention network of the municipal alliances. The Alliance Committee, as well as the Criminal/Juvenile Justice, Legislative and Treatment Subcommittees are utilizing a uniform task oriented strategic planning process without sacrificing individual creativity or imagination.

The Interdepartmental Advisory Panel, which coordinates the Council's state department representation, is credited with overseeing the development of the format used in the State Government Component of the Master Plan. Their effort has led to the collection of the comprehensive information that made this project possible.

This Master Plan contains detailed information regarding the Alliance to Prevent Alcoholism and Drug Abuse. In order to provide a comprehensive look at the State's prevention efforts it is essential to include the Alliance programs of the 528 participating municipalities and 21 counties.

The Council wishes to publicly express its appreciation to Governor Jon Corzine for his administration's support and participation in the activities of the Council and the Municipal Alliances and its overall interest in the critical issues of alcoholism and drug abuse. The Council's close association with the Governor's Office is an invaluable asset in the development and implementation of a comprehensive statewide master plan for alcoholism and drug abuse education, prevention, intervention, treatment and recovery.

Purpose of the Master Plan

The Governor's Council on Alcoholism and Drug Abuse was established by Chapter 51 of the Laws of 1989. The legislation set forth two primary objectives for the Council; the establishment and maintenance of a statewide network of community coalitions, the Alliance to Prevent Alcoholism and Drug Abuse, and the development of a Comprehensive Statewide Alcoholism and Drug Abuse Master Plan.

The law states that the Council shall "adopt and submit to the Governor and the Legislature a Comprehensive Statewide Alcoholism and Drug Abuse Master Plan incorporating and unifying all State, county, local and private alcohol and drug abuse initiatives." Public Law 1989,

Chapter 51 also states, "The Council shall take into consideration all matters affecting alcoholism, intoxication, alcohol abuse, drug addiction and drug abuse and shall formulate comprehensive policies for the prevention and control of alcoholism and drug abuse in order to unify in a comprehensive program all efforts." The legislation also mandates that the "Council shall review and make recommendations with regard to the revision of existing statutes relating to alcoholism and drug program and policies."

The 2007 Master Plan is the continued evolution of an effort that began several years ago when the Council developed a strategic planning process. The current approach by the Council is a Master Plan that not only looks at the current status of alcoholism, intoxication, alcohol abuse, drug addiction and drug abuse efforts in New Jersey, but sets forth objectives and strategies for the future.

The 2007 Master Plan came from the vigorous efforts of the Council's Planning Committee, the Criminal/Juvenile Justice, Legislative and Treatment Subcommittees, as well as the Alliance Prevention Committee. It has been reviewed and adopted by the members of the Governor's Council on Alcoholism and Drug Abuse.

Organization of the 2007 Master Plan

The Master Plan is divided into eight sections: (I) Introduction; (II) Council Organization and Structure; (III) Statement of Need; (IV) GCADA 2007 Objectives and Strategies; (V) Current Issues and Emerging Trends; (VI) County and Municipal Alliance Summaries; (VII) State Government Component; (VIII) Appendices.

Acknowledgements

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Mission Statement

The mission of the Governor's Council on Alcoholism and Drug Abuse is to prevent substance abuse, including alcoholism, and reduce the harm it causes to the citizens of the State of New Jersey.

The Council performs several major functions to achieve its mission:

1. Advocacy and Coordination of ATOD Services

The Council advises the Governor and the Legislature on matters related to substance abuse, and makes recommendations for the improvement of services. It reviews and coordinates State efforts and activities, and recommends strategies to increase public awareness of the dangers and costs of alcoholism, tobacco and other drug abuse.

2. Comprehensive Statewide Master Plan for Alcoholism, Tobacco and Other Drug Abuse

The Council prepares the Comprehensive Statewide Master Plan for Alcoholism, Tobacco and Other Drug Abuse, which includes the allocation of all federal and state funds to State departments for substance abuse prevention, intervention, treatment, research, evaluation, education and public awareness. Through the Master Plan, the Council seeks to unify all State alcohol and drug abuse initiatives into a coordinated and coherent strategy that moves toward achievement of the goals of prevention of substance abuse and reduction of the harm it causes.

3. The Statewide Alliance to Prevent Alcoholism and Drug Abuse

The Council administers the statewide Alliance to Prevent Alcoholism and Drug Abuse. The Council establishes guidelines for the grants process to fund local municipal Alliances, reviews and approves County Alliance Plans in conjunction with the Division of Addiction Services, makes recommendations regarding awarding of grants, and distributes grants to the counties of the Alliances. The Council provides technical assistance to the counties and municipalities regarding the establishment, operation and evaluation of the municipal Alliances.

Vision and Shared Values

The Governor's Council on Alcoholism and Drug Abuse envisions a New Jersey composed of healthy citizens and organizations existing free of illicit drugs and substance abuse, including alcoholism. We acknowledge the complexity of substance abuse issues. Nevertheless, we seek to rid our State of substance abuse and related problems. We see a State where all citizens share behavioral norms and clear expectations for appropriate use of legal substances, including alcohol. We see a New Jersey where all citizens are accountable for their behavior and work together to make this vision a reality.

Guiding Principles

Under the authority established by the Governor and the Legislature, we perform our duties as a Council under the following guiding principles:

1. Leadership:

We exercise leadership in the prevention, intervention, and treatment of substance abuse in the State.

2. Collaboration:

We collaborate with various sectors and groups to increase the effort exerted towards the elimination of substance abuse.

3. Integrity:

We maintain public trust by being an ethical, sensitive, effective and cost efficient organization in service to the citizens of the State.

Core Values

We believe that we can make a difference. Each of us will strive to apply the following shared values in our lives and in our work. We value every individual, and hold the highest expectations for their behavior, well-being and achievements.

Quality

We strive to achieve high standards of performance through innovation, teamwork and open communication.

Respect

We conduct our affairs in a non-judgmental, affirming and constructive manner.

Openness

We believe in free and open discussion and encourage due consideration of all ideas.

Accountability

We take responsibility for our actions and their results, and expect the same from others.

Planned Change

We believe in partnerships and collaboration as the basis for a planned, purposeful and comprehensive approach to the elimination of substance abuse.

Responsiveness

We strive to be responsive to the problems of those with substance abuse problems as well as those who are trying to bring about positive changes in individuals, families and communities.

Diversity

We ensure that efforts are to consider and reflect the diversity of ideas and approaches for eliminating substance abuse. We are respectful of differences and include persons without regard to gender, disability, ethnicity, religious affiliation, economic status or cultural background.

Outcomes

We focus on results and measure progress toward achievement of our goals. We make decisions that are supported by information related to our performance.

Innovation

We encourage new and creative ways of thinking and working in the pursuit of our vision.

Core Beliefs and Goals

The Governor's Council on Alcoholism and Drug Abuse believes the following:

- *The State must reduce the social and health costs of alcohol, tobacco, and other drug abuse.*
 - *The State must increase public safety by the substantial reduction of alcohol and other drug-related crime and violence.*
 - *The State recognizes the extent of human suffering caused by alcohol, tobacco, and other drug abuse and as a result has developed the following Goals:*
- 1) Establish and maintain an inclusive and collaborative strategic planning process to reduce alcohol, tobacco and other drug abuse.
 - 2) Increase public awareness concerning alcohol, tobacco, and other drug abuse and awareness of prevention, intervention and treatment programs.
 - 3) Develop prevention and education programs that prevent alcohol, tobacco, and other drug abuse among all New Jersey residents and in particular its youth.
 - 4) Promote the development and implementation of prevention, intervention, and treatment programs and services based on documented needs, program effectiveness research and program outcome measures.
 - 5) Increase access and remove barriers to treatment for all New Jersey residents in need of treatment.

STATEMENT OF NEED

In 2004, the Governor's Council on Alcoholism and Drug Abuse (GCADA) took part in a statewide unification effort to collectively conduct a needs assessment of the alcohol, tobacco and other drug (ATOD) prevention and treatment services for the State of New Jersey. The purpose of the information was to substantiate the need for prevention and treatment services for calendar years 2005-2007. Upon examining this data, it remains evident that alcohol, tobacco and other drug prevention and treatment services are critically in demand. With this need being stated, GCADA firmly supports all efforts of these services across the State of New Jersey.

In examining the data for this assessment of need, the focus was channeled in several areas. National data was reviewed from the Office of National Drug Control Policy (ONDCP), National Institute on Alcohol Abuse and Alcoholism (NIAAA) and the Department of Health and Human Services Substance Abuse and Mental Health Services Administration (SAMHSA) - Office of Applied Studies regarding federal statistics and funding. State data from the Drug Enforcement Agency, 2004 Uniform Crime Report, New Jersey Division of Addiction Services under the Department of Human Services and the 2003 New Jersey Household Survey on Drug Use and Health were used for identifying current substance use and abuse by the residents of New Jersey, treatment admissions through the New Jersey Alcohol and Drug Abuse Data System (ADADS) and the target risk categories with age focuses for community-based prevention grants.

According to national statistics the current information shows the following:

- The Treatment Episode Data Set for 2003 demonstrate the following:
 - ❑ 42% of all national treatment admissions were for alcohol
 - ❑ 18% opiates (primarily heroin)
 - ❑ 15% marijuana/hashish
 - ❑ 14% cocaine
 - ❑ 7% stimulants (primarily methamphetamine)

- NIAAA research shows the first use of alcohol is mainly associated with environmental factors such as familial and non-familial influences. The research also states that over 18 million Americans, or 8.5 % of the population age 18 and older, suffer from alcohol use and or alcohol dependence. Alcohol consumption is the 3rd leading actual cause of death in the United States in the year 2000 accounting for an estimated 85,000 deaths with 5,000 deaths among youth under 21 years old. The Monitoring the Future survey in 2004 suggests alcohol is the drug of choice for adolescents in grades 8-12, almost doubling cigarettes.

- According to ONDCP, the federal government shows several major funding initiatives for 2006:
 - ❑ \$15.4 million for student drug testing
 - ❑ \$87.5 million for research-based grant assistance to local educational agencies
 - ❑ \$5.8 million for screening, brief intervention, referral, and treatment
 - ❑ \$30.6 million to drug courts program

It is important to look at national statistics and trends in alcohol, tobacco and other drug use and abuse; however, more emphasis is placed on statistics concerning the residents of New Jersey. New Jersey is a major transport corridor as it is situated between New York City and Philadelphia. Our state has several modes of transportation such as airports, seaports, railroads and public highways increasing the likelihood of importation of illegal substances. The

Garden State is home to more than 8.6 million residents as the nation's fifth smallest state making it the most densely populated of all 50 states.

The New Jersey Division of the Drug Enforcement Agency (DEA) reports on the trafficking, availability and seizures of illicit drugs in the state. In 2004, there were 801 drug-violation arrests made by the DEA. According to the DEA New Jersey State Fact Sheet, the following information is regarding illicit drugs in New Jersey for 2004:

Cocaine- There has been 2,083 kgs. seized by the DEA in New Jersey for 2004. Cocaine remains highly available and has shown a slight increase in transportation into the state through the Newark Liberty International Airport.

Marijuana- There has been 1,196 kgs. seized by the DEA in New Jersey for 2004. Marijuana remains the most highly available and most often abused illegal drug in New Jersey.

Heroin- There has been 184 kgs. seized by the DEA in New Jersey for 2004. According to DEA records, heroin is the most significant narcotic problem in the state. Heroin purity in the Newark area continues to be the highest in the country.

Methamphetamine- There has been 0.8 kgs. seized by the DEA in New Jersey for 2004. According to the DAWN Report (Drug Abuse Warning Network), there were over 155 emergency department mentions of methamphetamine in the state. The drug is gaining popularity in areas of the state where cocaine is in short supply.

The Uniform Crime Report is an annual study of crime statistics for every New Jersey law enforcement agency. In 2004, there were 55,814 drug abuse violations, a one percent increase when compared to 2003. Of those, 18,419 persons, or 33%, arrested were under the age of 21. There were 30,112 violations for opium, cocaine and their derivatives (heroin and morphine), 22,168 violations for marijuana or hashish, 2,413 for other dangerous non-narcotic drugs (barbiturates and amphetamines) and 1,121 for synthetic narcotics (Demerol and methadone). Those arrested for possession and/or use of drugs accounted for 73% of the arrests while the sale and/or manufacturing of drugs accounted for the remaining 27% of arrests.

Additionally under the Uniform Crime Report for 2004, were 28,692 arrests for driving under the influence, a two percent increase over the previous year. There were also 8,389 arrests for violation of New Jersey's liquor laws. Adults accounted for 5,705 of these arrests while 2,684, or 32%, were juveniles.

In 2004, the New Jersey Division of Highway Traffic Safety reported 381 arrests for driving under the influence of individuals under 18 years of age. Of those, 317 were male and 64 were female. There has shown an increase each year since 2001, especially for females.

The Division of Addiction Services commissioned the 2003 New Jersey Household Survey on Drug Use and Health released in September 2005. The study was conducted to identify the use and abuse of substances by New Jersey residents. From this information, prevention and treatment initiatives can be established. The results of the study included the topics of alcohol use, illicit drug use, tobacco use, abuse and dependence, access to treatment among those in need, gambling, effect of World Trade Center attacks, and trends in substance use. The major findings are as follows:

Alcohol Use demonstrated that 87% of New Jersey's adults have had a least one drink of alcohol in their lifetime. Of this percentage, 73% admitted to consuming alcohol in the past 12 months and 58% in the past 30 days. Other findings illustrated:

- ❖ 6% of New Jersey residents consumed alcohol almost every day with 15% of those averaging 3-5 or more drinks on the days they drank.
- ❖ 5% admitted to binge drinking in their lifetime.
- ❖ 80% of those surveyed reported they were under the legal age for New Jersey residents to drink the first time they consumed alcohol.

Illicit Drug Use demonstrated that 32% of New Jersey's residents have used one or more illicit drugs in their lifetime. Of this percentage, 6% admitted to using one or more illicit drugs in the past 12 months and 3% in the last 30 days. Other findings illustrated:

- ❖ 30% of New Jersey's residents reported using marijuana in their lifetime while 9% used cocaine, 5% hallucinogens, 4% non-prescribed stimulants, 4% non-prescribed pain relievers, and 3% or fewer reported lifetime using the following: heroin, tranquilizers, sedatives, methamphetamines, crack, steroids, ecstasy, and other club drugs.
- ❖ Of those residents that used in the last 12 months, the most common substances used were 5% marijuana, 2% prescription-type substances and 1% or less used cocaine, hallucinogens or heroin.
- ❖ Of all age groups surveyed, 18-20 year olds had the highest frequency of use. Additionally, this population had the highest prevalence of polydrug abuse (using more than one substance at the same time) at 8%.
- ❖ 13% of New Jersey residents admitted to using two or more drugs at some point in their life time. Past year use of more than one drug was at 2%.
- ❖ First use of substances was measured and demonstrated that 40% of those surveyed first used marijuana between the ages of 15-17. First use of cocaine for 34% was between the ages of 18-20. Of those who first used marijuana at the age of 11 or younger, 83% admitted to using some other drug in their lifetime.

Tobacco Use demonstrated that 58% of New Jersey's residents have smoked cigarettes in their lifetime. Of this percentage, 21% admitted to smoking in the past 12 months and 15% in the last 30 days. Other findings illustrated:

- ❖ Of the 29% that reported using a tobacco product in the last year, 24% were cigarettes, 7% cigars, 1% smoked pipes and 1% used chewing tobacco.
- ❖ The 21-25 age group showed the highest prevalence of current smoking at 34% while 28% were in the 18-20 age group.
- ❖ 69% of smokers admitted to first smoking before the age of 18 while 31% were 14 or younger. 24% admitted to first smoking between the ages of 15-17. Of those who reported smoking under the age of 14, 14% confirmed to heavy smoking in the past 30 days.

Abuse and Dependence demonstrated that 7.5% of New Jersey's residents have been identified by the DSM-IV criteria as being dependent on alcohol or illicit drugs in their lifetime. Other findings illustrated:

- ❖ Of this percentage, 6% were dependent on alcohol only, 0.6% were dependent on drugs only and 0.9% were dependent on both alcohol and drugs.
- ❖ Of those surveyed, males were more likely to abuse or be dependent on alcohol and/or illicit drugs in the past year.
- ❖ Whites at 13%, were more prevalent than Blacks (9%), Hispanics (8%) or Asians (5%) to meet the criteria for abuse or dependence for at least one substance in the past year.
- ❖ The 21-25 age group had the highest prevalence at 22% for past year abuse or dependence.

Access to Treatment among Those in Need demonstrated that 12% of New Jersey's residents reported receiving treatment in their lifetime. Of those, 3% received treatment in the past

year. Lifetime attendance to Alcoholics Anonymous (AA) was at 14% with 5% attending Narcotics Anonymous (NA). Other findings illustrated:

- ❖ Those that abused or were dependent on both alcohol and drugs had accessed treatment at 12%, while 4% of those abusing or dependent on drugs alone and 2% of those abusing or dependent on alcohol alone.
- ❖ Blacks had the highest prevalence to enter treatment at 4% followed by 3% of Whites and no Hispanics or Asians of those surveyed reported entering treatment.
- ❖ The age group most likely to enter treatment were those ages 18-20 at 6%.

Gambling demonstrated that 75% of New Jersey's residents reported gambling in their lifetime. Of those, 65% purchased lottery tickets. Other findings illustrated:

- ❖ 46% of those surveyed admitted to casino gambling and 23% reported other forms of gambling.
- ❖ 3% reported experiencing problem gambling in their lifetime while 1% reported problem gambling in the past year. Of this percentage reporting lifetime problems, 37% admitted to also smoking in the last month, 14% drank heavily in the last month and 20% used an illicit drug in the past year.

Effects of the World Trade Center Attacks demonstrated that 5% of New Jersey's residents were in New York City on September 11, 2001. Of this percentage, 25% met the DSM-IV criteria for substance abuse or dependence. Other findings illustrated:

- ❖ 5% of residents confirmed increasing their use of one of more substances as a result of the 9/11 attacks. Of those, 3% smoked more cigarettes, 2% increased their prescription drug use, 1% consumed more alcohol, and 0.3% used more illicit drugs.
- ❖ 4% interviewed reported the need to receive counseling for psychological or substance abuse/dependency problems related to the 9/11 attacks; however, only 2% received counseling. Trends in Substance Use in New Jersey from 1998-2003 demonstrated a slight rise in the use of cigarettes with smokers increasing from 23% to 24%. Pipe smoking remained the same while cigar smoking fell from 11% to 7%. Alcohol use showed a slight decrease with lifetime use reducing from 91% to 87%. Past year use dropped 2% and past month use dropped 1%. Lifetime illicit drug use showed a slight increase from 30% to 32% while past year use fell 3%.

The findings from the 2003 New Jersey Household Survey on Drug Use and Health identified the substance use and abuse of 14,660 households throughout New Jersey. For those residents seeking treatment, the New Jersey Alcohol and Drug Abuse Data System (ADADS) show the substance abuse treatment admissions for the State of New Jersey. The admissions took place between 01/01/2003 to 12/31/2003. The total admissions across the state were for 53,908 individuals. Of those, 98% were New Jersey residents while 2% reported as "Other". A majority of those treated were males at 69% while female admissions accounted for 31%. Other findings were as follows:

- ❖ 30,644 (57%) of the clients treated reported being treated in their county of residence.
- ❖ Heroin was identified the primary drug of choice with 49% of the admissions. 28% of admissions identified alcohol, 19% intravenous heroin use, and 11% marijuana use. Clients that admitted to smoking tobacco was 76%.
- ❖ The most accessed treatment modality was outpatient care (23%) followed by hospital detoxification (18%), intensive outpatient (13%). Overall, 34,3446 had received prior treatment.
- ❖ 51% of clients were White, 31% Black, 14% Hispanic and 1% Other.
- ❖ The highest rate of admissions were for clients between the ages of 35-44 (33%) followed by 15% each for ages 30-34 and 45-54.

- ❖ 66% were either unemployed or not in the labor force.
- ❖ 60% had no insurance while 16% had private insurance and 15% had public insurance.
- ❖ 20% of the clients had methadone planned as part of their treatment.

The estimated need for treatment still remains high. Of a report addressed by the Division of Addiction Services in 1993, 454,799 of New Jersey adults were still in need for alcohol treatment. Of those 12 and over, 228,201 were still in need of treatment for illicit drug use while of those 70,405 needed treatment for heroin, 85,080 needed treatment for cocaine and 72,716 reported the need for other illicit drugs.

The State of New Jersey Division of Addiction Services under the Department of Human Services has identified several special populations, as well as different age focuses for their community-based prevention grants. Through the 2005 needs assessment, the 21 counties in New Jersey identified the following as the most prevalent at-risk populations throughout the state:

- Children of Substance Abusers (COSA's)
- Isolated/Disengaged
- Abuse Victims
- Economically Disadvantaged
- Violent/Delinquent Behavior

Most counties in the state identified the 12-14 age groups as their main focus. The other most common age focuses were 5-11, 15-17 and parents. These identified populations were addressed through grant funding proposals submitted by prevention agencies located in each county.

2007 GCADA OBJECTIVES AND STRATEGIES

Under the direction of the Planning Committee of the Governor's Council on Alcoholism and Drug Abuse, committees and subcommittees of the GCADA annually develop sets of objectives and strategies that focus the Council's work and collaborative efforts for the upcoming year. The strategic planning process adopted by the Council in 2002 continues to strengthen and develop. The Council believes the work of the subcommittees is consistent with the "ground up" approach to planning envisioned by the Council's mission, vision, core beliefs and goals.

The committees and subcommittees have embraced broad and all encompassing objectives and strategies over the last couple of years; therefore, only minor changes and modifications are found when compared with last year's submissions.

The Council Chairman, Joseph P. Miele, is deeply appreciative of the effort made by all Committee and Subcommittee Chairs and Co-Chairs. Chairman Miele believes the Master Plan is an outstanding success made possible only through the selfless dedication of the volunteers and members of the Council involved in the planning process.

The following are the objectives and strategies for 2007 developed by the Alliance Prevention Committee, the Criminal Juvenile Justice Subcommittee, the Legislative Subcommittee and the Treatment Subcommittee.

2007 Alliance (Prevention) Committee Objectives

Objective #1:

To increase the Alliance Committee's effectiveness in order to better influence the planning and coordination of the state's efforts to prevent alcoholism, drug addiction, and abuse of tobacco and other substances.

Strategies

- Develop a speaker's bureau regarding alcohol, tobacco and other drug prevention services categorized by topic such as alcohol, drug use, tobacco, gang violence, etc.
- Develop and provide a list of suggested organizations, agencies and clubs for municipal and county coordinators to contact in order to network and raise awareness of municipal alliance activities.

Objective #2:

Educate legislators about the benefits of prevention that addresses alcohol, tobacco and other drug addictions and abuse affecting the residents of New Jersey.

Strategies

- Work collaboratively with GCADA's various committees to educate legislators concerning the importance of promoting the benefits of alcohol, tobacco and other drug prevention.
- Develop talking points to communicate a consistent and unified prevention message regarding alcohol, tobacco, and other drug abuse for representatives in the field to utilize at events in 2007.

Objective #3:

Promote programs for older adults, focusing on the "baby boomer" generation, that foster resiliency to prevent the abuse of alcohol, tobacco, medications and other drugs.

Strategies

- Promote resources identified through the resiliency working group including educational materials and other media, with an emphasis on New Jersey based programs and potential leaders for education and training.
- Continue the process of working with professional organizations focused on serving older adults to encourage the development of programs to foster resiliency in their constituencies.
- Provide a prevention presentation to the Municipal Alliances through a workshop/demonstration at the GCADA Summit 2007.

Objective #4:

Promote programs for youth and young adults that foster resiliency to prevent alcoholism, drug addiction and the abuse of tobacco, medication and other substances.

Strategies

- Provide a prevention presentation to the Municipal Alliances through a workshop/demonstration at the GCADA Summit 2007.
- Continue the process of working with associations and professional organizations that have a focus on primary prevention services for youth and young adults in order to encourage collaboration and the development of programs to foster resiliency in their constituencies.

2007 Criminal and Juvenile Justice Subcommittee Objectives

Objective #1:

To increase throughout the State the interaction between the drug courts and municipal alliances throughout educational forums held in collaboration with each County alliance and the drug court.

Strategies:

- Continue dialogue and open discussions for planning purposes with organizations such as the Municipal Alliances, Division of Addiction Services (D.A.S.), community treatment providers, members of the recovering community and members of the Criminal Juvenile Justice subcommittee.
- Organize and hold six presentations during the year in consultation and collaboration with drug courts throughout the county and state.

Objective #2:

To increase knowledge base of Criminal Justice and Juvenile Justice officials, treatment providers, appropriate legislators, and other social service and mental health professionals on issues related to substance abuse.

Strategies:

- Provide support and sponsor training with Greater Newark Safer Cities Initiative (GNSCI) and Greater Camden Safer Cities Initiative (GCSCI). Work towards having those trainings provide educational credit hours from the Addiction Professional Certification Board and Division of Consumer Affairs, State Board of Marriage and Family Therapy Examiners.
- Through invitation allow various state and community agencies, and other organizations with an interest to attend the Criminal Juvenile Justice Subcommittee meetings to present an overview of their respective duties and responsibilities relative to alcohol and drug addiction prevention and treatment. Prepare fact finding reports of the presentation for networking and sharing of vital programs and resources. Consider the feasibility of providing a publication of available resources generated from presentational reports.

Objective #3:

To identify the most sufficient methods of access to assist correctional offenders to reenter society through awareness and education of those community resources and services available statewide to assist the offender in his/her effort to achieve a more positive, productive and long-standing re-entry.

Strategies:

- Identify those community resources throughout the State of New Jersey that provide re-entry services for correctional offenders. Determine by networking, research and informational presentations, the methods and procedures necessary for accessing employment, housing, medical care and education/vocational training opportunities. Develop a survey to determine the effectiveness of the dissemination of information among the NJDOC Offender population and those offenders participating in community halfway houses and other pre-release programs.

2007 Legislative Subcommittee Objectives

Objective #1:

Increase GCADA's awareness and knowledge about legislative activity related to alcohol, tobacco and other drug abuse, to assist the Council in making an informed decision whether to support, oppose or take no action on a bill and/or recommend legislation.

Strategies:

- Identify and track legislation related to alcohol, tobacco and other drug abuse on a weekly basis.
- Review and research related legislation, formulate policy recommendations, draft resolutions of support or opposition, and present recommendations to the Council for adoption.
- Establish appropriate measures to initiate and draft recommended legislation.
- Continue distribution of related public policy information to Council members.
- Sponsor presentations at two regular Council meetings in 2007 on public policy issues.

Objective #2:

Notify stakeholders as may be appropriate of positions endorsed by the full Council on proposed legislation related to alcohol, tobacco and other drug abuse.

Strategies:

- Ensure the timely distribution of the Council's actions on policy and legislative positions to the administration, legislature, Alliance coordinators, substance abuse professionals and other stakeholders.
- Monitor, recommend and take further actions to educate stakeholders regarding the Council's position on legislation (i.e. press releases, legislative testimony, communication with legislative committee chairs and staff, etc.)
- Ensure the Council's official position on legislation is included in certain GCADA publications and presentations.

Objective #3:

Educate legislators and other public policy decision makers about alcohol, tobacco and other drug abuse issues.

Strategies:

- Sponsor an event, such as the Day of Advocacy, at the State House in coordination with other subcommittees of GCADA, other state agencies and constituent groups.
- Continue to send GCADA publications to legislators and public policy decision makers.
- Encourage advocacy teams and ongoing advocacy efforts.

Objective #4:

Increase the GCADA Legislative Subcommittee's knowledge of the State and Federal budgeting process related to alcohol, tobacco and other drug abuse revenues and expenditures.

Strategy:

- Schedule presentations for Legislative Subcommittee meetings in 2007 by experts in

the State and Federal budget processes as they relate to alcohol, tobacco and other drug abuse revenues and expenditures.

2007 Treatment Subcommittee Objectives

Objective #1:

Increase knowledge base of treatment professionals on the topics of substance abuse and provide networking opportunities to promote professional development.

Strategies:

- Support and/or organize workshops and trainings, as needed, at the GCADA Summit, ATP conference, and other local or regional presentations for treatment professionals linking treatment and prevention.
- Conduct a survey to assess the success of these trainings.

Objective #2:

Educate public policy makers and other stakeholders about addiction, treatment, prevention, and recovery services in New Jersey to include information on the continuum of care, identifying gaps between systems and covering all developmental stages and special populations.

Strategies:

- Co-sponsor an event with GCADA's legislative subcommittee at the statehouse to educate legislators about issues regarding access and barriers to individuals seeking treatment.
- Develop a strategy that emphasizes and supports the concepts of recovery.
- Support the proposed recovery media campaign which was launched by the Partnership for a Drug Free New Jersey in April 2006.
- Continue to maintain and distribute an updated GCADA Directory of Statewide Addiction Treatment Resources.

Objective #3:

Educate GCADA members about the barriers to accessing treatment services, emphasizing the extensive waiting lists for those individuals seeking treatment.

Strategy:

- Make quarterly presentations at Governor's Council meetings with an emphasis on types of treatment, need for additional treatment resources, and gaps in the continuum of care.

Objective #4:

Identify gaps in the continuum of care provided in New Jersey between systems and across all developmental stages of individuals for addiction treatment services and recovery support.

Strategy:

- Organize a working group to assess continuum of care issues, with specific emphasis on how to bridge the gaps and to develop a plan of action to address its findings.

Current Issues and Emerging Trends

December 2007

Continuing with a practice started last year, the GCADA's Planning Committee is once again including a Current Issues and Emerging Trends section in the Master Plan. Topics were selected after consultation with the Council's committees and subcommittees as well as other stakeholders and agencies involved in alcoholism, tobacco and drug abuse prevention, education, intervention, treatment, and recovery services.

The topics presented here are not prioritized and represent only some of the issues facing the alcoholism and drug abuse field in New Jersey. At the request of the Legislative Subcommittee, we have also included an update of other issues which the GCADA has been following for a number of years.

Each topic has been developed and summarized by individuals and representatives of various state, private non-profit or private practice agencies; therefore, presentation differences exist throughout this section.

It is important to note that the recommendations presented here are those of the contributing writer. The subcommittees of the Governor's Council on Alcoholism and Drug Abuse will review and discuss them in their upcoming term. Should they determine the Council needs to take further action will make appropriate recommendations to the Planning Committee and Leadership Group.

The Current Issues and Emerging Trends included in this year's Master Plan are:

1. Round Up Of Miscellaneous Issues in 2006

Nick Petrozzino, MPA, Master Plan Project Coordinator (GCADA)

2. Strategic Prevention Framework (SPF) Process Office of Prevention and Training Services, Division of Addiction Services

3. Improving Services for Youth with Mental Health and Co-occurring Substance Use Disorders Involved with the Juvenile Justice System

Barbara Chayt, MA, Director, Specialized and Interagency Services

Juvenile Justice Commission

Pete Gallione, Administrator, Substance Abuse Services

Juvenile Justice Commission

4. Recovery Oriented System:

A Recommended New Treatment-Recovery Paradigm

Dave Kerr, President Integrity House, Inc.

5. Fee For Service – A Position Paper

Rev. Joe Hennon, Vice President

Daytop, Inc. – New Jersey

6. Older Adults and Substance Use and Abuse:

Current Status And Future Need

Erma Polly Williams, Program Specialist for the Aging, Division of Addiction Services

7. Violence, Substance Abuse and Gangs in New Jersey

Lt. Edwin Torres, Supervisor Gang Management Unit

Juvenile Justice Commission

A Round Up of Issues in 2006

Prepared by Nick Petrozzino, MPA
Master Plan Project Coordinator, GCADA

The Governor's Council on Alcoholism and Drug Abuse reviews, tracks and often takes positions on legislation which affects the alcoholism, tobacco and drug abuse field. This is primarily undertaken by the Legislative Subcommittee of the GCADA. In, 2006, several pertinent issues remained legislatively active. These issues include medical insurance parity, needle exchange, and school administered student surveys. Additionally, school drug testing and drug courts continue to be items of interest to the field. This synopsis will give a brief background and update on these issues.

I. Parity: After the federal Mental Health Parity Act of 1996 was signed into law, many states took the initiative to introduce legislation to provide coverage for individuals with mental illness under the same terms and conditions as provided for other illnesses. In 1999 New Jersey became the 23rd state to enact parity legislation (S86); however, the bill did not require the inclusion of non- biologically based illnesses such as post-traumatic stress disorder, eating disorders, depression, anxiety, and substance abuse.

Opponents of comprehensive parity legislation claim full parity, in part, puts an unfair financial burden on businesses. In 1998, the National Advisory Mental Health Council found that under managed care full parity would increase healthcare costs by approximately one percent per year. In the same year the Congressional Budget Office found that parity legislation would increase premiums by 0.9%. Nevertheless, opponents believe that the aggregate cost to employers would adversely impact businesses.

Proponents suggest parity legislation is cost effective over the long term. A paper published by the US Department of Health and Human Services on February 12, 2004 states that, "Much of the personal and societal burden of mental and drug abuse disorders could be prevented or alleviated if (they)... received treatment...."¹ The report went on to say that the economic cost contributed to these illnesses is \$79 billion annually. Approximately \$63 billion of this reflects lost productivity; mortality cost is \$12 billion due to premature death, and nearly \$4 billion is attributed to productivity loss due to incarceration and the provision of family care.²

Since 2002, a number of parity bills that included provisions for non-biologically based illnesses have been introduced in the New Jersey legislature, but none have been passed. GCADA passed a resolution in support of the Alcohol and Drug Addiction Treatment Equity Act during the 2002-03 legislative session.

In January 2006, new parity legislation (S807 and A2512) was introduced which would revise statutory mental health coverage and require the SHBP and all health insurers to cover treatment for alcoholism and other substance abuse disorders under the same terms and conditions as for other diseases or illnesses. The Mandated Health Benefits Advisory Commission established to review mandated health benefits and define its social and financial impact and medical efficacy, as well as the Pension and health Benefit Review Commission recommended its enactment. The bill passed the Assembly Health and Senior Services Committee and Senate Health, Human Services and Senior Citizens Committee and was referred to their respective budget and/or appropriations committees. However, during the hearings discrepancies between the federal parity statute and the proposed New Jersey legislation, that appeared to give larger businesses an unfair advantage, were brought to light. It was recommended that the discrepancies be addressed prior to the bill passing to the floor for a vote.

In October 2006 GCADA Chairman Joseph P. Miele sent a letter restating the Council's support for substance abuse parity legislation to Senator Bernard F. Kenny Jr., chair of the Senate Budget and Appropriations Committee urging him to post the bill for a vote in his committee

so that it may be considered by the full senate. On December 4, 2006 S807 was passed by the senate 29-9

II. Needle exchange: In 1984, Amsterdam, the Netherlands, adopted the first needle exchange program in an attempt to stem the tide of the hepatitis B epidemic. For many years in the United States, needle exchange efforts were non-sanctioned and conducted on city streets (like Boston and New Haven in the mid-1980s) by activists. The first sanctioned needle exchange program in the US was set up in Tacoma, Washington in 1988 to control the spread of HIV/AIDS. Many states have passed legislation in order to allow for some form of clean needle program (needle exchange programs or over-the-counter purchase of hypodermic needles) while other states have allowed needle exchange programs to set up without changing existing laws or passing new legislation.

Opponents of needle exchange programs believe that easy access to needles, whether by exchange or through a pharmacy, will only encourage intravenous drug use, and cite certain studies that argue that needle exchange programs have not significantly reduced the spread of HIV/AIDS.

Proponents argue that needle exchange programs are a simple, cost effective way to reduce needle sharing, curtail the transmission of HIV/AIDS, increase safe disposal of used needles, provide information to injecting drug users, and help drug users obtain treatment and primary health care.

Needle exchange bills have been introduced and reintroduced in the New Jersey legislature since the 1994-95 session. Bills have also been introduced opposing or challenging the legality of needle exchange initiatives.³ In the autumn of 2004 Governor McGreevey signed Executive Order No 139 which would have established demonstration needle exchange programs in willing cities due to a health emergency. The executive order was challenged by the nonpartisan Office of Legislative Services,⁴ and never got off the ground.

In 2006, bills (S494 and A1852) were introduced which would establish the Bloodborne Disease Harm Reduction Act and allow the start up of sterile syringe access demonstration programs. On October 12, 2006, S494 gained the support of the Senate Budget and Appropriations Committee and passed to the full Senate for a vote. Bill A1852 was passed out of the Assembly Health and Senior Service Committee on October 19, 2006, and passed onto the Assembly Appropriations Committee. Before clearing the Senate Budget and Appropriations Committee, S494 was amended to include a \$10 million appropriation for drug abuse treatment services and a stipulation that no more than six demonstration programs be established⁵. At the November 13, 2006 GCADA meeting a resolution in support of the needle exchange demonstration program was passed provided certain conditions are met. The Bloodborne disease harm reduction act was passed by both houses of the Legislature on December 11, 2006 and signed by Governor Corzine on December 19, 2006

III. Student Surveys: Student surveys had been implemented and used for decades in order to monitor and track the behavior, beliefs and perceptions of our youth, much in the same way surveys are conducted with any population or societal group. Surveys also play a critical role in establishing benchmarks and measuring the effectiveness of education and prevention programs.

The establishment of PL 2001, c.364 (C.18A:36-34) mandates school districts receive written informed consent from student's parents. This 'active parental consent', while well intended, has had the debilitating effect of nearly eradicating data benchmarks and tracking information which are necessary for educators, health professionals, law enforcement, state and local governments, and others to establish effective prevention programs.

In 2006, New Jersey legislators introduced bills A2148 and S1268, designed to amend the written consent law and, "permits a student to participate in a voluntary survey if the district sends prior written notification that a survey will be conducted." This is known as passive parental consent. The bills were introduced in the Assembly Education Committee in January 2006 and the Senate Education Committee in February 2006.

In addition, the Planning Committee of the GCADA received a request from the Copeland Middle School, Rockaway Township asking the Council to co-sponsor a student survey. The school completed a student survey in 1999 and established community based prevention programs based upon the data revealed in the survey. The request to cosponsor this second survey would be to assist the school in determining if the programs previously established are having an effect. The Copeland Student Survey will also be a case study in the effect of the 'active parental consent' law. Based upon the recommendation of the Planning Committee, the GCADA approved the co-sponsorship of the Copeland student survey at its October meeting. Discussion at the Council meeting and information provided by the Division of Addiction Services on their planned statewide school survey, led the Council to agree to make approval conditional upon the Copeland Middle School not fitting into the statewide survey.

IV. Student Drug Testing: In August 2005, P.L. 2005, c.209 was signed into law authorizing random drug testing for certain students. The statute allows school districts to require both parents and students to agree, in writing, to random drug testing if the student wishes to participate in extracurricular activities or avail themselves of other privileges such as driving their cars to school.

Some student drug testing initiatives are currently funded by federal and state dollars under the federal Safe and Drug-Free Schools and Communities Act (SDFSCA) program established in 1986. The Safe and Drug Free Schools funding is awarded to the state Department of Education and is distributed to local districts to fund a range of alcohol and drug abuse, and violence prevention programs.

One example of the results of student drug testing was addressed in an article published in the Express Times on October 23, 2006 that featured survey results of Hackettstown High School 11th and 12th grade students since random drug testing was implemented in 2004. The results showed a decrease of 13% in marijuana use. The results also showed that the use of all other types of drug use also decreased e.g. cocaine, heroin, inhalants, sedatives, tranquilizers etc. However, the use of hallucinogens remained the same and the abuse of prescription painkillers is on the rise (some attribute this to easy access to home medicine cabinets). Alcohol consumption was down among 11th and 12th grader. ⁶

When student drug testing was contested in Washington, Oregon, Indiana, Colorado, Pennsylvania and New Jersey their respective state supreme courts declared student drug testing legal. In addition, the US Supreme Court has twice ruled that student drug testing is legal. However, the only cases that have been presented to the courts have involved student athletes or students in extracurricular activities. A case for testing all students for drugs has not been presented to the courts.

V. Drug Courts: In 1996, the Camden and Essex Counties Superior Courts initiated dedicated drug courts and began accepting participants. By 1999 programs were established in Mercer, Passaic and Union Counties. The Conference of Criminal Presiding Judges, in 2000, recommended, and the Judicial Council adopted drug court as a "Best Practice." By the end of that year the judiciary released a document entitled "Drug Courts: A Plan for Statewide Implementation" based on the successes of the pilot initiatives.

In September 2001 the state enacted PL 2001, c 243 which provided funding to the judiciary for the expansion of the drug court program beyond the initial five courts for non violent offenders with no prior violent crimes convictions. The plan involved a three phase approach now in place that included, (1) transferring the pilot drug court from grant funding to direct appropriations from the state, (2) expand the program to Bergen, Cumberland/Gloucester/Salem, Monmouth, Morris/Sussex and Ocean vicinages by April 2002, and (3) subsequently expand the remaining five court vicinages of Atlantic/Cape May, Burlington, Hudson, Middlesex, and Somerset/Hunterdon/Warren.⁷ In 2004, the GCADA passed a Resolution in support of the expansion of drug courts into the remaining five vicinages.

As of September 2006, the number of participants ever enrolled in the program is 6,300 and the number of active participants is 2,548. Four hundred thirty eight individuals have successfully progressed to the final phase of the program, and 635 have successfully graduated from all phases of the drug court program. The retention rate to date is 69%⁸.

Beginning in 2005, the Criminal Juvenile Justice Subcommittee of the GCADA initiated Municipal Alliance-Drug Court Forums planning to conduct a forum in each vicinage. This initiative is a collaborative effort with the Administrative Office of the Courts and the Counties and is an ongoing effort to educated alliance and drug court professionals and public officials, as well as, fostering a working relationship between the two disciplines. To date five of these forums have been held.

Conclusion: In 2006 New Jersey has once again focused on issues, legislation and initiatives of critical importance to the education, prevention and treatment of alcoholism and drug abuse. As the year ends, New Jersey's policy makers are actively looking at legislation regarding medical insurance parity, needle exchange, ameliorating the student survey legislation, among other issues. Increasing numbers of New Jersey's school districts are implementing and reviewing student drug testing, and New Jersey's drug courts continue to succeed in offering a viable alternative to incarceration. The issues and initiatives addressed in this synopsis are provided as a brief overview of topics previously addressed at greater length. The level of legislative activity and administrative initiative are a testament to New Jersey's commitment to treating alcoholism and drug abuse on an equal basis with other chronic and debilitating illnesses without stigma.

1 "Spotlight On Co-Occurring Disorders: Substance Abuse and Mental Illness," Dual Diagnosis Recovery Network, Nashville, TN, September 2005

2 "Research On Rural Mental Health And Drug Abuse Disorder," USDHHS, February 12, 2004.

3 2002-03 A2063; 2004-05 A 1649, S1688; 2006-07 S443

4 Verniero, Peter, Attorney General, "Preserving new Jersey's Drug Possession and Paraphernalia Laws: A Law Enforcement Response To The Legislative Proposal To Decriminalize The Possession Of Hypodermic Syringes Intended For Use To Inject Illicit Drug" Department of Law and Public Safety, Trenton, New Jersey, October 1998.

5 "Compromise on the Syringe bill brings issue to Senate Vote," NCADD-NJ, October 2006

6 Olanoff, Lynn , "Student drug use down; uncertain if testing is cause," The Express Times (www.nj.com/expresstimes): October 23, 2006

7 <http://www.judiciary.state.nj.us/criminal/crdrgct.htm>

8 Information provided by the drug Court Manger, NJAOC; Criminal Practice Division, October, 2006.

The New Jersey Strategic Prevention Framework (SPF) Process

Prepared by the Office of Prevention and Training Services, Division of Addiction Services

In May 2006, the New Jersey Governor's Office, through the Department of Human Services/Division of Addiction Services (DHS/DAS) submitted a Request for Proposal (RFP) to the federal agency, SAMHSA-CSAP, in hopes to implement SAMHSA-CSAP's Strategic Prevention Framework (SPF) State Incentive Grant (SIG). In September of 2006, the New Jersey Division of Addiction Services was notified that New Jersey had received the grant contract, scheduled to begin October 1, 2006.

The proposal was developed to implement a Strategic Prevention Framework (SPF) utilizing a common set of goals, expectations and accountabilities throughout its substance abuse prevention infrastructure. DHS/DAS is the Single State Authority on substance use, and as such, currently implements and monitors the Federal Substance Abuse Prevention and Treatment Block Grant, as well as multiple other research oriented projects. DAS, therefore, is well versed in establishing and overseeing large scale projects and initiatives regarding data collection and substance use. The purpose of New Jersey's SPF SIG project is to create and support a statewide, cross-system, data-driven infrastructure of alcohol, tobacco, and other drug prioritization, implementation and evaluation, which will assist communities across New Jersey to:

- Implement the five-step Strategic Prevention Framework planning process at the state and community level;
- Build sustainability and cultural competency into each of the steps of the process;
- Implement evidence-based and culturally competent prevention programs, policies, and practices based on epidemiological analysis /needs assessment;
- Evaluate results and communicate them to policymakers and the public;
- Efficiently coordinate multiple streams of prevention funding in order to achieve the targeted outcomes linked to each funding source, and maintain accountability; and
- Achieve changes in the substance abuse related problems, consumption patterns, and causal factors selected at the community level, and, if possible, the State level

This project will build upon the six principles of the Strategic Framework and will implement the five required steps of the SPF at the State and local level, with an emphasis on sustainability and cultural competence.

The SPF SIG will significantly improve New Jersey's prevention capacity and infrastructure at the state, county and local levels. The SPF SIG provides the opportunity for DAS to join with all other agencies in New Jersey administering substance use prevention-related programming and develop a systematic, data-driven, approach to decision making. The additional capacity provided by the SPF SIG will allow New Jersey to assess ways of reforming funding distribution and build a sustainable system that is truly data driven. The SPF SIG will also provide an opportunity for New Jersey to combine the epidemiological profile data collected by the SEOW with our current system for assessing and analyzing causal factors and link those causal factors to priority problems, a function our current system does not serve. For more information, contact Alysa Fornarotto-Regenye, SPF SIG Project Manager at (609) 984-5615.

EDITOR'S NOTE:

The Governor's Council on Alcoholism and Drug Abuse has collaborated with the Division of Addiction Services and the county alcohol and drug abuse offices over the past decade in an effort known as Prevention Unification. The Governor's Council believes that the municipal alliances are the ideal resource in our communities to deliver local prevention programs. In 2007, municipal alliances will receive training and support to strengthen them and prepare them to play a larger role in the delivery of prevention services in New Jersey. Throughout 2007, the Governor's Council will be holding local trainings for the municipal alliance volunteers and coordinators in order to provide them with the information and skills necessary.

Improving Services for Youth with Mental Health and Co-Occurring Substance Use Disorders Involved with the Juvenile Justice System

By Barbara Chayt, M.A., Director, Specialized and Interagency Services, Juvenile Justice Commission

Pete Gallione, Administrator, Substance Abuse Services, Juvenile Justice Commission

Scope of the Problem

Studies conducted on juveniles who come in contact with the juvenile justice system demonstrate that these youth have substantially higher rates of mental health disorders than youth in the general population.¹ Research suggests that approximately 70 percent of these youth suffer from mental health disorders, with at least 20 percent having what is considered to be a severe emotional disorder, i.e., their ability to function is significantly impaired.² Many of these youth have low-level delinquency issues and high needs in terms of therapeutic services, as reflected in the high number of juveniles committed to the NJ Juvenile Justice Commission (JJC) for technical probation violations rather than a new offense, (nearly 1/3 in 2004).³ In addition, approximately 70% of all youth entering the JJC are in need of some level of substance abuse services, and about 25% are diagnosed as having a co-occurring mental health and substance abuse disorder.⁴

The growing awareness of this special population of youth, their needs and the impact they have on the juvenile justice and mental health systems has led to increasing concern regarding the ability to identify their problems and provide appropriate interventions.

The National Policy Academy on Improving Services for Youth with Mental Health and Co-Occurring Substance Use Disorders Involved with the Juvenile Justice System

The issue of co-occurring mental health and substance abuse disorders among youth in contact with the juvenile justice system has drawn national attention. In order to improve the response of the mental health and juvenile justice systems to these youth, in 2003 the National Center for Mental Health and Juvenile Justice, the Council of Juvenile Correctional Administrators, and the National Association of State Mental Health Program Directors came together, with funding from the Center for Mental Health Services within the Substance Abuse Mental Health Services Administration (SAMHSA), and created the National Policy Academy. Local multidisciplinary teams from jurisdictions across the country were given the opportunity to come together to develop and strengthen partnerships and networks that support the creation and implementation of comprehensive and integrated service models for youth with co-occurring disorders. The Policy Academy supported this effort by providing selected jurisdictions with access to ongoing expert consultation and technical assistance.

This pilot project was initiated to provide an opportunity for each jurisdiction to serve as a "laboratory for learning" toward creating specific local plans of action for identifying and responding to these youth. The planning process places a particular emphasis on community-based efforts to successfully divert and reintegrate youth with co-occurring disorders who in contact with the juvenile justice system. Initially, programs were implemented in selected jurisdictions including the states of Louisiana, Pennsylvania and North Carolina. These initial sites accomplished tasks including implementing standardized screening and assessment tools at an early point of contact, engaging in focused activities to strengthen the role of youth and families in policy and practice decisions, incorporating evidence-based treatment practices into service delivery systems, and developing a community-based pilot for reintegrating youth back into the community from secure care facilities.⁵

considering the demonstrated success in the selected jurisdictions the Policy Academy continued the next year, reaching an increasing number of jurisdictions nationally.

The New Jersey Team and the Planning Process

New Jersey was one of nine jurisdictions selected nationally to participate in 2005 following a highly competitive application process led by the JJC. The “kick-off” began with a visit by the National Policy Academy to New Jersey in the summer of 2005. Key stakeholders joined New Jersey’s team members for an overview of the initiative, followed by an informal discussion about available services and gaps in New Jersey. Subsequently, the New Jersey team went to Bethesda MD with other selected jurisdictions to develop a preliminary strategic plan.

New Jersey’s “vision” has extended beyond the strategic planning process and initial implementation steps that began with the support of the National Policy Academy. The overall goal is to expand the collaborative efforts centered on continuity of care, as well as comprehensive, flexible service delivery for children and adolescents in all systems. By beginning with youth involved with the juvenile justice system who are experiencing serious mental health and co-occurring substance use disorders it is believed that eventually the models and processes developed will reach a wider audience of adolescents who will ultimately benefit from a more effective and responsive system.

The New Jersey Team that worked directly with the National Policy Academy is comprised of representatives from the JJC, Administrative Office of the Courts, Division of Child Behavioral Health Services, Division of Addiction Services, Governor’s Mental Health Task Force, Office of the Child Advocate, and the Family Support Organization.

Key participants in the process include judges, prosecutors, public defenders, youth service system providers, community service providers, family members, youth advocate groups and representatives from (GCADA). These stakeholders have joined in collaboration to change the way the system responds to this special needs population. Strengths across the existing system have been identified in order to maximize the opportunity to build on these strengths.

New Jersey’s Preliminary Strategic Plan

New Jersey’s preliminary strategic plan includes developing a data collection process across systems recognizing that the analysis of data is the starting point of any systemic reform. Another key strategy – Diversion, involves early identification and screening, such as looking at cross-system training models including police and Family Court Intake staff to ensure emergency access to services at initial point of contact, and utilizing the Massachusetts Youth Screening Inventory, Version 2 (MAYSI-2), a mental health-screening tool currently used in NJ’s 17 county detention centers, at an earlier point of contact and refining linkages to assessment and services via the DCBHS.

An additional strategy involves Disposition, including giving judges more options by enhancing service capacity and ensuring access to services for court involved youth, and working toward increased integration of services within JJC facilities. Re-entry back to the community is also prioritized by looking at linkages to children and adult systems to include transition from youth to adult services as well as homelessness. The effort to ensure/enhance service capacity - the thread throughout the entire plan - consists of working towards access and best practice models/options at every point of contact, e.g., front end diversion, dispositional options for judges, linkages upon re-entry. Ultimately Outcomes will demonstrate success, through developing performance standards and outcome measures and evaluating progress toward fulfilling New Jersey’s goals and objectives.

The Change Process

Committees have been formed to include as many key stakeholders as possible in addressing the goals and objectives established by New Jersey's initial strategic plan. As part of the implementation process the committees will gather data, identify existing and pilot new best practices, develop implementation plans and coordinate action steps across systems.

The five committees to address these issues are:

- Data Collection and Analysis - To develop a data collection process across agencies/ systems that reflects what is actually occurring, and can be used to guide policy and planning level decisions.
- Screening and Identification - To identify processes to ensure early identification and diversion of youth with co-occurring disorders.
- Best Practices/ Service Capacity - To ensure service capacity from diversion through re-entry, equal access for court involved youth, and best practice and evidence-based interventions/ models.
- Re-entry – To ensure access to appropriate services upon return to the community. This includes joint planning between the juvenile justice system and the child welfare/ behavioral health systems beginning prior to release and ensuring linkages to adult systems of care.
- Oversight – To review each committee's goals and objectives to ensure consensus, to address implementation issues, including barriers, to identify and facilitate related policy changes, and to create mapping of a final strategic plan with a timeline for each recommended activity.

Committees are utilizing the "SWOT" approach, i.e. they are identifying strengths, weaknesses, opportunities and threats to achieving goals. The focus is on identifying current strengths across systems and ensuring consistency with other system reform initiatives. There is also a focus on tasks that can be achieved within a relatively short period of time through an action planning process.

Summary

It is anticipated that the collaboration and networking that have been forged, along with capitalizing on strengths and opportunities for change, will support a continuing process that will benefit the youth of New Jersey.

- 1 National Mental Health Association, "Mental Health Treatment for Youth in the Juvenile Justice System – A Compendium of Promising Practices," Alexandria VA, 2004.
- 2 Skowrya, Kathleen R. and Cocozza, J. Joseph, Ph.D., "Blueprint for Change: A Comprehensive Model for the Identification and Treatment of Youth with Mental Health Needs in Contact with the Juvenile Justice Commission," National Center for Mental Health and Juvenile Justice, Policy Research Associates, Inc. Delmar, NJ, January 2006.
- 3 "Juvenile Justice Matters," NJ Juvenile Justice Commission, Fall 2005.
- 4 NJ Juvenile Justice Commission, Annual Substance Abuse Assessment Report, 2005.
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A Recommended New Treatment – Recovery Paradigm Recovery Oriented System (ROS)

By Dave Kerr

“Dr. A. Thomas McLellan looked at three conditions which medicine shows can be managed, but not cured, and compared treatment outcomes with those for alcohol dependence. The other diseases were high blood pressure, asthma and diabetes.”¹ McLellan’s point is that when people relapse from addiction, they are often seen as a failure with no follow-up. When they relapse from asthma or diabetes or high blood pressure as a result of not taking their medication, they are put back on their medication. Understanding this point is the key to a new Recovery Oriented System to help addicts over the long haul.

Our experience over the last forty years is corroborated by what research says:

“For many individuals, recovery sustainability is not achieved in the short span of time treatment agencies are currently involved in their lives. When addiction treatment agencies discharge clients following a brief episode of services, they convey the illusion that continued recovery is self-sustainable without further professional support. However, research data reveals that durability of recovery from alcoholism (the point at which risk of future lifetime relapse drops below 15%) is not reached until after 4-5 years of sustained remission (De Soto, O’Donnel, & De Soto, 1989; Jin, Rourke, Patterson, Taylor, & Grant, 1998). This recovery durability point is even longer for recovery from narcotic addiction (Simpson & Marsh, 1986; Hser, Hoffman, Grella, & Anglin, 2001). Such findings beg for models of sustained post-treatment check-ups and support comparable to the assertive post-treatment monitoring used in other chronic disorders, e.g., diabetes, heart disease, cancer. While the effects of acute treatment erode with time, the influence of the post-treatment environment increases. That is the environment we must niche within and remain within if we are truly interested in long-term recovery.” Excerpts From the book ‘Recovery, Linking addiction treatment and communities of recovery: a primer for addiction counselors and recovery coaches’ 2006. William White and Ernest Kurtz and published by the Northeast ATTC - 2006)

What We Know – The Case for Recovery Oriented Systems:

Help for most addicts is defined as an acute episode with an admit date and a discharge date, yet most treatment experts call for a “continuing care” approach that requires time and requires a true recovery model versus a medical approach. Research shows that drug addiction is a chronic, recurring bio-psychosocial disease, and so needs to be treated as a long-term disease. Experts in the field also point out that addicts need to take an active role in recovery for it to succeed.

Based on research, DAS and treatment providers should work together on a new model of treatment to incorporate the overall importance of and resources for long-term recovery. According to research and experience, careful support nurturing and case management of one client for five years will be cheaper and more effective than providing expensive “front end” short-term acute care for five addicts. Worse yet, these five addicts – without long-term recovery options – will probably recidivate shortly after treatment discharge. All of this speaks to the need for a true system of long-term addiction recovery, initiated by the short-term episode.

While there is talk about “continuing care”, our agencies are monitored and audited based on a one-time expensive treatment acute care model. In addition, we currently have no statewide system that can track clients across jurisdictions (e.g. from Human Services to DOC and to Parole)². These are all separate entities or silos that need connecting for our services to be successful and cost efficient.

We understand that addiction is a chronic, recurring bio-psychosocial disease. Individuals develop a lifestyle leading to addiction over many years. Changing that lifestyle to a clean and sober one will also take many years. So while treatment is a shorter period of prescribed planned activities and counseling geared toward helping the client understand the nature of the disease, it will not address lifestyle change in such a short period of time. This is why a recovery model is needed. With the continuity of strong support by case managers and court representatives over five years, even “hard core” addicts have a chance to learn, develop and make good progress to a more permanent recovery because they are more likely to remain invested in the treatment system.

Proposal:

We propose a more cost effective Five-Year Recovery System to replace the existing expensive, short-term acute treatment model, including a recovery plan and treatment necessary to guide a client’s progress. The system, to be successful, needs to incorporate the following:

❖ **Commitment:** The client must give up their negative lifestyle and demonstrate personal ownership and commitment to achieving a lasting clean and sober lifestyle. An aggressive recovery model will expect clients to look at their disease as long-term, needing attention and support from peers and others. By encouraging clients to maintain the treatment/recovery cycle for at least five years, the attrition rate will decrease by as much as 85% according to research mentioned above. This will also have the added benefit of reducing criminal justice, social, medical and other related costs to substance abuse. Data from the Drug Courts is already proving that a supportive five-year approach is effective.

❖ **Ancillary support:** Counselors must act and be trained as coaches and mentors. Often times it takes both the threat of sanctions and a strong, nurturing staff role model/mentor to keep clients on long-term recovery. A case manager will guide the client through this five-year process with support from the client’s mentor(s), counselors and sponsors – with which there will be an initial dependency. While a close relationship is often maintained for years with mentors, the dependency will decrease as the strength of the individual in recovery grows. Alumni groups, AA, NA and other support groups and individuals are essential following to supporting the addict’s new lifestyle over several years.

❖ **Collaboration:** We recommend collaborations between treatment and support agencies to help guide the recovering addict on the road to a clean and sober lifestyle. Case managers, under this new model, can guide clients to their “family of help” including education, job training and employment, dental, health, parenting, family and other relationships, obtaining a drivers license, paying support and housing to mention a few.

❖ **Treatment vs. Jails:** Individuals with long-term addiction have multiple substance abuse treatment episodes, criminal justice involvement, and/or co-occurring disorders. Studies have proven that incarceration without treatment for this population only delays the inevitable recidivism. Re-arrest and incarceration for prisoners is high, with two-thirds coming back into the prison system. In addition to the poor success rates, incarcerated prisoner addicts without treatment opportunities cost taxpayers annually between \$30,000 to \$45,000/year each. This new model would cost on average of \$30,000 to \$50,000 for five years of treatment and recovery support. This new recovery oriented system is projected to save taxpayer’s dollars over time, while providing comprehensive services to the addict.³

❖ **Addict as a family member:** Addicts need to be viewed more as a member of a family of concerned people helping and coaching him or her to learn and to grow up. Counselors seeing their clients as brothers and sisters of a family are more inclined to reach out to those who leave and bring them back into the recovery family. Professional staff that have experienced addiction recovery often have an edge here

because they have been there, though caring doesn't require a former life of addiction. Love, caring and human understanding need to be spelled out in a new recovery system of help for the addict. These critical aspects of a treatment recovery system need to be spelled out in the course work of our certification training as well.

Principles of the most effective Recovery:

1. Addresses a five-year sustained care plan – including initial assessment, client orientation, recovery and treatment – versus specific treatment plans that end when funding runs out or when the client leaves.
2. Considers the complicated array of client needs that must be met over time to prevent relapse and provides a case manager that is critical to each client's recovery.
3. Provides that over time, the recovery plan rather than the treatment plan will have the most lasting effect on a client.
4. Funds recovery coaches and mentors as well as treatment counselors and case managers.
5. Draws together treatment programs and supportive services into a working collaborative or Recovery Oriented System (ROS).
6. Manages and tracks each client by a computer system that reaches across jurisdictions, so the "family of help" is always supporting client recovery.

- 1 "All part of managing a disease", By Susan Brink, LA Times Staff Writer, August 14, 2006
- 2 The Webus Client Management and Tracking System guided by Microsoft and Hewlett Packard can do this but to date there is no State support.
- 3 This model is supported by many research studies, including the Cal Data Study, which proved the cost effectiveness of treatment.

Fee for Service - A Position Paper

By Rev. Joseph H. Hennen, Vice President, Daytop-NJ

"Fee-For-Service" is the customary form of reimbursement in the American Healthcare System. It is widely used and accepted both by the service provider and the payer. Hence, it is not surprising that the Division of Addiction (DAS) in the New Jersey Department of Human Services is considering moving in this direction. "Slot Grant Funding" (in effect, payment before services) is a rarity in the American healthcare system and is generally held in disdain by the vast majority of payers. Yet, "Slot Grant Funding" has been the traditional form of payment by DAS to the New Jersey service providers. While a move to fee-for-service is not unexpected, it is a move that is laden with explosive dangers if it is done indiscriminately and without forethought.

As the leader of a substance abuse treatment program in New Jersey for over fifteen years, I offer my reflections in this position paper regarding the benefits and the pitfalls of Fee-For-Service funding by DAS. My reflections are based on my experiences with DAS. While the numbers and the experiences of other treatment programs in New Jersey may vary, I am sure that the concepts and the basic principles are commonly shared.

While Daytop-NJ is larger than our Mendham facility I will use only our Mendham facility as the basis of my reflections. Daytop-Mendham serves 70 adolescents in long term substance abuse treatment. Fifty-five are funded by DAS in Slot Grant Funding at \$76.00 per day. 5 (five) are funded by DAS in Fee-For-Service at the CWRP rate of \$147.00 per day. Ten slots are reserved by Daytop for fee-for-service contracts with counties, insurance companies, managed care, and private pay. These contracted rates range from \$120.00 per day to \$225.00 per day.

In 2002 DAS employed an independent consulting firm, Capital Consulting Corporation, to calculate the exact cost of treatment in various substance abuse treatment programs in New Jersey. They independently determined that the cost per day to treat an adolescent in Daytop-Mendham was \$183.00 per day in 2002 dollars. (Even assuming that there was no enhancement of treatment services, this dollar amount would need to be increased for inflation to equal 2006 dollars).

Based on the above, the first point that needs to be made is, if DAS intends to use the slot grant funding" rate for the fee-for-service rate, the term, fee-for-service is not applicable. The more correct term is, partial-fee-for-service. No healthcare facility can enter into a partial-fee-for-service contract with a payer and still hope to stay in existence. If DAS moves in the direction of partial-fee-for-service, treatment programs will not be able to meet the cost of treatment and cash flow will be a nightmare. One of two realities will happen: ¹. Treatment programs will close or ². Treatment programs will compromise the quality and success of treatment by cutting costs to meet the rate of reimbursement. Either way DAS will be left with a decreasing number of treatment slots with decreased quality. fee-for-service at the present slot grant funding reimbursement rate needs to be totally rejected.

Slot grant funding has a precious advantage to the both the Provider and to DAS. The Provider is guaranteed revenue to meet fixed costs. DAS, by paying for the slots in advance, reserves the slots. Hence, so long as a provider has a vacancy, DAS is guaranteeing immediate access to treatment for those who meet their poverty criteria. In the case of Daytop-Mendham, none of the 50 slots funded by slot grant funding can be filled by a client referred by a fee-for-service payer even if the payer offers to pay \$500.00 per day. DAS reserved all 50 slots when Daytop-NJ entered into a contract with them for \$76.00 per day, paid in advance. This guarantees the indigent, the working poor, and the insurance poor access to treatment equal to those with the financial and/or insurance ability to pay or to enter into a fee-for-service contract.

Even if DAS increases the reimbursement rate in a full fee-for-service contract, there will no longer be reserved slots for those meeting the DAS poverty criteria. Treatment programs will have a number of fee-for-service contracts, just like hospitals and other healthcare facilities. Service will be "first come, first served" or worse, the payer offering the highest per diem rate will be the first choice for admission. The conclusion is obvious: If DAS moves to fee-for-service without adjusting the reimbursement rate (in effect, a partial-fee-for-service) and/or discontinues the slot grant funding, substance abuse treatment in New Jersey for the indigent, the working poor, and the insurance poor will become inaccessible.

One last point needs to be made. If DAS were to move to a true fee-for-service (service with an equitable reimbursement rate) there will also be a cash flow reality with which the provider will need to grapple. The treatment programs in New Jersey are generally small not-for-profit entities without a large endowment. There will be a 75 -90 day lapse between the provided service and the reimbursement for the expense of providing that service. This will result in a huge cash flow problem which will necessitate a large line of credit with resulting interest payments. The reimbursement rate will need to be high enough to meet the accounts receivable requirement for the line of credit and the interest payments.

In conclusion, I believe that both DAS and the Substance Abuse Treatment Providers will be able to successfully fulfill their mission if there is a combination of fee-for-service and slot grant funding. While the present rate in slot grant funding is embarrassing low and must be increased, the rate for slot grant funding can and should be expected to be lower than fee-for-service. The reimbursement rate of slot grant funding can be between 60% - 75% of the actual cost of delivering the service. There can also be a payback condition if slot occupancy is below 90%. On the other hand, fee-for-service reimbursement must equal or exceed the actual cost of delivering the service. This is necessary to meet the cost of the line of credit, the interest rate, and the fixed costs when there are vacancies.

If the above conditions are met, a combination of fee-for-service and slot grant funding will work effectively. The ratio of the number of slots of fee-for-service and slot grant funding allocated to each provider should be arrived at by dialogue with DAS and the individual provider.

Older Adults and Substance Use and Abuse: Current Status and Future Need

By Erma Polly Williams

The need to address the substance use and abuse related needs of older adults is becoming as urgent as it is complex. The urgency is based on two solid facts. One, demographic facts tell us that the older population is increasing at a faster rate than any other segment of the population, and two, the successive groups that have entered and are entering the age groups that are considered older adults have evidenced an increased range of substances that are being used and an increased level of use. The complexity can be seen in the mix of the substances and in the circumstances that frequently precipitate the movement from use to misuse to abuse. Even the term older adult contributes to the complexity. Older is a relative term and not specific to an age. Generally it is used to refer to individuals who are 60 or 65 years of age and older. However, individuals age differently. Some may experience common age related problems in their 50's or even their 40's, and others may be youthful into their 70's and 80's.

According to the New Jersey State Strategic Plan on Aging: October 1, 2005 – September 30, 2008, the 60+ population, is projected to increase from the 2003 figure of 1,495,460 or 17.2% to nearly 2,500,000 or 23.6 % of the state population by 2025, an increase of 6.4 percentage points. Two counties already exceed that projected percentage, Cape May at 25.8 % and Ocean at 25.7%. In terms of distribution, 38% of New Jersey's older population live in 4 counties: Bergen (11.9%), Ocean (9.4%), Essex (8.4%) and Middlesex (8.3%).

PREVALENCE

The rates of substance use in the population have also increased over time. With the older population, the lessening of the influence of the Prohibition movement, coupled with the influence of World War II and the Women's Movement have resulted in three trends specifically related to alcohol use: the rates of abstinence have decreased, the level of drinking in the general population have increased, particularly among women, and individuals begin drinking at younger ages. These trends intersected, in the 1960's and '70's, with the increasing use of illicit drugs. The "baby boomers" who are beginning to turn 60 in 2006, are entering their older years, bringing with them a different history in relation to attitudes and practices of substance use than their predecessors who are now in their 70's, 80's and 90's.

To this mix must also be added the fact that there has been dramatic developments in the pharmaceutical industry, and with increased longevity and the concurrent health issues, the use of prescription and over-the-counter medications by older adults also becomes an area of concern. According to the Senior Citizen Study of the Partnership for a Drug-Free New Jersey, 2005, of those 65 and older, 85% of those surveyed reported they were currently taking prescription medications, with the responses ranging from 31% taking one or two to 13% taking seven or more prescriptions on a daily basis. In addition, older adults are the largest group of consumers of over-the-counter medications. The mixing of medications with alcohol and the continued inappropriate use over time which may lead to dependency are only two of the issues that are of concern in addressing substance use and abuse among older adults.

VULNERABILITY OF OLDER ADULTS TO SUBSTANCE ABUSE

There are many vulnerabilities that put older adults at risk for substance abuse and a number of them are associated with the changes that accompany the aging process. Among the health related factors are the physical changes that alter the body's manner and ability to handle foreign substances, the acute and chronic conditions that need to be addressed through medications, problems with sleep, and the presence of chronic pain.

Social factors include loss of spouse or life partner, retirement, the need to become a caregiver, the loss of contact with friends due to mobility or sensory problems, loneliness, isolation and economic problems. Psychological factors also play a role. Depression and anxiety are wide spread among older adults and may precipitate or intensify a problem. Developing cognitive impairment may also increase vulnerability.

A look at the statistics from the New Jersey State Strategic Plan on Aging, 2005-2008, provides documentation of these vulnerabilities. In terms of marital status, 19% of males, and 49% of women are widowed or divorced and 15% of male and 32% of females are living alone. Among the non-institutionalized population, 11% of males and 10% of females have sensory disabilities; 20% of males and 25% of females have physical disabilities, and the inability to go outside the home is found in 15% of males and 20% of females. Median family income steadily declines as age increases for households with householders age 60 and above.

Helping older people identify and build their resiliency skills will increase their ability to cope with the events and the circumstances that occur at the later stage their lives and to do so without the harmful use or abuse of alcohol or drugs. Prevention programs that provide information and support will encourage good decisions at appropriate times and will increase both the quality and the enjoyment of life while accepting the reality of one's individual circumstances. Resiliency, information and a realistic view of one's life make it possible to accomplish the tasks that need to be completed at this stage of life.

CURRENT STATUS OF SERVICES

At this time, New Jersey is addressing the prevention and treatment needs of the current older population in minimal fashion, and the state does not have the capacity to respond to the increase in numbers and the intensity of substance use and abuse in the future. Currently seven counties have prevention programs funded through the Division of Addiction Services, three are using Senior Sense and the NCADD affiliates in four counties are participating in the WISE (Wellness Initiative for Senior Education) program through a grant to the New Jersey Prevention Network. The WISE program is in its third year of the evaluation process to become an evidence based program. In 2004-5, approximately half of the 526 Municipal Alliances provided senior programs in their local communities. In addition, the Older Adult Resiliency Work Group of the GCADA Alliance Committee developed a packet, "Identifying and Building Older Adult Resiliency." Approximately 250 of these have been distributed in the state, about half through the Alliance network, half to others who requested them.

Elder specific treatment programs are virtually non-existent in the state and the existing treatment system has made little accommodation for the older clients in terms of specialized groups or tracts within their programs. This is due in part to a lack of demand for service by and for older adults. Family members often misattribute the confusion, lack of energy and depression to aging and they also may be in denial and not seek help for their older member. The health and social service system often do not identify and refer older adults for treatment services. And when they do identify, there is not an appropriate agency to receive the referral.

Statistics from the New Jersey SAMS reporting system over several years document the under-representation of adults, 60 years and older in the treatment system. For 2001, 514 out of 55,844 were 60 or older, or .9% of those treated. Of these, 80% were treated primarily for alcohol, 20% for drugs. In 2003, the number treated was 649, or 1.2% of the 53,908 who received treatment. Alcohol was the primary drug for 70%, other drugs for 30%. In the past fiscal year (2005-6), 725 out of 53,897, or 1.3% were 60+ years of age. The primary drug was alcohol for 73%; other drugs were 27%.

THE NEED FOR ACTION

The time has come when New Jersey can no longer be passive in addressing the substance use and abuse of the older population. The cost is tremendous in terms of the personal suffering and the depletion of quality of life for individual older adults and their families. In terms of the price to the wider community, there are increasing related costs for health care and social services. Every risk factor that increases the vulnerability of each older adult has a higher price tag when the substance issue is not addressed. Because of the pressure of population growth, New Jersey must actively formulate extensive prevention programs that will result in a more resilient and healthful older population, so that the stresses that accompany the course of life for an aging person are dealt with without the harmful use of alcohol and drugs. In addition, appropriate treatment services must be developed for those who do develop problems related to alcohol and licit and illicit drugs. These services need to be in acceptable settings and on schedules that are realistic in terms of the abilities of older people to participate. Most important, treatment needs to address life stage issues. The goal of treatment should be to help each older person live life as fully as possible within the parameters of their unique situation and to accomplish the tasks of the last stage of life.

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Violence, Substance Abuse and Gangs in New Jersey

By Lt. Edwin Torres, Supervisor Gang Management Unit, Juvenile Justice Commission

Introduction

In New Jersey during the 21st century, the fear and violence that street gangs beget is no longer a relic of movies. The New Jersey State Police Gang Survey reported that in 2001 and 2004, 33% of respondents noted the presence of gangs in their jurisdictions and 17% of homicides in New Jersey involved gang members (NJSP, 2004). In 2004 the New Jersey State Police estimated approximately 17,000 gang members existed in the state. In a national survey of 2,900 city and county jurisdictions with populations greater than 2,500, the National Youth Gang Center identified 24,000 active gangs with approximately 760,000 members. Larger cities and suburban counties accounted for approximately 85 percent of the estimated number of gang members in 2004.

Throughout the nation and over many decades, turf/drug wars have been the one common factor characteristic of all street gangs. Street gangs will protect their "business" turf, using deadly violence if necessary.

The Rise of New Jersey's Gang Problem

A review of the Newark Star Ledger archive and the Trenton Times archive indicated that New Jersey's "street gang" problem began emerging around 1993-1994 (Muni, 2006). For example, an article by the Newark Star Ledger (1993) quoted the deputy director of the State Commission of Investigation stating, street gangs in New Jersey have become a "serious problem" (Reilly, 1993).

Gangs comprised all ethnic backgrounds and age ranges from as young as 10 or 11 years old to gang leaders that are young adults. The following are considered to be the the major gangs of New Jersey: Bloods, Latin Kings, Crips, MS 13, 18th Street, Ñetas. Due to the proximity to New York and Philadelphia, Asian gangs and Dominican, Jamaican, and Colombian drug trafficking organizations also made their presence (Reilly, 1993). During the period of 1993-1994 New Jersey experienced a great rise in gang activity. The SCI suggested in 1994 that the street gang problem was "one of the most serious crime problems" in New Jersey (see Reilly, 1994). Street gangs were comprised of Asian gangs, white gangs, black gangs, and Hispanic gangs (Reilly, 1994). Their activities included, "murder, carjacking, auto theft, drug trafficking, assault, bias crime, and vandalism" (Reilly, 1994). Accordingly, in 1993, the New Jersey State Police responded by developing their street gang unit to "support the anti-gang efforts of county and local law enforcement agencies throughout the state" (NJSP, 2005). The unit collects and analyzes intelligence regarding street gang activity throughout the state.

An article from the Trenton Times indicated that the Bloods street gang began emerging in New York in 1997 (Trenton Times, 1997). New York officials, at that time, believed there were only a few hundred Bloods within the city. The following year, Newark Police Director Joseph Santiago stated that the numbers of gang members were increasing in the city.

Sources suggested that the rise in gang violence and membership was due to the growth of gang membership in prisons, and the release of gang members. The release accomplished two objectives: 1) gang recruitment and 2) control of the drug trade from rival gangs (see Mueller and Schuppe, 2002). Finally, in 2002 newspaper articles begin displaying phrases similar to, "this is Bloods country" (see Mueller and Schuppe, 2002). As Mueller and Schupe (2002) stated, "A decade ago, the only supergang that regularly drew law enforcement attention in New Jersey was the Latin Kings, which had migrated east from Chicago. Bloods

and Crips, few in number here, were considered a Los Angeles problem". Furthermore, during the early 2000s, newspaper articles suggested that police have never "encountered the kind of explosive growth" in street gangs (Mueller and Schuppe, 2002). Recruits were as young as 8, 9 years old. Elementary school, and every jurisdiction in New Jersey, including rural and suburban areas, have been plagued by street gangs (Mueller and Schupe, 2002). For example, as late as 2005, there have been sightings of MS13 gang graffiti in suburban, Lawrence, New Jersey, Blood gang recruitment in rural Edgewater Park; and threatening behavior by a group of caucasian Bloods in rural Hopatcong, New Jersey .

Why the Increase?

Perhaps, the increase in gang membership was due to the increasing rate of poverty in the inner cities (Muni, 2006). The key also seems to reside in the proliferation of drugs. Additionally, gang recruitment was occurring because of fear and pressure from gang members and glamorization in music, movies, video games and magazines.

Current Programs

In response to the increased street gang problem during the early 1990s New Jersey took various steps to eradicate the problem. In 1993, the New Jersey State Police responded by developing their street gang bureau to "support the anti-gang efforts of county and local law enforcement agencies throughout the state" (NJSP, 2005), The New Jersey Juvenile Justice Commission implemented Project Phoenix, and counties in New Jersey are working with various law enforcement agencies to implement Project Safe Neighborhoods/Ceasefire (PSN). The objective of PSN is law enforcement/community collaboration in controlling gun violence and other violent crimes in our cities.

A homegrown prevention program is New Jersey's Phoenix Curriculum (see Phoenix Curriculum, www.phoenixcurriculum.com, 2006). The objective is for youth in grades 4-10 to build self-efficacy. The program has both an in-school component and an after-school component that emphasizes identification of risk factors of criminal behavior, learning how to cope with risky situations, avoiding risky or dangerous situations, and finally mastering these skills. The in school curriculum involves a five step process. The first stage helps the juvenile identify goals and dreams. The second stage asks youth about their feelings and concerns. This step also describes the risks involved with dealing with feelings inappropriately. The third step teaches the youth to identify delinquent risk factors and use problem-solving skills - "stop - think - act". Next the curriculum teaches the student how to "avoid, escape, and refuse" criminal behavior or potentially criminal situations. The fourth stage discusses how to cope with various risk factors including "gangs, alcohol, drugs, and peer pressure". Finally, the fifth stage works on individual character building. For example, youth can build character by identifying internal and external protective factors, such as prosocial programs or activities, pro-social friends, or family. Thus, helping to avoid potentially criminal behavior. The majority of funding came from the Department of Education.

Conclusion

It is clear that the growth of gangs in New Jersey is significant. It has spread throughout the state including suburban and rural areas. The primary reason for this expansion is the illicit drug trade. As gangs explore new markets to ply their trade and expose the citizens in New Jersey to further drug use. The street gangs "culture" is very well tied to the drug use. It knows no social or economical bounds. Current and future programs all are embracing the "holistic" approach to dealing with the gang problem. By bringing in various stakeholders to the table to confront the many faceted issues involved in gang activity.

ADMINISTRATIVE OFFICE OF THE COURTS

AOC Mission Statement: The AOC is an independent branch of government constitutionally entrusted with the fair and just resolution of disputes in order to preserve the rule of law and to protect the rights and liberties guaranteed by the Constitution and laws of the United States and this State.

Drug Court: The mission of drug courts is to stop the abuse of alcohol and other drugs and related criminal activity. Drug courts are a highly specialized team process within the existing Superior Court structure that addresses nonviolent drug-related cases. They are unique in the criminal justice environment because they build a close collaborative relationship between criminal justice and drug treatment professionals.

Criminal Practice Division

ADULT CRIMINAL DRUG COURT

The Adult Drug Court is operational in all of New Jersey's 21 counties. The Administrative Office of the Courts and the Division of Addiction Services entered into a Cooperative Agreement to manage the treatment component of the program's funding. The adult drug courts are an alternative to incarceration for a vast majority of participants who would have otherwise been sentenced to a term in New Jersey State Prison.

The program targets the criminal offender who has an addiction, and who has been charged with a non-violent, drug-driven offense. Following application, defendants are legally reviewed by the prosecutor's office in the county of the offense to determine their legal eligibility under statutory requirements. Offenders also complete a comprehensive assessment with a TASC evaluator employed by the courts to determine if treatment for chemical dependency is indicated. Once accepted into the program, a referral for treatment at an appropriate level of care is made in collaboration with the treatment providers designated by the Division of Addiction Services for drug court. Recommendations may include long term residential, short term residential, halfway houses or intensive outpatient.

Drug court programs are rigorous, requiring intensive monitoring by probation services. Requirements include frequent drug testing and court appearances, along with tightly structured regimens of treatment and recovery services. This level of supervision permits the program to support the recovery process, but also allows the drug court program staff to react swiftly to impose appropriate therapeutic sanctions or to reinstate criminal proceedings when participants cannot comply with the program.

Between July 2005 and June 2006, 1,220 offenders were sentenced to drug court in New Jersey. As of June 2006, there were 2,498 active drug court participants. Statewide, the male population is higher than female. Races represented in all counties include Caucasian, African-American, Hispanic, Asian and Other.

Funding Amount: \$ 7.8 Million for Judiciary Staff/Operating Expenses
\$ 20.6 Million for Drug Court Treatment (Appropriated in FY06 Budget)

Funding Source: State of NJ, Special Purpose Funding

Family Practice Division

JUVENILE DRUG COURT

Currently, there are four Juvenile Drug Courts; they are in the Camden, Hudson, Mercer and Passaic vicinages. Juvenile Drug Courts serve as a more effective way to deal with juvenile offenders who have drug-dependent problems. The drug courts serve as a diversion from the formal court process for some cases and also as an alternative to incarceration in state juvenile correctional facilities. They provide an intermediate sanction between probation and state correctional facilities as well as better treatment outcomes for juveniles with alcohol and drug-related problems. Juvenile drug courts allow intensive supervision for at-risk adolescents who are surrounded with community and court services. To date, the four Juvenile Drug Courts have served approximately 647 juveniles; 69 juveniles are currently enrolled in the Juvenile Drug Court Program; 196 juveniles have graduated from the program; and 14 drug-free babies have been born to female drug court clients.

The general purpose of the Juvenile Drug Courts is to reduce recidivism, which creates a safer community; to allow juveniles to be alcohol and/or drug free, which will enable them to go back into, or continue, attending school or to become employed; to alleviate detention overcrowding; to implement effective case processing measures; to provide services for family members; and, to heighten community awareness of substance abuse.

Funding Amount:

The Camden, Hudson and Passaic vicinages were operating under grants from OJP/BJA which have since expired. The Mercer Vicinage had an implementation grant from OJP/BJA which ended on July 31, 2006. Their Juvenile Drug Court Re-Entry Program is operating under an enhancement grant from OJP/BJA. That grant funding began on July 1, 2004 and is scheduled to end on July 30, 2007. The grant amount is \$194,980, with a match amount of \$64,993.

FAMILY DEPENDENCY DRUG TREATMENT COURT

There are two pilot Family Drug Courts in the Morris-Sussex and Essex vicinages. The Family Drug Court's goals are to help parents become abstinent from alcohol and drugs, maximize and balance child safety and permanency while preserving family integrity and functioning, and increase retention of parents in major services mandated and provided by the Family Drug Court. The Family Drug Court results in much closer monitoring for parents involved in child abuse and neglect cases. The program is expected to result in a higher percentage of reunifications of affected families, and increase the chance for parents to successfully remain drug-free and to ultimately provide a better life for their children.

To date, the Family Drug Court in Morris County (Morris-Sussex Vicinage) has served a total of 32 clients; there are 10 clients currently enrolled and there have been 7 graduates. The Family Drug Court in Sussex County is still in the planning stage. The Family Drug Court in the Essex Vicinage just became operational in September 2006 and has admitted one client into their drug court program.

Funding amount:

The Family Drug Court in the Morris-Sussex Vicinage, which was implemented in April 2004, is funded by a grant from the Robert Wood Johnson Foundation in the amount of \$347,584, with a match amount of \$148,484. That grant is scheduled to expire in August 2007 but will most likely be extended. Currently the Essex Vicinage Family Drug Court is not funded by any grant.

Criminal and Family Practice Divisions

TREATMENT ASSESSMENT SERVICES FOR THE COURT

Working within all 21 counties, the Criminal Division's Treatment Assessment Services for the Courts (TASC) professional evaluators interview defendants, subject them to urine screening to identify current drug use, and prepare drug assessments or reports for criminal and drug court judges, detailing drug abuse histories, identifying treatment needs and recommending counseling at appropriate drug and alcohol treatment centers when support is needed to overcome addiction. Substance abuse evaluators interview defendants charged with drug and property offenses to determine the extent of their involvement with addictive drugs. This program is also resourceful to judges when determining appropriate community support systems for defendants who are being released from jail. Failure to complete treatment may result in sanctions, including bail or probation revocation with a loss of liberty.

The Family Division's Treatment Assessment Services for the Courts (TASC) are professional evaluators located in Bergen, Essex, Hudson, Monmouth, Morris/ Sussex and Passaic. The evaluators interview juvenile offenders and adult litigants to identify current drug use, and prepare drug assessments or reports for family part judges, detailing drug abuse histories, identifying treatment needs and recommending counseling at local drug and alcohol treatment centers when indicated. This program is very helpful to judges in determining appropriate case dispositions.

Between July 2005 and June 2006, approximately 10,000 individuals were evaluated for alcohol / drug treatment services. Statewide, the male population is higher than female. Races represented in all counties include Caucasian, African-American, Hispanic, Asian and Other.

Funding Amount: Other
Funding Source: State of NJ

DEPARTMENT OF CHILDREN AND FAMILIES

Intervention

Division of Youth and Family Services

CHILD PROTECTION SUBSTANCE ABUSE INITIATIVE

Serves families involved with the Division of Youth and Family Services (DYFS) by providing substance abuse assessment, drug screening, treatment referrals, case management, and support services to parents/caregivers referred for substance abuse or suspected substance abuse. The services population presents an array of challenges including poverty, homelessness, mental illness and post/trauma, in addition to substance abuse. Services are available through three statewide contract provider agencies. The initiative allows substance abuse specialists to be assigned to and based in each local DYFS office in the state to provide on-site services to families, and consultation and education to staff on matters related to substance abuse.

The Department of Human Services' Division of Family Development (DFD) and DYFS are collaborating to promote and coordinate substance abuse services for families who exceed the 250% Federal Poverty threshold and are not an active welfare case. The funding commitments are set forth in a Memorandum of Understanding between the two Divisions.

Service Information: Data from the period from July 2005-June 2006 indicates that 13,624 clients were referred to the initiative by DYFS staff. Of these clients, 8,808 were assessed 5,626 met the DSM IV criteria and 2,372 clients entered various levels of treatment. The instruments used to screen clients include the ASI-F, ASAM Patient Placement Criteria. The DYFS 11-46 referral form that includes background information on clients from the DYFS caseworker's safety and risk assessment interview is also used.

Funding Amount and Source: The program has multiple funding sources through State and Federal appropriations.

Funding breakdown: NCCAN - \$526,000(Federal)
Title IV-B FPSS - \$200,500(Federal)
Special Appropriation + \$2.1 Million (State)
DFD - \$6 Million (State)

Total Funding: \$8.9 Million

Treatment

Division of Youth and Family Services

CHILD WELFARE REFORM PLAN/ADOLESCENT TREATMENT

This Child Welfare Reform Plan Initiative provides a coordinated network of specialized substance abuse treatment services in licensed facilities targeted to adolescents with first priority to those under the supervision of the Division of Youth and Family Services (DYFS). Services include long-term residential treatment that provide a structured recovery environment, combined with professional clinical services designed to address addiction and living skill problems for adolescents with substance abuse diagnosis who require longer treatment stays to support and promote recovery. Thirty beds are available for adolescents to receive these services. Intervention focuses on reintegrating into the greater community with emphasis on education and vocational development. One hundred and six (106) slots are available to adolescents needing variable levels of care in outpatient settings. These services include individual, group

and family counseling and include access to support services. Joint case planning and case conferencing between the DYFS caseworker and the treatment provider are an essential component to this initiative.

Funding Amount and Source: \$2.7 Million (State)

CHILD WELFARE REFORM PLAN/WOMEN WITH CHILDREN INITIATIVE

The Child Welfare Reform Plan/Women with Children Initiative provided for the expansion of existing DAS substance abuse treatment services for women and their children under the supervision of DYFS. This initiative provides residential (residential treatment services are provided for a minimum of six (6) months to include a woman with an average of two (2) children), outpatient variable level of care and methadone outpatient variable level of care treatment. First priority is given to referrals made by the Child Protection Substance Abuse Initiative (CPSAI) drug abuse counselor located in the local DYFS offices following the established protocol. Second priority is given to self-referrals ("walk-ins") or referrals made by various sources (Probation, court, other providers, etc.) of women who are under DYFS supervision. Third priority is given to eligible women with dependent children who are in need of treatment and not under DYFS supervision. All priorities include pregnant women. Treatment is family-centered and is both gender and trauma-specific. Substance abuse treatment and other therapeutic interventions are provided to address issues of domestic violence, sexual and physical abuse, relationships and parenting. These services are enhanced with case management, childcare, transportation, and referrals to services in the community. DYFS keeps all cases that are participating in this initiative open for the duration of treatment, and its ultimate goal is the reunification of these families.

Funding Amount and Source: \$7.8 Million (State)

AHS HOSPITAL CORPORATION

This program provides substance abuse assessments, examinations and urinalysis for families under DYFS supervision in Morris County.

Funding Amount and Source: \$965,000 (State)

HUNTERDON PREVENTION RESOURCES

This program provides substance abuse assessments and urinalysis in-home the home of the client or in the Hunterdon DYFS office for families under DYFS supervision residing in Hunterdon County.

Funding Amount and Source: \$13,000 (State)

TRINITAS HOSPITAL

This program provides substance abuse assessments, case management support and treatment referrals for families under DYFS supervision in Union County.

Funding Amount and Source: \$55,000 (State)

JOHNSON ASSOCIATES

This program provides substance abuse evaluations and urinalysis for families under DYFS supervision in Essex County.

Funding Amount and Source: \$413,000 (State)

ATLANTIC COUNTY "TRY-IT" PROGRAM

This program provides outpatient substance abuse treatment services to Atlantic County adolescents 19 years and under referred by the DYGS District Office.

Funding Amount and Source: \$58,000 (State)

NEW HOPE FOUNDATION

This program provides inpatient adolescent residential substance abuse treatment facilities located in Secaucus (males & females) and in Marlboro (males only). This program serves adolescents statewide who are under DYGS supervision.

Funding Amount and Source: \$1.1 Million (State)

CAPE COUNSELING SERVICES

This program provides outpatient substance abuse counseling services. This program is for adolescents under DYFS supervision in Cape May County.

Funding Amount and Source: \$4,800 (State)

RECOVERY SERVICES – LIGHTHOUSE

This program provides residential in-patient substance abuse treatment for adolescents who are Atlantic County residents under DYFS supervision.

Funding Amount and Source: \$13,000 (State)

CUMBERLAND COUNTY ALCOHOL TREATMENT SERVICES

This program provides outpatient substance abuse counseling to Atlantic County resident adults referred by the DYFS District Office.

Funding Amount and Source: \$70,000 (State)

VINELAND RESIDENTIAL TREATMENT CENTER (DYFS)

This program provides substance abuse treatment, prevention, education and individual counseling to adolescents under DYFS supervision who are residents of the center.

Funding Amount and Source: \$16,000 (State)

EWING RESIDENTIAL TREATMENT CENTER (DYFS)

This program provides substance abuse treatment, prevention education and individual counseling to adolescents under DYFS supervision who are residents of DYFS Vineland Residential Treatment Center.

Funding Amount and Source: \$16,000 (State)

SERVICES TO OVERCOME DRUG ABUSE IN TEENS (S.O.D.A.T.)

This program provides outpatient substance abuse treatment to Salem County adolescents referred by the DYFS District Office.

Funding Amount and Source: \$21,000 (State)

OPTIONS COUNSELING CENTER

This program provides outpatient substance abuse treatment to families residing in Passaic County under DYFS supervision.

Funding Amount and Source: \$1,400 (State)

EIPHANY HOUSE

This program provides substance abuse treatment for families under the supervision of DYFS or referred by a DYFS District Office. The program serves families statewide.

Funding Amount and Source: \$26,000 (State)

THE COMMUNITY YMCA

This program provides outpatient substance abuse treatment, rehabilitation, group counseling and psychological assessment to families residing in Monmouth County referred by the DYFS District Office.

Funding Amount and Source: \$113,000 (State)

COUNSELING AND REFERRAL SERVICES, INC

This program provides outpatient substance abuse assessment and treatment services for adults and adolescents residing in Ocean and Monmouth Counties referred by the DYFS District Office.

Funding Amount and Source: \$104,000 (State)

MERCER STREET FRIENDS

This program provides family reunification support and parenting education to at risk families or families who have experienced the removal of minor child or children by DYFS. Services are provided at the facility and in Mercer County's DYFS Office.

Funding Amount and Source: \$72,000 (State)

OCEAN MENTAL HEALTH SERVICES

This program provides outpatient substance abuse and mental health treatment services for families under DYFS supervision in northern Ocean County.

Funding Amount and Source: \$35,000 (State)

SAINT FRANCIS COMMUNITY CENTER

This program provides support for recovering substance abusers, psycho educational supports and parenting groups.

Funding Amount and Source: \$26,000 (State)

FAMILY GUIDANCE CENTER OF WARREN

The program provides outpatient substance abuse assessments, treatment referrals, substance abuse education and counseling services for families under DYFS supervision.

Funding Amount and Source: \$11,000 (State)

NEW BRUNSWICK COUNSELING CENTER

This program provides outpatient substance abuse assessments, treatment referrals, counseling, drug screening and psychological evaluations for families under DYFS supervision in Middlesex County.

Funding Amount and Source: \$8,800 (State)

CATHOLIC CHARITIES (MERCER)

This program provides outpatient substance abuse urinalysis and treatment referrals, individual and group counseling for families under DYFS supervision in Mercer County.

Funding Amount and Source: \$37,000 (State)

DEPARTMENT OF COMMUNITY AFFAIRS

The Division of Community Resources' RFP and reporting formats were revised and data is no longer tracked by information and referrals. The funding is the FFY' 07 funding levels provided through the Community Service Block Grant (CSBG) program administered by the Division.

Intervention and Referral Information

Division of Community Resources

ATLANTIC HUMAN RESOURCES

Among other services, this agency provides information and referral services to low-income clients in need of alcohol/drug assistance, counseling, treatment and education. As part of case management services, the agency makes appropriate referrals to drug/alcohol programs and services.

Service Information: Over 11 thousand Caucasian, African-American, Hispanic, Asian, Native American and other clients were served from Atlantic and Cape May counties. The majority of clients are African-American, female, age 55 and older.

Funding Amount: \$392,565

Funding Source: Federal

BAYONNE ECONOMIC OPPORTUNITY FOUNDATION

Among other services, this agency provides information and referral services to low-income clients in need of alcohol/drug assistance, counseling, treatment and education. As part of case management services, the agency makes appropriate referrals to drug/alcohol programs and services.

Service Information: 551 Caucasian, African-American, Hispanic, Asian, Native American and other clients were served from Cape May and Hudson counties. The majority of clients are Caucasian, female and age 24 to 54 years.

Funding Amount: \$76,331

Funding Source: Federal

BERGEN COUNTY COMMUNITY ACTION PROGRAM

Among other services, this agency provides information and referral services to low-income clients in need of alcohol/drug assistance, counseling, treatment and education. As part of case management services, the agency makes appropriate referrals to drug/alcohol programs and services.

Service Information: Over sixteen thousand Caucasian, African-American, Hispanic, Asian, Native American and other clients were served from Bergen County. The majority of clients are white or Hispanic, female, ages 24 and up.

Funding Amount: \$458,644

Funding Source: Federal

BURLINGTON COUNTY COMMUNITY CAP

Among other services, this agency provides information and referral services to low-income clients in need of alcohol/drug assistance, counseling, treatment and education. As part of case management services, the agency makes appropriate referrals to drug/alcohol programs and services.

Service Information: Over five thousand Caucasian, African-American, white, Hispanic and other clients were served from Burlington County. The majority of clients are African-American, female, ages 24 and up.

Funding Amount: \$214,148

Funding Source: Federal

CAMDEN COUNTY OFFICE OF ECONOMIC OPPORTUNITY

Among other services, this agency provides information and referral services to low-income clients in need of alcohol/drug assistance, counseling, treatment and education. As part of case management services, the agency makes appropriate referrals to drug/alcohol programs and services.

Service Information: Over seven thousand Caucasian, African-American, Hispanic, Asian, Native American and other clients were served from Camden County. The majority of clients were African-American, female, age 17 & under and 24 to 44 years.

Funding Amount: \$567,085

Funding Source: Federal

CHECK MATE, INC.

In addition to other services, this agency provides information and referral services to low-income clients in need of alcohol/drug education, counseling and treatment services. It also provides case management services to include ATOD referrals.

Service Information: Over one thousand Caucasian, African-American, Hispanic, Asian and other clients were served from Monmouth County. The majority of clients are African-American, female, ages 24 – 44.

Funding Amount: \$360,098

Funding Source: Federal

COUNTY OF UNION

In addition to other services, this agency provides information and referral services to low-income clients in need of alcohol/drug education, counseling and treatment services. It also provides case management services to include ATOD referrals.

Service Information: The clients served are from Union County.

HOBOKEN ORGANIZATION AGAINST POVERTY AND ECONOMIC STRESS, INC.

In addition to other services, this agency provides information and referral services to low-income clients in need of alcohol/drug education, counseling and treatment services. It also provides case management services to include ATOD referrals.

Service Information: Over one thousand seven hundred Caucasian, African-American, Hispanic, Asian, Native American and other clients were served from Hudson County. The majority of clients are Hispanic, female and are age 55 & over.

Funding Amount: \$112,680

Funding Source: Federal

JERSEY CITY, INC.

In addition to other services, this agency provides information and referral services to low-income clients in need of alcohol/drug education, counseling and treatment services. It also provides case management services to include ATOD referrals.

Service Information: Over fourteen thousand Caucasian, African-American, Hispanic, Asian, Native American and other clients were served from Hudson County. The majority of clients are African-American and Hispanic females.

Funding Amount: \$443,350

Funding Source: Federal

NORTH HUDSON COMMUNITY ACTION CORPORATION

This agency provides intervention and referral services, which include assessment, counseling as well as referrals to treatment and health programs.

Service Information: Over 66 thousand high, medium and low-income Caucasian, African-American, Hispanic and Asian clients were served from Bergen, Essex and Hudson counties. The majority of clients are Hispanic, female and under the age of 6 and between the age of 24 and 44 years.

Funding Amount: \$390,900

Funding Source: Federal

COMUTE DE APOYO A LOS TRABAJADORES AGRICOLAS

The agency offers substance abuse information and referrals to treatment programs as part of outreach services.

Service Information: One hundred and thirty low-income, Hispanic clients were served from Atlantic, Camden, Cumberland, Gloucester and Salem counties. The majority of clients were male, age 18 – 44 years.

Funding Amount: \$36,721

Funding Source: Federal

MIDDLESEX COUNTY ECONOMIC OPPORTUNITIES CORPORATION, INC.

This agency provides information and referral services to low-income clients in need of alcohol/drug education, counseling and treatment services; it also provides case management services to include ATOD referrals.

Service Information: Over 745 medium to low-income Caucasian, African-American and Hispanic clients were served from Middlesex County. The majority of clients are Hispanic, female and were between the ages of 24-44 years.

Funding Amount: \$456,150
Funding Source: Federal

NEW JERSEY ASSOCIATION ON CORRECTIONS

This agency provides information and referral regarding ATOD services for clients and family members.

Service Information: Three hundred and thirty eight low-income Caucasian, African-American, Hispanic and other clients were served. The majority of clients are African-American, male and were between the ages of 25 – 44 years.

Funding Amount: \$98,868
Funding Source: Federal

NORWESCAP

This agency provides information and referral services to low-income clients in need of alcohol/drug education, counseling and treatment services; it also provides case management services to include ATOD referrals.

Service Information: Three hundred and fifty one Caucasian, African-American, Hispanic, Asian and other clients were served from Hunterdon, Morris, Sussex and Warren counties. The majority of clients were Caucasian, female and were age 17 & under and 24 - 44 years.

Funding Amount: \$273,908
Funding Source: Federal

OCEAN, INC.

This agency provides information and referral services to low-income clients in need of alcohol/drug education, counseling, and treatment services; it also provides case management service to include ATOD referrals.

Service Information: Over 9,000 Caucasian, African-American, Hispanic and Native American clients were served. The majority of clients were African-American, female and were age 25-54 years.

Funding Amount: \$366,102
Funding Source: Federal

PATERSON TASK FORCE, INC.

This agency provides information and referral services to low-income clients in need of alcohol/drug education, counseling, and treatment services; it also provides case management services to include ATOD referrals.

Service Information: Six thousand two hundred Caucasian, African-American, Hispanic and Asian clients were served from Passaic County. The majority of clients are African-American, female, and were age 11 & under and 30-45.

Funding Amount: \$305,927
Funding Source: Federal

SOMERSET, INC.

This agency provides information and referral services to low-income clients in need of alcohol/drug education, counseling and treatment services; it also provides case management services to include ATOD referrals.

Service Information: Over 700 Caucasian, African-American, Hispanic, Asian and other clients were served from Somerset County. The majority of clients served are Hispanic, female and were under the age of 6 and between the ages of 24 – 44 years.

Funding Amount: \$112,723

Funding Source: Federal

TRI-COUNTY ACTION CORPORATION, INC.

This agency provides information and referral services to low-income clients in need of alcohol/drug education, counseling, and treatment services. It also provides case management services to include ATOD referrals.

Service Information: Over 80 thousand Caucasian, Africa-American, Hispanic, Asian, Native American and other clients were served from Cumberland, Gloucester and Salem counties. The majority of clients are African-American, female and were age 18 & under.

Funding Amount: \$452,990

Funding Source: Federal

UNITED COMMUNITY CORPORATION, INC.

This agency provides information and referral services to low-income clients in need of alcohol/drug education, counseling and treatment services; it also provides case management services to include ATOD referrals.

Service Information: Over 8,000 Caucasian, African-American, Hispanic and other clients were served from Essex County. The majority of clients were African-American, female, and were age 30-45 years.

Funding Amount: \$939,872

Funding Source: Federal

UNITED PASSAIC ORGANIZATION, INC.

This agency provides information and referral services to low-income clients in need of alcohol/drug education, counseling and treatment services; it also provides case management services to include ATOD referrals.

Service Information: Over 1,500 Caucasian, African-American, Hispanic, Asian, Native American and other clients were served from Passaic County. The majority of clients are Hispanic, female and were under 18 years old or between the ages of 40-64 and 24 - 44 years.

Funding Amount: \$130,086

Funding Source: Federal

UNITED PROGRESS, INC.

This agency provides information and referral services to low-income clients in need of alcohol/drug education, counseling and treatment services; it also provides case management services to include ATOD referrals.

Service Information: Over 3,000 Caucasian, African-American, Hispanic, Asian, Native American and other clients were served from Mercer County. The majority of clients are African-American, female and were age 24 – 54 years old.

Funding Amount: \$320,028

Funding Source: Federal

Intervention and Referral Information

Center for Hispanic Policy Research And Development

NORTH HUDSON COMMUNITY ACTION CORP.- IMMIGRATION AND NATURALIZATION PROGRAM

This agency provides essential immigration and naturalization services along with specific assistance to area residents to facilitate access to social services and/or to maintain eligibility.

Service Information: Immigration (INS): Over 1,754 low-income Caucasian, Hispanic, Asian, and other clients served from Bergen, Essex, Hudson, Middlesex, Monmouth, Morris, Passaic, Sussex and Union counties. The majority of clients were Hudson County residents, Hispanic, female and were age 30-45.

Social Service Access (food stamps, welfare, social security, Catholic Community Services, PACO): Almost 5,119 low-income Caucasian, African-American, Hispanic, Asian and other clients were served from Hudson County. The majority of clients are Hudson County residents, Hispanic, female and were age 30-45 and 46-64 years.

Funding Amount: \$54,000

Funding Source: State

CURA – YOUTH WORK READINESS PROGRAM

This agency provides Hispanic adolescents, age 14-15 years, with job training to help them become aware of career opportunities and establish goals to prepare them for the future job market.

Service Information: Forty-four Hispanic male clients were served from Camden, Cumberland, Essex, Hudson, Mercer, Middlesex, Monmouth, Morris, Passaic and Union counties. The majority of clients were from Passaic and Hudson counties.

Department Comments: Grantees are not required to report on clients by program types, outcome measures, # of people on waiting lists and types of agencies to which referrals are made.

Funding Amount: \$40,000

Funding Source: State

Division of Housing

Shelter Support Program

The purpose of the Shelter Support Grant is to fund local government and nonprofit organizations that provide safe and sanitary shelters and transitional housing, equipment and furnishings to individuals with HIV/AIDS. The SSP also support programs that assist individuals with alcohol and substance abuse issues. A total of 15 grants ranging from \$25,000 to \$250,000 will be awarded. One division issues a yearly in the summer and makes awards in October.

DEPARTMENT OF CORRECTIONS

Department/Agency Mission Statement: The mission of the New Jersey Department of Corrections is to ensure that all persons committed to the state correctional institutions are confined with the level of custody necessary to protect the public and that they are provided with the care, discipline, training, and treatment to prepare them for reintegration into the community.

Treatment Information

Division of Programs and Community Services

NJ DEPARTMENT OF CORRECTIONS IN-PRISON THERAPEUTIC COMMUNITY SUBSTANCE USE DISORDER TREATMENT PROGRAM

In the Therapeutic Community model, substance abuse/dependence is viewed as a disorder of the whole person, one that necessitates global changes in lifestyle and self-identity to overcome the negative impact of chemical dependency. The resident develops coping skills and competencies to assist him/her to reintegrate successfully into society and to remain drug/alcohol free. In general, most residents spend nine (9) to twelve (12) months in a prison-based Therapeutic Community program, in some situations a resident may require a longer stay depending upon their rate of progress in treatment and other related factors.

Service Information: This program serves incarcerated individuals who have been identified as having a substance use disorder. Based on an assessment of the offender's level of drug/alcohol and treatment need, as well as the nature and severity of an inmate's criminal history, recommendations for treatment placement are made. Offenders with the most severe addiction issues and who meet the Department's treatment eligibility criteria are referred to one of the prison-based Therapeutic Community Programs.

The New Jersey Department of Corrections (NJDOC) allocated a total of 1,414 beds (1,354 male, 60 female), distributed among ten (10) programs located in eight (8) correctional institutions. Five hundred forty-one (541) allocated beds were between the ages 18-26 years, while 873 were 26 and over. Counties in which the treatment services were delivered include Burlington, Camden, Cumberland, Essex, Hunterdon and Mercer.

Several outcome measures were reported. The Office of Drug Programs received daily and monthly bed fill statistics from the program and monitored vacancy rates. They provided 20 hours of treatment per week for each resident. They completed an Addiction Severity Index (ASI) evaluation on all residents admitted to the program and conducted unannounced random inmate urinalysis throughout the entire program experience, including testing of residents upon entry to and exit from program treatment.

The average length of time on waiting list(s) reported was 90% less than one (1) month and 10% one (1) – two (2) months.

Funding Amount: \$5.903 million

Funding Source: Federal and State of New Jersey

NEW JERSEY DEPARTMENT OF CORRECTIONS ALTERNATIVE SUBSTANCE ABUSE AWARENESS AND EDUCATION PROGRAM – LIVING IN BALANCE (LIB)

The LIB program is a research-based program designed as a practical instructional system for conducting treatment sessions for persons who abuse or are addicted to alcohol and other

drugs of abuse. The program can be utilized to provide addiction education and relapse prevention for the general prison population inmate, who may be otherwise ineligible for Therapeutic Community (TC) treatment placement based on the departments established criteria.

The Living in Balance program is delivered through sets of interactive client worksheets, each client worksheet constitutes a living in balance program session. Through the client worksheet sets, clients read and learn information and engage in a variety of written exercises designed to reinforce the information.

There are twelve core client worksheet sets, representing twelve core client sessions. The twelve sessions provide basic education regarding addiction terminology, the substance of abuse, triggers and relapse prevention, the relationships between sex and substances of abuse, and various emotional components of addiction and recovery. In addition to the twelve core sessions, there are twenty-one supplemental client worksheets. These additional worksheets focus on self-help and twelve-step program facilitation, stress reduction techniques, social and family issues, compulsive sexual behaviors, grief and loss, and several other topics.

Future plans are to implement the LIB program throughout our correctional institutions to offer general population inmates the opportunity to address their drug/criminal lifestyles. The LIB program has a strong message revolving around relapse education and prevention. The LIB program can assist NJDOC by offering those offenders found guilty of the zero-tolerance policy, a meaningful opportunity to redeem themselves by participating in a viable substance use disorder awareness and relapse education/prevention program.

Upon completion of all 12 Core LIB sessions, participants will be issued a certificate of LIB program participation. Plans are to develop and maintain a centralized file on all participants completing the program. The pilot program was initiated at Northern State Prison located in Newark, New Jersey and will soon be facilitated within various adult correctional institutional programs throughout the State of New Jersey.

Funding Amount: -0- Program operating with existing staff resources

Funding Source: State of New Jersey

NEW JERSEY DEPARTMENT OF CORRECTIONS MUTUAL AGREEMENT PROGRAM

Mutual Agreement Program (MAP) means the formal cooperative agreement among the New Jersey Department of Corrections (NJDOC) and the Department of Human Services (DHS) in reference to State-licensed, residential community-based substance use disorder treatment programs throughout New Jersey for community based treatment of inmates.

Prior to receiving inmates for placement into a Mutual Agreement Program, such programs must be licensed through the Department of Human Services and required to comply with the conditions established within the formal cooperative agreement that exists between the New Jersey Department of Corrections and the Department of Human Services.

Service Information: All eligible male and female inmates were approved for community release and successfully completed an Assessment and Treatment. Candidates for participation in residential community programs are inmates of full minimum custody status, who have obtained medical clearance and have been determined psychologically fit.

Additionally the candidates must have achieved satisfactory institutional adjustment and have less than eighteen (18) months remaining for completion of his/her maximum sentence or parole eligibility.

Those offenders identified as having a significant substance use disorder, initially identified by a comprehensive assessment, progress in treatment and discharge summary indicating the need for further treatment are referred to MAP placement within the community for a duration of six (6) months. Upon completion of the MAP program the offender is either placed in a residential halfway house or released from custody to a community parole caseload.

The number of people served was 115, with a large majority being male. Counties in which the program was located or delivered included Burlington, Essex, Gloucester, Mercer and Passaic. The duration of the program was 180 days/6 months. Total bed capacity is 40.

Regarding outcome measures, the Department is planning to examine the effectiveness of all Mutual Agreement Programs by measuring certain outcome indicators such as recidivism, relapse and employment of program graduates. In addition, an ongoing assessment of the activities undertaken to meet the program's stated goals was accomplished through the review of required programmatic reporting by the contract vendor.

Funding Amount: \$942,025
Funding Source: State of New Jersey

NJ DEPARTMENT OF CORRECTIONS COMMUNITY-BASED PROGRAM – HALFWAY HOUSE FACILITIES

In addition to the two (2) Assessment and Treatment Centers (see below), the Department of Corrections contracts with private agencies for 1,833 beds in 21 residential community release programs throughout the State. Some of these programs provided substance abuse awareness and relapse prevention services, while others emphasized employment and/or education services (Halfway House Facilities). Each of the programs is highly structured and closely supervised and assured the highest levels of accountability by and for the offender population.

Service Information: All eligible men and female inmates that are approved for community release and successfully completed and Assessment and Treatment. Candidates for participation in Residential Community Programs-Halfway House and Treatment Facilities are inmates of full minimum custody status that have obtained medical clearance and achieved fitting psychological evaluation, satisfactory institutional adjustment, and have less than 18 months remaining for completion of their maximum sentence or parole eligibility (in some circumstances 15). For those identified as having a significant substance use disorder, this assignment typically represents the third phase of treatment and is designed to build on the prison-based TC experience.

The number served is mostly male (1,636 male, 197 female) and the counties in which the program is located include Burlington, Camden, Essex, Hudson, Hunterdon, Mercer, Middlesex, Passaic and Union.

Regarding outcome measures, the Office of Drug Programs, along with other Department representatives, develops appropriate training for facility staff on an ongoing and as needed basis in such areas as drug/alcohol treatment, inmate accountability and urine monitoring.

The Department is planning to examine the effectiveness of all Halfway House programs by measuring certain outcome indicators such as recidivism, relapse and employment of program graduates. In addition, an ongoing assessment of the activities undertaken to meet stated goals is accomplished through the review of required programmatic reporting by the contract vendor.

The number of people on a waiting list was less than 25 at any given time.

Funding Amount: \$42,936,205.60 million
Funding Source: State of New Jersey

NJ DEPARTMENT OF CORRECTIONS COMMUNITY BASED PROGRAMS – ASSESSEMENT CENTERS

All eligible male and female inmates, once approved for community release, are assigned to an Assessment Center. The purpose of these Centers are to provide a comprehensive battery of assessments, risk need identification to determine community readiness, community placement, and to substantiate continued substance use disorder treatment needs initially identified by prison-based treatment professionals. The centers also provide testing and evaluations to determine offender social service needs (education, employment, housing and medical).

Service Information: These offenders must meet stringent requirements for AC entry, of which eligibility for full minimum security is foremost. Medical clearance, psychological evaluation, institutional adjustment and completion of maximum sentence or parole eligibility within 18 (in some circumstances 15) months also are factors that determine inmates' assignments to these facilities. For those identified as having a significant substance use disorder, this assignment typically represents the second phase of substance use disorder evaluation and community reintegration designed to build on the prison-based Therapeutic Community experience.

This program serves males and 57 females (capacity) from two locations and the duration is one (1) to three (3) months.

Regarding outcome measures, the Department is planning to examine the effectiveness of both Assessment Centers by measuring certain outcome indicators such as recidivism, relapse and employment of program graduates. In addition, an ongoing assessment of the program activities undertaken to meet stated goals is accomplished through the review of required programmatic reporting by the contract vendor.

The number of people on a waiting list was less than ten (10) at any time.

Funding Amount: \$21,381,517.50 million
Funding Source: State of New Jersey

DEPARTMENT OF EDUCATION

Department/Agency Mission Statement: The New Jersey State Board of Education, in collaboration with the Department of Education, establishes policy and provides leadership in the development of exceptional learning opportunities for New Jersey's public school students for the purpose of enabling them to obtain a superior education.

Strategic Goals:

1. To ensure that student assessment is integral to the teaching and learning of subject matter as presented in the Core Curriculum Content Standards (CCCS).
2. To ensure that student performance at all levels is enhanced through the participation in exceptional educational programs or activities.
3. To provide effective literacy instruction to all public school students with the objective that all students meet grade appropriate language arts and mathematics standards as defined in the Core Curriculum Content Standards.
4. Expand and improve the pool of qualified teachers and administrators. Prepare teachers to effectively teach both the child and the subject.

Prevention Information

DIVISION OF STUDENT SERVICES

FEDERAL SAFE AND DRUG-FREE SCHOOLS AND COMMUNITIES ACT FORMULA GRANTS TO ALL LOCAL EDUCATIONAL AGENCIES

The capacity for local school response to behavioral, social-emotional and health problems is supplemented by federal funding provided specifically for school substance abuse and violence prevention activities. Under the federal Safe and Drug-Free Schools and Communities Act (SDFSCA) program, \$7.7 million dollars were provided through the New Jersey Department of Education (NJDOE) to local districts in formula funds for this purpose in 2005-2006. Funds under the SDFSCA (Title IV, Part A of the No Child Left Behind Act) support all local educational agencies (i.e., school districts, charter schools, private, non-profit schools) in New Jersey in the development, implementation and evaluation of comprehensive programs and activities which are coordinated with other school and community-based services and programs, and that are designed to: (1) foster safe and drug-free learning environments (grades K-12) that support academic achievement; (2) be consistent with the Principles of Effectiveness, per Section 4115(a)1 of Title IV, Part A; (3) prevent or reduce violence, the use, possession and distribution of illegal drugs, and delinquency; and create a well-disciplined environment conducive to learning, which includes consultation between teachers, principals and other school personnel to identify early warning signs of drug use and violence and to provide behavioral interventions as part of classroom management efforts; and (4) include activities which promote the involvement of parents in the activities or programs; promote coordination with community groups and coalitions and government agencies and distribute information about the local education of agency's needs, goals and programs funded under Title IV, Part A. School district applications for entitlement funds are submitted as part of the No Child Left Behind Act (NCLB) – Consolidated Formula Sub grant to foster coordination and effective use of NCLB and other school resources.

Service Information: The target population served was all public and nonpublic school students in New Jersey in grades K-12 (ages 5-17). The number served was 1,040,222 (464,207 ages 12 and under and 576,015 between 13 and 19 years of age), in 21 counties*.

*Indicates services provided in FY05.

The following number of districts reported these types of program activities being provided for public and nonpublic school students: information dissemination (509), prevention education (573), alternative activities (360), problem identification & referral (509), community-based process (463) and environmental approach (453).

Funding Amount: \$8,058,662 (includes \$312,810 in Carry Forward Funds)

Funding Source: Federal

SAFE, DISCIPLINED AND DRUG-FREE SCHOOLS PROMISING PROGRAMS SHOWCASE

This project supported school districts in adopting research-based programs as a way of complying with the Principles of Effectiveness, which are required under Title IV, Part A (the SDFS-CA) of the NCLB for the planning and selection of programs funded under the title.

Specifically, the NJDOE contracted with the New Jersey Network (NJN) to assist in hosting 16 program vendors from the United States Department of Education's (USDOE) promising research-based programs list to showcase their programs at a one-day conference hosted by NJN. NJN videotaped and edited the workshops, which were distributed to all New Jersey school districts in the 2005-2006 school year to promote their consideration for use of Title IV, Part A funding and local program development. A similar project was implemented in the 2002-2004 school years to showcase programs from the USDOE's exemplary programs list.

Service Information: There were one hundred forty five participants.

Funding Amount: \$284,686

Funding Source: Federal

DRUG ABUSE EDUCATION FUND PROJECT

Per the provisions of N.J.S.A. C.2C:43-3.5 and N.J.S.A. C.54A:9-25.12 et seq., a Drug Abuse Education Fund (D.A.E.F.) was established from portions of taxpayer-designated refunds and penalties assessed against individuals adjudicated or convicted of certain crimes. The resources accumulated in the fund are appropriated annually to NJDOE for distribution to non-governmental entities for the use of law enforcement personnel in providing drug abuse education to students in grades K-12 on a statewide basis. Under the appropriation for these statutory provisions, the NJDOE issued funds to D.A.R.E. New Jersey, Inc. for the fourth year of services for the 2005-2006 school year.

Service Information: The target population is students in grades K-12.

Funding Amount: \$250,000

Funding Source: State

PEER TRANSITIONS PROJECT

This project is an ongoing cooperative initiative between the New Jersey Department of Education (NJDOE) and the Division of Addiction Services (DAS), New Jersey Department of Human Services (NJHHS). Funds are provided to NJHHS to reduce factors that place students at risk for substance abuse and other negative behaviors by establishing and maintaining a system of support for middle school students as they transition to high school. Utilizing learning stations, peer educators provide students with information and facilitate discussions on issues (e.g., substance abuse prevention, avoiding gangs, bullying prevention, coping) that will help students make successful transitions to high school. The program utilizes and builds upon the existing Middle School Peer Leadership Network established by DAS in cooperation with the NJDOE, the Department of Law and Public Safety and the Governor's Council on Alcoholism and Drug Abuse.

Service Information: The target population was middle grade students. There were 13,000 freshmen served, and 2,500 juniors and seniors served as peer leaders.

Funding Amount: \$200,000

Funding Source: Federal

POSITIVE STUDENT DISCIPLINE REFORM DEMONSTRATION PROJECT

The purpose of this cooperative initiative between the New Jersey Department of Education (NJDOE) and the Violence Institute of New Jersey (VINJ) at the University of Medicine and Dentistry of New Jersey (UMDNJ) is to assist the NJDOE in administering, implementing and evaluating a research-based approach to school safety, including student discipline and positive student development, in three New Jersey school districts. The goal of the three-year project is to create safety and order in participating schools without unnecessarily excluding students. The project involves the implementation of comprehensive and science-based safety and discipline policies and practices that include prevention, intervention, referral and continuity of care programs, services and activities that maximize supportive school responses to student concerns and minimize the use of student exclusion from school as a disciplinary tool. In project year one (2003-2004), all three districts completed needs assessments, provided orientations for district staff and developed program plans in consultation with a representative group of school and community members. In project year two (2004-2005), the participating districts have begun implementing program plans, including the provision of leadership trainings for administrators and selecting and implementing comprehensive frameworks to support programs currently in place. In project year three (2005-2006), participating schools began full implementation and refinement and refinement of program plans.

Service Information: The target population is school staff working in three participating districts. District participation and activity began in FY04, though program development and administrative work under the project began in FY03. A total \$45,000 is made available to reimburse schools for program-related expenses.

Funding Amount: \$545,000

Funding Source: Federal

COMMUNITY SERVICES FOR SUSPENDED AND EXPELLED YOUTH

The goal of this program was to provide suspended and expelled students with meaningful activities to occupy their time during their absences from school; to help them avoid negative behaviors; and to teach them the value of service to others and their communities. Under a grant from the United States Department of Education, the NJDOE provided a resource manual titled Time Out for Service: A Manual on Community Service for Suspended and Expelled Students as well as documentary videotapes of a conference that was held in the spring of 2004 to provide information to school staff and community members on the use of community services for suspended and expelled students. In 2004-2005, NJDOE partnered with Rutgers University and the University of Medicine and Dentistry of New Jersey for the provision of direct services to 20 schools to help them coordinate and implement programs under which students suspended, expelled or otherwise removed from school perform community service. Documentary videos, a toolkit and related materials were disseminated to school districts in the 2005-2006 school year.

Service Information: For schools participating in the project, the target population for was schools with high rates of suspensions, expulsions or other at-risk student behaviors. There were 122 students served, and 80 adults participated in the project. All public school districts will be served by receiving the materials.

Funding Amount: \$1,159,630
Funding Source: Federal

SOCIAL NORMS PROJECT

This cooperative initiative between the NJDOE and the Center for Addiction Studies, Rowan University is designed to use established social psychological principles concerning the influence of group norms on individual behavior to reduce student alcohol, tobacco and other drug use in ten participating high schools and bullying, harassment and intimidation behavior in eight participating middle schools. The project is based on the research literature and the successful implementation of the social norms approach in New Jersey colleges by the New Jersey Higher Education Consortium. The project was initiated in the 2005-2006 school year and is planned to continue in the 2006-2007 school year.

Service Information: The target population for the project is ten high schools and eight middle schools representing all three regions (i.e., north, central, south) of the state, and in diverse settings (i.e., urban, suburban, rural). All schools will benefit from the dissemination of the findings from the project.

Funding Amount: \$361,755
Funding Source: Federal

DEVELOPING SAFE AND CIVIL SCHOOLS: A SOCIAL AND EMOTIONAL LEARNING INITIATIVE

Reports of the research literature make it clear that when social-emotional and academic learning both become part of schooling, students are more likely to remember or use what they are taught and are less likely to engage in high-risk behavior. In response to these important findings, the NJDOE is collaborating with Rutgers University and the Collaborative for Academic and Social and Emotional Learning to implement a project intended to assist participating school staff in fully integrating social-emotional learning throughout the educational program and organizing existing resources, programs and services to create strong social and emotional learning conditions designed to result in reduced at-risk student behavior, the development of positive learning climates and improved academic performance among students in participating schools. The project was initiated in the 2005-2006 school year. The project will continue in the 2006-2007 school year.

Service Information: The targeted population for the project is drawn from low-performing non-Abbott school districts and includes two school districts and eight schools from different school districts. All schools will benefit from the dissemination of the findings from the project.

Funding Amount: \$186,540
Funding Source: Federal

TITLE IV-A AND UNSAFE SCHOOL CHOICE OPTION TRAINING AND TECHNICAL ASSISTANCE PROJECT

This cooperative initiative between the NJDOE and the Center for Applied Psychology, Rutgers University is designed to assist the NJDOE in fulfilling the statutory requirements of Title IV-A (the SDFSCA) and the Unsafe School Choice Option (Title IX, Part E, Subpart 2, Section 9532) of the No Child Left Behind Act. The project assists the NJDOE by increasing its capacity to provide schools and NJDOE staff with technical assistance, training services and support for resource development for the successful implementation of the requirements under Title IV-A and the USCO Policy. The assistance and supportive resources are provided to schools utilizing federal Title IV-A funds and schools determined by the NJDOE to be persistently dangerous or in early warning status and special services schools identified under the Unsafe School Choice

Option (USCO) Policy. The project was initiated in the 2005-2006 school year and will continue in the 2006-2007 school year.

Service Information: All school districts and nonpublic schools accepting or benefiting from Title IV-A funds and schools identified under the USCO Policy as either PDS or EWS and NJDOE staff who provide support to schools for Title IV-A and the USCO Policy.

Funding Amount: \$710,000

Funding Source: Federal

HARASSMENT, INTIMIDATION AND BULLYING

To assist school districts in developing the required harassment, intimidation and bullying policies, the authorizing statute (*N.J.S.A. 18A:37-13 et seq.*) required the New Jersey Department of Education (NJDOE) to develop and issue a model policy applicable to grades kindergarten through twelve. The NJDOE's model policy was developed and disseminated in December 2002 and revised in April 2006. The model policy and guidance can be found at: <http://www.state.nj.us/njded/parents/bully.htm>. Regulations (*N.J.A.C. 6A:16-7.9*) regarding harassment, intimidation and bullying were adopted by the State Board of Education in August 2005 and readopted in September 2006 as part of the readoption of *N.J.A.C. 6A:16*, Programs to Support Student Development. The NJDOE coordinated with the Office of Bias Crimes and Community Relations, New Jersey Department of Law and Public Safety on a conference on cyber-bullying in October 2006.

Service Information: The target population is staff and students in all public school districts.

Funding Amount: Not available

Funding Source: State

VIOLENCE AWARENESS WEEK

The NJDOE provided guidelines and information to local boards of education for use in planning the activities that are required (*N.J.S.A. 18:36-5.1*) in observance of the week for each year the requirement has been in effect, beginning in September 2004. The guidelines can be found at: <http://www.state.nj.us/njded/students/safety/violence.htm>.

Service Information: The target population is staff and students in all public school districts.

Funding Amount: Not available

Funding Source: State

PUBLIC HEARINGS ON VIOLENCE AND VANDALISM

For each year the requirement (*N.J.S.A. 18A:17-46 and N.J.A.C. 6A:16-5.2 and 5.3*) has been in effect, the NJDOE has provided guidelines and information to local boards of education for complying with the statute and submitting the required documentation to the NJDOE, beginning in September 2004. The guidelines can be found at the following website: <http://www.state.nj.us/njded/students/safety/violence.htm>.

Service Information: The target population is all communities and public school districts.

Funding Amount: Not available

Funding Source: State

NEW JERSEY CHARACTER EDUCATION PARTNERSHIP (NJCEP)

New Jersey was the first state in the nation to provide state aid funding to implement character education programs and services. For the sixth and final year (2005-2006) the state disseminated this aid through the New Jersey Character Education Partnership (NJCEP) initiative, for which the Governor's FY2006 budget provided \$4.75 million for school district character education program implementation and expansion. The purpose of NJCEP is to assist public school educators in adopting validated character education programs that will meet the developmental needs of students throughout New Jersey by promoting pro-social student behaviors and creating a caring, disciplined school climate conducive to learning.

Service Information: The target population is all public school districts.

Funding Amount: \$4,750,000

Funding Source: State

NEW JERSEY CENTER FOR CHARACTER EDUCATION

In 2002, New Jersey was one of only five states to receive a four-year federal grant award under the Partnerships in Character Education Program (Title V, Part D of the No Child Left Behind Act). Under this grant, New Jersey has created the New Jersey Center for Character Education (NJCCE) at the Center for Applied Psychology in the Graduate School of Applied and Professional Psychology at Rutgers, The State University. The creation of the NJCCE has provided the leadership necessary to take New Jersey's character education effort to a new level by providing guidance for schools to adopt programs and strategies that have been proven to be effective.

During the 2005-2006 school year, the NJCCE provided in-depth technical assistance and support opportunities for professional development and skill enhancement to public and non-public schools throughout the state, including 17 trainings open to all school district and charter school character education coordinators, utilizing the Eleven Principles Sourcebook from the Character Education Partnership (CEP). The NJCCE provided intensive consultation and evaluation services to ten demonstration sites at local educational agencies (LEAs). Also, the NJCCE used an expert panel to assist in the implementation of an evaluation plan for the program. This expert panel provided recommendations to the collaborating LEAs regarding the most effective strategies for conducting research and implementing scientifically-based program strategies. During the 2006-2007 year, through a no-cost grant extension, the NJCCE will continue to conduct professional development activities as well as finalize the project's evaluation.

Service Information: The target population is 10 demonstration school districts and all public and nonpublic school districts, as requested.

Funding Amount: \$619,088

Funding Source: Federal

PARTNERSHIPS IN CHARACTER EDUCATION PROGRAM

Building upon the accomplishments under the 2002-2006 Partnerships in Character Education Program (PCEP) grant, the NJDOE plans to continue its efforts through a second, recently awarded Federal PCEP grant. Beginning in the 2006-2007 school year, this four-year, \$2.7 million grant program will enable the NJDOE to fully incorporate character education into the mainstream of changes that are occurring in school-based curriculum standards and student services by: 1) increasing the capacity of New Jersey school systems to implement and sustain character education and social-emotional learning programs in the context of current state

reform efforts; and 2) evaluating the impact of character education on the social inclusion of students with disabilities, a population of students that previous efforts have not adequately addressed.

Service Information: The target population is 12 demonstration school districts and all public school districts, as requested.

Funding Amount: \$641,000

Funding Source: Federal

MEMORANDUM OF AGREEMENT BETWEEN EDUCATION AND LAW ENFORCEMENT OFFICIALS

The Attorney General and the Commissioner of Education in 1999 issued a revised Uniform State Memorandum of Agreement between Education and Law Enforcement Officials. Sections on weapons offenses, bias crimes and sexual harassment have been included in the revised memorandum. The memorandum continues to include guidance regarding substance abuse issues. Requirements for the memorandum are set forth in the subchapter of administrative code, Law Enforcement Operations for Substances, Weapons and Safety (N.J.A.C. 6A:16-6). The memorandum, which is reviewed and signed annually by local and county education and law enforcement officials, forms the basis for sharing information between education and law enforcement representatives and sets parameters for law enforcement investigations. The Attorney General's Education and Law Enforcement Working Group intends to revise the memorandum to make it consistent with new statutes and regulations and to clarify and update issues and procedures, as appropriate. The model memorandum of agreement can be found at: www.state.nj.us/lps/dcj/pdfs/agree.pdf.

Service Information: The target population is all public school districts and local law enforcement agencies and participating nonpublic schools.

Funding Amount: Not available

Funding Source: State

NEW JERSEY STUDENT HEALTH SURVEY

In 2004-2005, the NJDOE conducted the bi-annual New Jersey Student Health Survey (NJSHS) among a sample of public school students. This survey, which is based on the Youth Risk Behavior Survey sponsored by the United States Centers for Disease Control and Prevention (CDC), asks students to self report on their actions and attitudes in six areas that are highly related to preventable, premature injury or illness. Concerning alcohol, tobacco, marijuana and other drug use, the survey includes questions on: age of first use, 30-day use and lifetime use, use on school property, sale of drugs, and perceived harm. Concerning violence, the survey includes questions on: carrying a weapon, carrying a gun, having been in a physical fight, having personal property stolen or damaged at school, having been hit by a boyfriend or girlfriend, having been forced to have sex and trying to commit suicide.

The findings are used by state agencies for planning, program assessment and federal reporting. Reports of findings are distributed to school staff and published on the NJDOE Website. The spring 2005 survey was administered in two versions, one for grades 7-8 and another for grades 9-12. The spring 2007 version of the NJSHS is planned to be administered only for grades 9-12. It is anticipated that survey information for grades 7-8 will be obtained from the PRIDE survey administered by the Division of Addiction Services, New Jersey Department of Human Services and the Youth Tobacco Survey administered by the New Jersey Department of Health and Senior Services.

Service Information: The targeted population for the project was schools, serving students in grades 8-12, identified in the statewide sample.

Funding Amount: \$212,000
Funding Source: Federal

ELECTRONIC VIOLENCE, VANDALISM AND SUBSTANCE ABUSE REPORTING SYSTEM

Pursuant to N.J.S.A. 18A:46 and N.J.A.C. 6A:16-5.3, school staff who witness or who have knowledge of an incident of violence, vandalism or substance abuse must file a report of the incident with the school principal and the district must annually report all incidents to the New Jersey Department of Education (NJDOE). The Commissioner of Education is required to annually report all incidents to the Legislature and the Governor. In addition, the superintendent of the district is required to provide a summary of all such incidents annually at a public hearing held in the third week in October during School Violence Awareness Week, pursuant to N.J.S.A. 18A:36-5.1. Transcripts of the proceedings are submitted to the NJDOE.

The Commissioner's report provides the Legislature with data in four broad categories of incidents: violence, vandalism, weapons and substance abuse. This report also notifies the Legislature and the public of the actions taken by the Commissioner, the State Board of Education and the NJDOE to address the problems indicated in the data. The Commissioner's Report to the Legislature is available at

<http://www.state.nj.us/njded/schools/vandv/index.html>.

For the past seven years, school districts have been recording their incidents of violence, vandalism and substance abuse over the Internet (<http://homeroom.state.nj.us/index.htm>). The Electronic Violence and Vandalism Reporting System (EVVRS) deployed in March 2000, allows districts to report data electronically that was previously submitted on paper forms. An EVVRS User Manual, accessible on the EVVRS homepage, has provided definitions and general guidance for reporting.

To promote consistency in reporting, the NJDOE conducted regional trainings to school district staff in each school year from 2003-2006, and plans to provide trainings in 2006-2007; made access to definitions easier through revisions to the EVVRS User Manual; and expanded the Frequently Asked Questions document resident on the EVVRS homepage. The training focused on the federal and state requirements related to the EVVRS, the accurate reporting of offenses consistent with the published definition of the offenses, and the use of the electronic reporting system.

To further bring districts in line with one another in their interpretation of incident definitions (i.e., in what to report), the state has developed "examples" of incidents for which districts might readily refer in their application of standards for reporting. These examples were distributed to all chief school administrators and are available to all through the EVVRS User Manual on the EVVRS homepage. A new system of on-line reports to replace the e-mail reports was developed in 2005-06. Opening the system to limited public access to these reports is anticipated in 2006-07. Additionally, the NJDOE plans to produce and disseminate to all school districts a videotape program designed to provide guidance on appropriate reporting.

Service Information: The targeted populations reported were: 1) student offenders of violence, vandalism or substance abuse and 2) victims (staff and students).

Funding Amount: Not available
Funding Source: Federal

SCHOOL EMERGENCY AND CRISIS PLANNING, RESPONSE AND RECOVERY

The New Jersey Department of Education (NJDOE) has coordinated the development of the School Safety and Security Checklist (SSSC) that was used by law enforcement and school

officials in conducting on-site safety and security audits of all school buildings in New Jersey. A database has been established to house the responses to the SSSC. In October 2005, county superintendents, county prosecutors, public and nonpublic chief school administrators and charter school lead persons were granted "read-only" access to their schools' information in the database by means of a secure website. The results from the checklists have provided State agencies with a baseline of information to enable an assessment of the steps schools have taken to address key school safety and security elements, and to support implementation of the school best practices, the development of security recommendations and informed decision making regarding policies and the deployment of resources.

The NJDOE, with input from the New Jersey Domestic Security Preparedness Task Force Infrastructure Advisory Committee-School Sector and other State agencies, has reviewed and revised the *School Safety and Security Manual: Best Practices Guidelines*. The manual is designed to provide in-depth guidance for the establishment of plans, procedures and mechanisms for responding to emergencies and crises, in accordance with *N.J.A.C. 6A:16-5.1*. The revised version includes emergent best practices, a detailed narrative of the national Incident Command System, which is the organizing system for crisis response, and an overview of responses to emergencies involving each type of weapon, chemical, biological and radioactive agent. The revised manual is planned to be disseminated in the fall of 2006. In support of this effort, the NJDOE will offer training programs for school administrators and other school staff on topics ranging from crisis and emergency management to pandemic preparation.

Service Information: The targeted population was each public and nonpublic school building and school administrators.

Funding Amount: Not available

Funding Source: State and Federal

DIVISION OF EDUCATIONAL PROGRAMS AND ASSESSMENT

CORE CURRICULUM CONTENT STANDARDS

New regulations (*N.J.A.C. 6A:8*) for Core Curriculum Content Standards (CCCS) in Comprehensive Health and Physical Education were adopted by the State Board of Education on April 7, 2004. The CCCS in Comprehensive Health and Physical Education (CHPE) contain specific indicators under Standards 2.3 (Alcohol, Tobacco and Other Drugs), 2.1 (Health Promotion and Disease Prevention - wellness concepts and skills), 2.2 (Personal, Interpersonal and Life Skills - health enhancing personal, interpersonal and life skills) and 2.4 (Human Sexuality and Family Life - physical, emotional and social aspects of human relationships and sexuality) that require public schools to teach substance abuse and violence prevention skills, including media resistance, peer pressure resistance, peer leadership, problem-solving, conflict resolution and stress management. Topical strands infused in each of the CCCS in CHPE help teachers locate specific content and skills related to substance abuse and violence prevention skills. The standards are further defined by progress indicators at grades two, four, six, eight and twelve.

The Curriculum Framework for Health and Physical Education (1999), which can be found at <http://www.state.nj.us/njded/frameworks/chpe/index.html>, includes 140 suggested sample lessons for educators to use to address topics related to violence prevention and positive social and emotional development. The New Jersey CCCS in CHPE provide an age-appropriate and culturally sensitive focus that helps students develop the knowledge and skills that lead to healthy, active lifestyles.

Additionally, the NJDOE developed and disseminated a CCCS program in CD format which links new activities to the standards, including the Comprehensive Health and Physical Education standard. The program, which was developed in collaboration with the Newark Teachers Union and Seton Hall University can be found at <http://www.ntuافت.com/njcccs/Webpage/Main%20CCCS%20Page.htm>, and is linked on the NJDOE's Office of Academic and Professional Standards web page at <http://www.nj.gov/njded/aps/cccs/>.

Service Information: The target population is all public school students in grades K-12.

Funding Amount: Not available

Funding Source: State

SUBSTANCE AWARENESS COORDINATOR CERTIFICATION

In April 2005 the New Jersey State Board of Education amended the Educational Services Certificate requirements (*N.J.A.C. 6A:9*) for the substance awareness coordinator (SAC) endorsement issued by the New Jersey State Board of Examiners. The endorsement authorizes the holder to perform the functions of a SAC, as set forth in *N.J.S.A. 18A:40A-18*, in grades pre-school through 12. The amended regulations expand the eligibility requirements to increase the types of professionals who may apply to obtain the endorsement, increase the clock hours for the required curriculum and expand the required areas of study.

Service Information: The target population is all substance awareness coordinators in New Jersey public schools.

Funding Amount: Not available

Funding Source: State

SUICIDE PREVENTION

In support of *N.J.S.A. 18A:6-111*, which requires all public school teaching staff members to complete at least two hours of instruction in suicide prevention as part of their required 100 clock hours of professional development, the NJDOE issued guidance for fulfilling the professional development requirement. The guidance also addressed the provision in the statute requiring that the New Jersey Core Curriculum Content Standards for Comprehensive Health and Physical Education be revised to include suicide prevention. The guidance, which was issued to all chief school administrators in August 2006, can be found at <http://www.nj.gov/njded/aps/info/suicide.htm>.

Service Information: The target population is all public school teaching staff members and all students in grades K-12.

Funding Amount: Not available

Funding Source: State

Intervention & Referral Information

INTERVENTION AND REFERRAL SERVICES INITIATIVE

The Intervention and Referral Services (I&RS) Initiative supports implementation of the I&RS regulations (*N.J.A.C. 6A:16-8*) by providing technical assistance to districts for the establishment of building-based multidisciplinary problem-solving teams (grades K-12). These teams are designed to assist students who are experiencing learning, behavior or health difficulties, and to assist staff members who have difficulties in addressing students' learning, behavior or

health needs. The technical assistance provided by the New Jersey Department of Education includes a comprehensive *Resource Manual for Intervention and Referral Services*, which is available at: <http://www.state.nj.us/njded/students/irs/>, and the provision of training to prepare building administrators and building-based teams to implement the I&RS regulations. The Resource Manual was updated in January 2003 to reflect the provisions of the new regulations and forwarded to all public school districts and charter schools, and reissued in October in 2004 and 2005. Approximately 730 building-based teams have been trained since April 2000, including 130 teams trained (390 school staff) in the 2005-2006 school year. In addition to providing annual team training, approximately 130 school staff who were added to their school's I&RS teams also were provided training in the 2005-2006 school year. A new four-part series in video and DVD formats and accompanying flyer was disseminated to all school districts in 2005-2006. Additionally, in response to the results of a professional development needs survey conducted in the spring of 2006, plans are underway to develop supplemental training programs specifically designed to address the ongoing professional development needs of I&RS teams, in accordance with the provisions of *N.J.A.C. 6A:16-8.2(a)4 and 6A:16-8.2(a)5*.

Service Information: The target population was school staff, with 520 people served.

Funding Amount: \$50,000

Funding Source: Federal

UNSAFE SCHOOL CHOICE OPTION POLICY

As a condition for the NJDOE and public school districts to receive funds under the federal *No Child Left Behind Act* (NCLB), the NJDOE was required to establish and implement a statewide policy requiring that students attending persistently dangerous schools or who become victims of violent criminal offenses while in or on the school grounds that they attend be allowed to transfer to a safe public school within the local educational agency. The NJDOE's policy was adopted by resolution by the State Board of Education in June 2003 and reissued in June 2006. All local educational agencies receiving NCLB funds must comply with the provisions of the policy, as appropriate.

Service Information: The target population is schools identified under the USCO Policy by the NJDOE as being persistently dangerous or at risk of becoming persistently dangerous, and victims of violent criminal offenses in all schools.

Funding Amount: Not available

Funding Source: Federal

DEPARTMENT OF HEALTH AND SENIOR SERVICES

Prevention Information

Division of Epidemiology, Environmental And Occupational Health

TUBERCULOSIS (TB) PREVENTION

This program provides literature and pamphlets regarding TB to clients at Alcohol and Drug Abuse Treatment Centers. Materials Provided to TB Program at no cost by CDC or TB Regional Training and Medical Consultation Centers.

Funding Amount: Unfunded

Division of HIV/AIDS Services (DHAS)

HIV/AIDS

The DHAS supports the provision of HIV prevention services to injecting drug users (IDU) through the Patient Incentive Programs (PIPs). PIPs, located at drug treatment centers in Newark, Trenton, Asbury Park and Atlantic City, provide community outreach, HIV counseling, testing and referral services, HIV health education/risk reduction behavior change programs, and free drug treatment to hard to reach IDUs who would otherwise not be in treatment. Female sex partners of IDUs receive HIV prevention services through two specialized HIV Prevention for Women (HIP4W) programs located at healthcare provider agencies in Trenton and Newark.

Funding Amount and Source:	PIP Federal	\$1,359,475
	State	\$ 498,830
	HIP Federal	\$ 232,300
	State	\$ 100,750

Division of Family Health Services

PERINATAL ADDICTION PREVENTION

Six Maternal and Child Health Consortia are funded to provide regional risk reduction coordination for women of childbearing age. Risk-reduction coordinators in the consortia provide ongoing regional professional training, individual on-site training, technical assistance and monitoring, grand rounds training, networking, and linking of regional and local services relating to perinatal substance use/abuse. They also provide information, training, advocacy and support for programs who serve families of children adversely affected by prenatal alcohol and drug exposure. The Coordinators were charged with ensuring that a standard alcohol and substance use/abuse screening tool is utilized by all prenatal providers with their regions.

The Coordinators also work with staff from the various Centers of Excellence to provide a seamless system that once a child is born who has been affected by drugs and/or alcohol that they are referred to these Centers for appropriate services.

Service Information: There have been over 48,000 pregnant women screened over the past two years for alcohol and/or drug use during pregnancy. This has resulted in 350 women being referred for substance abuse assessments to determine if treatment is indicated. Prevention education has been given to 15% of those screened. The risk reduction coordinators continue to work in order to increase the number of women screened using a universal screening tool. The focus this past year has been to approach private practitioners and encourage their participation in the universal screening project.

During the past year, programs designed to educate the general public about the risks of substance use during pregnancy have reached 4,000 men and women during 90 offerings. There have been 66 formal educational offerings for professional staff resulting in over 1,700 participants.

Funding Amount and Source: \$875,000 State

Intervention & Referral Information

Division of Epidemiology, Environmental And Occupational Health Services

TB INTERVENTION

This program provides materials (syringes, antigens) to Alcohol and Drug Abuse Treatment Centers for Mantoux tuberculin skin testing of clients. Tuberculosis funding is utilized.

Funding Amount: Unfunded

Treatment Information

Division of HIV/AIDS Services (DHAS)

HIV SPECIALISTS

This program is no longer existence.

CARE & TREATMENT I

The DHAS supports individual, group, family and youth group counseling, residential substance abuse treatment and outpatient substance abuse treatment.

Service Information: Outpatient and residential substance abuse treatment services were provided to intravenous drug users and persons with HIV. A total of 79 individuals received outpatient substance abuse services and 4 received residential services. Treatment providers were located in four New Jersey counties including Burlington, Camden, Gloucester and Salem.

Funding Amount and Source: \$101,597 Federal (C.A.R.E. Title I)
\$ 15,795 State

CARE & TREATMENT II

The DHAS supports individual, group substance abuse counseling, methadone maintenance treatment, residential substance abuse treatment counseling and ambulatory outpatient medical care.

Service Information: Outpatient and residential substance abuse treatment services as well as methadone maintenance were provided to intravenous drug users and persons with HIV. A total of 56 individuals received outpatient substance abuse counseling services, 13 received residential services and 69 persons were provided with methadone maintenance and 19 received outpatient medical care. Treatment providers were located in five New Jersey counties including Atlantic, Cape May, Mercer, Monmouth and Ocean.

Funding Amount and Source: \$462,399 Federal (C.A.R.E. Title II)
\$7,497 State

Division of Family Health Services

PERINATAL ADDICTIONS TREATMENT

This program is now funded by The Division of Addiction Services.

Funding Amount and Source: \$300,000 Federal

FAS (FETAL ALCOHOL SYNDROME) DIAGNOSTIC CENTERS

A statewide network of six Regional FAS Diagnostic Centers has been established whose purpose is to provide diagnosis and treatment of children with FASD (Fetal Alcohol Spectrum Disorders.) The regional centers are strategically located throughout the state and housed within state funded hospital-based Child Evaluation Centers. In addition, the Centers provide both community education and professional and allied health training related to early detection and treatment of FAS. Attendance at 55 programs during this past fiscal year was approximately 2,200, consumers and professionals.

Service Information: During Fiscal Year 2006, 5,000 children were screened for FAS, 56 were identified with FAS and 71 have been identified with FASD. To date, 14,000 children have been screened for FAS through the Diagnostic Centers. Services included the screening of 2,200 children and the identification of 119 with the diagnosis of FAS. A multidisciplinary team completes an evaluation and then develops a comprehensive report and intervention plan that is discussed with the family. Members of the team include: developmental pediatrician, licensed psychologist, physical and occupational therapists, speech pathologist, social worker and family counselor. This treatment plan may include the following: diagnosis of medical and psychosocial conditions, treatment referrals to community resources, out patient services and school-based programs, medical and/or behavioral monitoring and case management and counseling which include family support, behavior modification and education planning. The six centers have developed a standardized screening tool for identifying children at risk. In addition a standard four digit diagnostic grid developed by the University of Washington is used make a diagnosis of FAS. Performance indicators used were increased screening of children utilizing the standard tool and the identification of children with a diagnosis of FAS using the University of Washington diagnostic guide.

Funding Amount and Source: \$450,000 State

Division of Epidemiology, Environmental And Occupational Health Services

TB TREATMENT SUPPORT

TB education/training is made available for providers of care to substance abusers who work in various centers throughout the state; medication is provided for treatment of active disease and latent TB infection; and field follow-up occurs for an individual who was overdue for examination, treatment and/or clinic appointment, and for directly observed therapy of new cases among substance abusers.

Funding Amount: Unfunded

TB ADMINISTRATION

Technical assistance is provided and policies and procedures regarding TB control activities are developed.

Funding Amount: Unfunded

Division of The State Epidemiologist

COMPREHENSIVE TOBACCO CONTROL PROGRAM (CTCP):

Since its establishment in 2000, the Comprehensive Tobacco Control Program (CTCP) has served the residents of New Jersey through a variety of activities. Community partnerships, youth anti-tobacco programs, treatment services, enforcement activities, marketing/communications efforts and measurement/evaluation are the major components of the CTCP. These components provide a comprehensive approach to support the mission of the CTCP. For the most part, the data provided corresponds to the period of January 1, 2005 to June 30, 2006.

COMMUNITY PARTNERSHIPS:

Program Description: Community partnerships are a foundation of the CTCP. Working together, NJDHSS and CTCP community partners serve all populations in the state: young and expectant mothers, children and teens, multicultural groups, college students, the workforce, smokers and nonsmokers, people with tobacco related illnesses, and entire communities. New Jersey Breathes, NJ GASP, Communities Against Tobacco Coalitions (CATs), the Southern New Jersey Perinatal Cooperative, Vineland Health Department and the New Jersey Prevention Network are among the community partners that engage with CTCP to serve the residents of New Jersey.

The basic infrastructure of the community program is formed by the 21 community-based CAT (Communities Against Tobacco) coalitions, each serving one of New Jersey's 21 counties. The New Jersey Prevention Network supervises and provides support for the coalitions that include health and human services agencies, companies and businesses, schools, church groups, elected officials, parents and youth groups. These coalitions bring tobacco control to the local level, coordinating the efforts of community-based leadership groups to develop and implement projects that promote tobacco control advocacy, education and awareness.

Service Data Information:

- One of the biggest accomplishments from the CTCP community partners is the Smoke-Free Air Act (SFFA), signed into law by former Governor Richard J. Codey on January 15, 2006. The Smoke-Free Air Act requires indoor public places and workplaces, including restaurants and bars, to be smoke-free, with the exception of cigar bars or lounges, tobacco retail establishments and the gaming areas of casinos. The law, which went into effect on April 15, 2006, carries penalties of \$250 for a first-offense smoking violation; \$500 for a second offense and \$1,000 for each subsequent offense.
- Baby-Bid program (infant bibs with the words "Smoke Free Drool Zone") were successfully distributed throughout the State to approximately 5,600 low income women through clinics, maternity and parenting health fairs, etc.
- 7,300 requests for information on Quit line/Net/Centers
- 1,500 employers and employees impacted by smoke free in the workplace
- Approximately 750 participants in Mom's Quit Connection program for pregnant women and mothers of young children.
- NJ GASP developed "100% Smoke Free Dining in New Jersey 2005 Guide": Four hundred and sixty five (465) newly added restaurants allow citizens to find smoke free dining in every community. More than 13,000 copies have been distributed during this year.
- In support of the SFAA law, the CATs developed approximately a total of 420 activities to include educational presentations to restaurants associations, local business leaders, etc, promotional/media appearances, organization of town and school meetings,

distribution of free SFAA signs to bars, restaurants and workplaces, business roundtables, SFAA night events, etc. These activities were implemented during the months of March 06 to June 06 and reached over 8,400

- New Jersey's residents.

Funding Amount:		\$3,098,448
Funding Source:	Federal:	\$ 865,768
	State Tax Excise	\$2,232,680

YOUTH & SCHOOL PROGRAMS

Program Description

The REBEL (Reaching Everyone by Exposing Lies) movement is a movement by and for New Jersey high school students determined to break free from the influence of Big Tobacco. The REBEL program trains its members to mentor younger students and to serve as role models. This high school anti-tobacco movement has established chapters in all 21 counties each with the support of a full time youth coordinator. The New Jersey Prevention Network (NJPN) provides the statewide infrastructure that supports this system. The community based REBEL program is complemented by 77 high school chapters.

The Success of REBEL has resulted in the development of REBEL 2 and ROCS.

REBEL 2 has expanded on the REBEL model to involve middle school children. With guidance from teachers, 6th through 8th graders develop school-based chapters with after-school activities focused on tobacco use prevention, decision making skills and peer leadership activities. ROCS (REBEL Official College Staff), a group of specially trained college-age adults, mentor REBEL students by helping to plan community projects and recruitment activities, direct the Annual Statewide Summit, and serve as role models for health, tobacco-free lifestyles. REBEL U members promote smoke free campus environments and smoking cessation services for their peers who want to quit smoking.

Service Data Information:

- As of December 2005, REBEL has approximately 1,700 active students and 10,500 advocates.
- In April 2005, REBEL held its Annual Youth Summit event with the participation of over 1,000 youth.
- Youth advocates created the 2005-2006 Poster Campaign, the public service announcement and the "One of 82.7" bracelet logo", which represented the percentage of New Jersey youth who do not smoke.
- In May 2005, over 300 high school REBEL advocates participated in the statewide summer event, which was a rally in support of "clean air" legislation on the steps of the Statehouse.
- As of December 2005, there are 76 high school chapters. A school-based adult advisor guides each chapter.
- In June 2005, one hundred faculty and students met to celebrate and go over accomplishments and activities for the ending year and to plan for next year.
- In March 2005, a total of 500 middle school students attended their Anti-tobacco annual summit. Students created marketing strategies to combat the Big Tobacco message and produced the REBEL 2 Truth Book 2005, which highlights ideas developed from the day.
- REBEL U has collaborated with the NJ Quit2Win campaign to promote quit services among college students. CTCP media and REBEL are planning a kickoff for the beginning of FY 2006.
- A total of 9 colleges are members of REBEL U. Currently, the program is working toward expanding to more colleges/universities.

Funding Amount: \$ 3,162,500
Funding Source: State Tax Excise

TREATMENT & CESSATION:

Program Description:

New Jersey Quitnet, Quitline and Quitcenters are three unique resources that provide free or low-cost treatment options to smokers. NJ Quitline is a toll-free telephone based counseling service offering brief advice or extensive, free, one-on-one telephone counseling. Counselors trained by the Mayo Clinic are available six days a week to provide individualized treatments plans, multiple counseling sessions, encouragement and support. NJ Quitnet is a free Web-based resource that offers a wide variety of online support to help smokers quit. This service is flexible, anonymous and available 24 hours a day, 7 days a week. NJ Quitcenters provide comprehensive, individual assessments in a face-to-face counseling environment. There are currently five funded Quitcenters located throughout the state.

Service Data Information:

- **New Jersey Quitline 2005 outcomes**

TYPE OF ACTIVITY	TOTALS
Callers	1,368
Counseling	935
Information	433

SIX MONTH OUTCOMES:

- 31% of those from prior 6 months have quit.
- 33% of those still smoking have reduced consumption.

- **New Jersey Quitnet 2005 outcomes:**

TYPE OF ACTIVITY	TOTALS
Total visitors (anonymous members)	106,563
Registrants	9,384
Conversion rate	10% (approx)

- **New Jersey Quitcenters 2005 outcomes:**

NAME OF QUITCENTER	NEW CLIENTS
UMDNJ- School of Public Health	604
UMDNJ- Mercer Trenton Addiction Center	318
Kennedy Memorial Hospital	1135
St. Barnabas Healthcare	290
Somerset Medical Center	190
Totals	1,537

Quit rate at six months: 35%

- **UMDNJ Tobacco Dependence Program (TDP)** has been providing tobacco training and related services to providers and public in general since 2001. A leader in the tobacco treatment field, UMDNJ-TDP serves a vital role in the advocacy, development and integration of tobacco treatment services throughout New Jersey. For FY 2005, TDP has provided two (2)

five (5) day Tobacco Treatment Specialist trainings were held in June and October 2005 for a total of 105 participants from New Jersey (60%), and from other states including Ohio, Alaska, Pennsylvania and New York.

- **Grassroots Outreach Program:**

Through an expansion of work with the CTCP public relations firm Fleishman-Hillard and in coordination with the CAT coalitions, more that 2,384 people (Camden-993, Trenton- 551 and Jersey City-840) have learned about New Jersey Quitline directly from Community Organizers (CO) during 111 presentations at workplaces, schools, medical centers, libraries, churches, malls, local businesses, city offices, and community organizations that took place during a (12) twelve week period (through June 2005). Each CO recruited 100 Ambassadors per city. Ambassadors are influencers or "buzz generators" who carry the message of the NJ Quitline service to others in their community.

Four (4) new sites were selected for the period September to June 30, 2006: Gloucester County, Elizabeth, Morris Township and Hackensack.

Our long term goal is for all CAT's in the 21 counties to have learned from the CO experience and expand their skill base in recruiting and interacting with local ambassadors.

Funding Amount:		\$ 1,831,000
Funding Source:	Federal	\$ 285,000
	State Tax Excise	\$ 1,546,000

TOBACCO AGE OF SALE ENFORCEMENT (TASE)

Program Description:

The Tobacco Age of Sale Enforcement (TASE) Program provides funds and technical assistance to Local Health Departments (LHDs) throughout the State to conduct random, unannounced compliance check inspections of licensed retail tobacco vendors. Youth between the ages of 14 and 17, accompanied by the inspectors, attempt to purchase tobacco products from the sites selected to be in the sample.

State Public Health Representatives conduct inspections following the same protocol as LHDs in jurisdictions where LHDs do not participate. This activity is mandated by the Synar legislation of the Public Health Service Act of 1992 which was created to reduce the sale and distribution of tobacco products to persons under the age of 18.

Service Data Information:

The following represents a summary of the TASE/SYNAR non-compliance rates:

- 2000 23.2%
- 2001 24.6%
- 2002 22.1%
- 2003 15.9%
- 2004 13%
- 2005 12.6%
- 2006 15.6%

Funding Amount:		\$885,500
Funding Source:	State Tax Excise	\$360,500
	State	\$525,000

MARKETING AND COMMUNICATIONS

Program Description:

Anti-tobacco promotion is an important component of the CTCP. CTCP has focused its media campaign to impact the social acceptability of tobacco use in New Jersey and counteract the marketing of tobacco companies. Youth prevention and cessation are two of the major focus areas of CTCP media efforts.

Service Data Information:

- On January 27, the New Jersey Department of Health and Senior Services (DHSS) launched the "Quit2Win" campaign. A website was developed to provide additional promotional/marketing tools. These tools are utilized to encourage medical groups, employers, and community groups to support cessation. This effort especially emphasized the State's free quit resources with a particular emphasis on the NJ Quitline. This launch attracted widespread print, broadcast, and online media coverage and has generated almost five (5) million media impressions to date.
- The above campaign included the creation and launch of the "2A's +R= Getting Quickly to the Quits," targeting physicians to promote the use of a shortened version of CDC's 5 A's: **A**sk Patients if they smoke; **A**dvice smokers to quit; **R**efer patients to Quit services. This included the development of a downloadable "prescription form" for the Quit Services/poster on "2 A's + R."
- New marketing materials were developed and introduced through the newly Launched "Quit 2 Win" campaign. These include two (2) versions of a new video, which includes a demonstration of how NJ Quitline helped a New Jersey smoker quit smoking; two versions of a PowerPoint presentation about the health risks of smoking, the immediate and long-term benefits of quitting smoking, and how the NJ Quit Services work; two (2) new articles that can be customized to highlight local events to promote NJ Quitline; a new poster; an e-card that offers encouragement to smokers trying to quit smoking, and more. All these new resources are readily available online and can be downloaded from www.njquitzwin.com.
- The program has distributed a total of 6,000 letters and NJ Quitline promotional materials/order forms to medical specialty groups in New Jersey including cardiologists, family physicians and chiropractors.
- Development of two (2) TASE merchant education postcards distributed to a total of approximately 13,000 retailers. These postcards were designed to attract teens' attention and make it easier for clerks to ask for photo IDs.

Funding Amount: \$2,030,000

Funding Source: State Tax Excise

MEASUREMENT AND EVALUATION

Program Description:

State-wide surveys are a major source of information in determining the tobacco trends in New Jersey. The New Jersey Youth Tobacco Survey, the New Jersey Adult Tobacco Survey and the New Jersey College Tobacco Survey have all been utilized by CTCP for program planning purposes. These major surveys are carried out by the UMDNJ-School of Public Health (contracted by CTCP) in collaboration with the Comprehensive Tobacco Control Program.

Service Data Information:

- The 2004 New Jersey Youth Tobacco Survey Report was completed and publicly released on the CTCP website on May 2005. Some of the results are:

Table 1a: Percentage of middle school students who were current users of any tobacco, cigarettes, cigars, smokeless tobacco, or bidis by year, NJYTS 1999-2004.

Middle School	1999	2001	2004
Any tobacco*	18.9	11.8	9.5
Cigarette	10.5	6.1	4.1
Cigar	9.3	6.0	3.8
Bidis	7.9	5.1	3.2
Smokeless Tobacco	4.3	3.6	3.1

* Note: This represents the use of cigarettes or cigars or smokeless tobacco or bidis more than once during the 30 days preceding the survey.

As this table indicates, current tobacco use decreased from 18.9% in 1999 to 9.5% in 2004 among middle school students. Some other findings were:

- Males and females exhibited similar decreases for current use of tobacco. There was decreased use among all racial/ethnic groups, but black middle school students experienced the largest decline from 23.5% in 1999 to 9.5% in 2004.
- The reduction in **cigarette** use among middle school students is not statistically significant (6.1% in 2001 to 4.1% in 2004) but the 2004 estimate is the lowest prevalence recorded for middle schools to date.

Table 1b: Percentage of high school students who were current users of any tobacco, cigarettes, cigars, smokeless tobacco, or bidis by year, NJYTS 1999-2004.

High School	1999	2001	2004
Any tobacco*	38.9	33.6	26.8
Cigarette	27.6	24.5	17.3
Cigar	18.4	17.1	13.8
Bidis	14.1	8.5	6.1
Smokeless Tobacco	10.7	6.9	7.0

Table 1b indicates that a significant decline in tobacco use was seen in high school students from 38.9% in 1999 to 26.8% in 2004. In addition:

- Males and females exhibited similar decreases for current tobacco use and white high school students showed a greater decline in use compared to their black and Hispanic counterparts.
- Current cigarette prevalence among high school students significantly decreased from 24.5% in 2001 to 17.3% in 2004, a 29% reduction.
- The 2005 School Tobacco Policy Survey was mailed to 459 high schools in New Jersey in spring 2005. A total of 425 schools responded to the survey for a participation rate of 92.5%. However, this analysis was based on public and private high schools only (excludes vocational or technical high schools) and as such, includes a total of 408 high schools.
- In 2005, almost all high schools (98.2%) in New Jersey reported having a policy that prohibits the use of cigarettes by students at school. Roughly nine (9) out of ten (10) prohibited cigarette smoking by faculty (90.1%) and visitors (92.4%).
- Fewer schools indicated that they had specific policies on school grounds for visitors (85.6%) and at off-campus school events for visitors (62.1%).

- A 100% tobacco-free policy is defined as a policy that prohibits the use of all tobacco products by everyone (i.e., students, faculty and visitors), in all locations (i.e., indoors, on school grounds, in school vehicles, and at school sponsored events), 24 hours a day. Less than half of the high schools (47.3%) were categorized as having a 100% tobacco free policy, a small increase from 2002 when 42.2% were 100% tobacco free.
- 50.1% of New Jersey high schools said they involved parents or families in support of school-based programs that prevent or treat tobacco use.
- Roughly, a third of New Jersey high schools indicated that they provide referrals for tobacco cessation programs to faculty and staff (38.2%) while over half indicated providing such referrals to students (60.8%).
- 72.0% of New Jersey high schools indicated that they assessed their tobacco programs, including tobacco use policies, at regular intervals.
- 69.7% of schools reported that students are prohibited from wearing tobacco brand-name apparel or carry merchandise with tobacco company names, logos, etc.
- Only half (49.2%) of schools post signs marking a tobacco-free school zone by indicating a specified distance from school grounds where tobacco use by students, faculty, staff and visitors is allowed.

The 2005 New Jersey Adult Tobacco Survey was completed on

- July 2005. Some data is shown below in Table 2.

Percentage of adults who are current cigarette smoker by gender, race/ethnicity and age group:

New Jersey Adult Tobacco Survey, 2000-2005.				
	2000	2001	2002	2005
Gender				
Male	21.9	25.8	20.8	19.8
Female	18.0	18.8	15.6	15.4
Race/Ethnicity				
White	20.3	23.6	18.4	18.3
Black	19.6	20.7	16.5	22.0
Hispanic	17.3	17.2	20.0	13.6
Age Group				
18-24	27.5	27.2	22.7	22.7
24-44	25.5	24.2	20.3	20.5
45-64	15.9	22.3	19.4	17.8
65+	7.7	13.5	9.1	8.4
Total	19.8	22.1	18.0	17.5

The above data indicates that smoking has declined for adults of both genders particularly between 2001 and 2005 and primarily among Whites and Hispanics.

Funding Amount: \$1,343,000

Funding Source: State Tax Excise

DEPARTMENT OF HUMAN SERVICES

Department/Agency Mission Statement: The New Jersey Department of Human Services is dedicated to providing high quality services and resources to protect, assist and empower: the economically disadvantaged; individuals, families, and communities facing addiction issues and persons with disabilities. We strive to ensure a seamless array of services through partnerships and collaboration with communities statewide.

Prevention Information

Division of Addiction Services

THROUGH THE MEDIA

The partnership for a drug-free New Jersey creates awareness and develops prevention media to impact schools, families and workplaces.

Service Information: Services include information dissemination, prevention, and education and other activities.

Funding Amount and Source: \$1,015,000 (State)

MIDDLE SCHOOL PEER TO PEER PROJECT

In response to the middle school drug and alcohol survey, the Princeton Center for Leadership trains adult mentors to work with identified youth to become leaders and educators for their peers regarding alcohol, tobacco and other drugs.

Service Information: Services were provided to 25,000 Middle School students (5th to 8th grade) and 300 adult members combined in all 21 New Jersey counties. Services include information dissemination, prevention education and other activities.

Funding Amount: \$474,773 (Federal)

SPORTS, VIOLENCE AND ADDICTIONS "PARENTING AN ATHLETE"

This is a pilot project with St. Barnabas Prevention Institute to reach coaches and parents regarding youth sports, violence and the addiction connection.

Service Information: Prevention education was provided to 2,173 teachers/coaches.

Funding Amount and Source: \$100,000 (Federal)

ROWAN UNIVERSITY – SOCIAL NORMS PROJECT

Through Rowan University and the College Consortium, this project provides surveyed information that factually addresses the use of alcohol and tobacco on college campuses.

Service Information: Services were provided to approximately 207,000 college students, teachers/administrators and others. Services included information dissemination, prevention education and alternative activities.

Funding Amount and Source: \$485,309 (Federal)

CENTER FOR CHILDREN AND FAMILIES -AGING OUT POPULATION

In response to the overwhelming aging out population from the DYFS foster care system, Keys to Achieving Resilient Transitions (KART) aims to prevent and decrease substance abuse and to increase self-esteem, conflict-resolution skills and goal-setting skills among the aging out population.

Service Information: An 8 to 16 session Keys to Innervations (KIV) program is facilitated statewide at various residential aging-out residential locations across New Jersey to approximately 90 young adults.

Funding Amount and Source: \$177,625 (Federal)

COMMUNITY BASED PRIMARY PREVENTION GRANTS

In response to the Unification Plan developed with each county, 56 contracts were awarded to provide science-based primary substance use prevention programming in all 21 counties. The goal of each contract was to reduce the risk factors identified in the county plus in the high-risk town identified with an indicated population such as at-risk youth, children of substance abusers and special populations, such as seniors.

Service Information: Prevention services were provided to 10,787 members of the targeted populations in all 21 counties. Services included prevention education, alternative activities, and other activities. Performance indicators varied depending on individual contract objectives.

Funding Amount and Source: \$5,238,193 (Federal)

PRIMARY PREVENTION RESOURCE CENTERS

A network of Local Resource Centers in the 21 counties provide information dissemination and prevention education to the general population of the specific county of location.

Service Information: There were 7,200 New Jersey residents, combined in all 21 New Jersey counties, reached through resource centers. Services provided included information dissemination, prevention education and other activities as needed. Over 15,000 pieces printed materials distributed.

Funding Amount and Source: \$1,921,675 (Federal)

PARTY DRUGS

New Jersey Prevention Network (NJPN) provides 21 county information dissemination regarding party drugs, including Heroin and Methamphetamines. Additionally, a statewide conference is funded that outreaches to drug and alcohol professionals, law enforcement and the community-at-large.

Service Information: Prevention education services were provided to 6,000 middle school students, 450 teacher/administrators and treatment professionals as well as 520 law enforcement personnel and others combined in all 21 New Jersey counties. The performance indicator used for all groups was increased knowledge of dangers of party drugs.

Funding Amount and Source: \$357,000 (Federal)

STIGMA REDUCTION

The National Council on Alcohol and Drug Dependency of New Jersey does statewide stigma reduction and awareness and information and grass roots organizing.

Service Information: Publish "Perspectives", coordinate Annual Recovery Walk and promote reduction of stigma associated with addiction professionals through community education, focus groups and media events.

Funding Amount: \$500,000 (Federal)

WISE

This is an older adult outreach program that trains older adults 55+ to mentor their peers around substance abuse and medication misuse and abuse.

Service Information: This program provided by five (5) NJPN resource centers has a best practice curriculum that has been used with 30 mentors who have outreached/mentored 150 older adults. Information dissemination and education primary services utilized.

Funding Amount and Source: \$200,000 (Federal)

CHILDHOOD DRINKING:

This is a statewide initiative that included a coalition of key stakeholders who focus on reducing underage and childhood drinking. In addition, this coming year, all 21 counties will develop local coalitions to promote awareness and support educational programs for children and their parents.

Service Information: Education activities for K-3 students were delivered to 1,680 students and 750 parents. Over 220 Town Hall meetings were held along with 21 county meetings to increase community awareness of the problem. Over 6,800 people were in attendance.

Funding Amount and Source: \$514,020 (Federal)

STRENGTHENING FAMILIES

This evidence-based parenting program is age specific focused and provides skill development for both parent and child with built in practice sessions to support competency in skill achievement. There are incentives for parents, children and agencies providing the program to retain maximum attendance.

Service Information: Fifty-four (54) community-based agencies have provided this program to 1,200 families statewide for SFY 2006. This skill development program is offered in all 21 counties to target populations such as DYFS involved families, court involved families, school-based families, and indicated high risk families.

Funding Amount and Source: \$1,804,383 (Federal)

COMPULSIVE GAMBLING

This contract provides statewide treatment and prevention and hotline services through the Council on Compulsive Gambling. There are certified treatment providers and a state of the art curriculum with videos for middle school and high school students and their parents. A

statewide conference is held yearly to focus on special populations and gambling such as women, older adults and adolescents.

Service Information: Hotline received approximately 20,000 calls, 6% from adolescents, 140 presentations to schools, 1,603 certified training and 287 people received treatment.

Funding Amount and Source: \$935,875 (State)

BARRIER FREE/LIFE SAFETY PROJECT

This project afforded treatment programs to upgrade their facilities to comply with ADA requirements or other life safety needs.

Service Information: Thirty six agencies were awarded contracts to provide these construction upgrades to date.

Funding Amount and Source: \$2,677,783 (State)

WORKFORCE DEVELOPMENT

In response to an aging out workforce and lack of primary career choice in addiction due to stigma, a workforce development initiative began. Through this project, scholarships for those entering the field were offered for Chemical Dependency Associate (CDA) and Certified Alcohol and Drug Counselor (CADC) course work, as well as Certified Prevention Specialist (CPS). In addition, advance course work was offered for those already in the field as Licensed Clinical Alcohol and Drug Counselors (LCADCs).

Service Information: Over 350 scholarships were given out for the various course offerings at the various levels of certification.

Funding Amount and Source: \$1,351,387 (Federal)

Division of Medical Assistance and Health Services

MANAGED CARE

Mental health and substance abuse services, for alcohol and drug abuse, are obtained through regular Medicaid. The HMOs are only responsible for providing mental health and substance abuse services (except for partial care services) to enrollees who are clients of the Division of Developmental Disabilities. HMO enrollee handbooks describe how to get mental health and substance abuse services.

The State's contract with HMOs, that provide health care services to Medicaid and NJ FamilyCare beneficiaries, provides that the HMOs identify relevant community issues and the health education needs of their enrollees. This includes smoking cessation programs, which must have targeted outreach to adolescents and pregnant women, as well as prevention and treatment of alcohol and substance abuse.

Although mental health and substance abuse services are furnished through regular Medicaid, the HMOs have the responsibility for screening and identifying enrollees with substance abuse service needs and for providing them with referrals to appropriate providers.

Managed care enrollees who require special health care services, including substance abuse service, may request care management services through the HMO that will help coordinate care and link the enrollee to needed services.

Service Information: The HMOs offer counseling and pharmaceutical management for smoking cessation to all managed care enrollees. This may include participation in disease management programs or the Quitting Matters program. In addition, HMO participating providers are advised to counsel patients about smoking cessation. Some HMO's also produce educational materials about the hazards of second-hand smoke inhalation.

Intervention

Division of Addiction Services

THE ADDICTION HOTLINE OF NEW JERSEY

The Addiction Hotline of New Jersey provides a statewide, 24-hour information and referral line disseminating information about prevention, intervention and support resources for New Jersey residents with concerns about the use of Alcohol and Other Drugs of Abuse. Professional counselors are available 24 hours a day, 7 days per week to provide referral information to over 30,000 calls a year. The Hotline maintains an educational website capable of handling traffic of 14,000 site hits per year. Interpreters are provided for callers whose native language is not English.

Funding Amount and Source: \$187,700 (State and Federal)

Treatment

Division of Addiction Services

DRUG COURT INITIATIVE

In a collaborative effort with the Administrative Office of the Courts, DAS provided a full continuum of care of community based substance abuse treatment services. Funding was provided to DAS in SFY 2006 via a Cooperative Agreement between DAS and the Administrative Office of the Courts (AOC). This funding supported the purchase of approximately 400 specialized long term residential beds and a broad range of additional treatment services, such as short term residential, halfway house, partial care, intensive outpatient, outpatient, individual counseling and enhanced services. There were approximately 109 new cases per month in the statewide drug court network for a total of 1,308 per year.

Service Information: As of September 1, 2004, Drug Court was operational in all 15 Superior Court Vicinages. Drug Courts functions within the existing Superior Court structure to provide treatment opportunities to offenders who would otherwise be incarcerated in State prisons for drug related offenses.

Funding Amount and Source: \$16,405,000 (State)

MUTUAL AGREEMENT PROGRAM (MAP)

In SFY 2006, DHS/DAS continued to oversee the Mutual Agreement Program (MAP), an Inmate/Parolee Rehabilitation Project implemented through a Memorandum of Agreement with the Department of Corrections (DOC), the State Parole Board (SPB) and the Division of Addiction Service (DAS). This funding is a combination of direct appropriations to DAS transferred from the DOC and SPB. These funds supported an initiative which funded 118 residential and halfway house treatment beds for parolees and inmates pending parole. Additionally, the program funded six (6) specialized outpatient programs for parolees.

Service Information: MAP provided substance abuse treatment opportunities for state inmates under the supervision of DOC who are in need of drug and alcohol treatment and

who are pending release to the community, as well as SPB parolees with drug and alcohol problems. Treatment services are delivered at licensed community-based alcohol and drug treatment programs.

Funding Amount and Source: \$4,269,665 (State)

THE JUVENILE JUSTICE TREATMENT INITIATIVE

DAS, through a Memorandum of Agreement (MOA) with the Juvenile Justice Commission (JJC), allotted funds to treat adolescents who had been committed to a state juvenile institution and adolescents placed on probation. This initiative allows for coordinated planning and joint funding of services to juvenile offenders. DAS funded 63 out of the 71 residential adolescent substance abuse treatment beds. The remaining eight (8) beds were supported by a transfer of funds from the JJC. Of the 63 beds funded by DAS, 53 were reserved for JJC referred offenders and 10 were designated as juvenile offender (non-reserved) beds, available for use by the JJC, courts or probation.

In addition, DAS funded a Letter of Agreement (LOA) providing for reimbursement of short term residential treatment for JJC young adult parolees. Up to 2 beds were available for JJC referrals who were between the ages of 18 and 24 years, were returned to the community from a state penal institution, and were at risk for re-incarceration because of an alcohol and/or drug problem.

Funding Amount and Source: \$2,107,209 (State)

SUBSTANCE ABUSE TREATMENT AND REHABILITATION SERVICES

Comprehensive substance abuse treatment services are provided statewide through direct funding, with licensed or approved treatment facilities.

Service Information: The following services are provided for substance abusing/addicted adults and adolescents: outpatient psycho/social treatment, intensive outpatient, methadone maintenance, methadone intensive outpatient, and residential methadone detox, adult long-term residential slots and adult short-term residential slots; adolescent long-term residential slots, adolescent short-term residential, youth partial care, HIV Early Intervention Program (EIP), HIV case management services; co-occurring services; support and shelter services for the homeless persons affected by substance abuse; treatment services for the Deaf, hard of hearing and disabled, and specialized treatment services for women and children.

Funding Amount and Source: \$51,374,947 (Federal and State)

GROUP RECOVERY HOME LOAN FUND

Funding is provided to Oxford Houses to provide administrative and programmatic oversight of the statewide network of peer-led group recovery homes in New Jersey and to expand the network to include all 21 counties in the State. This funding includes \$100,000 for a Revolving Loan Fund to eligible groups of persons for the development of new group recovery homes. With funds from the Treatment contract, Oxford House will establish ten (10) new homes (7 for men and 3 for women). The funds are also used for continued administration of the existing 60 homes.

With funds from the Women's DYFS contract, Oxford House will establish five (5) new homes for women and their children who are under the supervision of DYFS.

Oxford Houses are democratically run, self-supported, drug-free living environments for clients needing housing during or post-treatment. No direct treatment or clinical services are provided within these homes, however, all individual members attend 12-Step meetings and may be encouraged to utilize outside professionals whenever such utilization is likely to enhance recovery from alcoholism.

Funding Amount and Source: \$292,758 (Federal and State)

COUNTY COMPREHENSIVE ALCOHOL AND DRUG ABUSE SERVICES

The Alcohol Education, Rehabilitation and Enforcement Fund (AEREF) is a non-lapsing, revolving fund through which the twenty-one counties receive annual allocations to plan comprehensive addiction services based on county-identified need. Trust funds are disbursed to the counties by formula, with a twenty-five percent match requirement. The funds support county-wide needs assessment, planning, coordination and provision of addiction services for indigent adult and adolescent county residents. Addiction services include: education, prevention, treatment and rehabilitation services, and aftercare services.

Direct state appropriations supplement trust funds to the counties for expanded treatment and rehabilitation services, aftercare services, linkage services, and detoxification services.

Funding Amount and Source: \$15,846,215 (State)

CHILD WELFARE REFORM PLAN/ADOLESCENT TREATMENT

This Child Welfare Reform Plan Initiative provides a coordinated network of specialized substance abuse treatment services in licensed facilities targeted to adolescents with first priority to those under the supervision of the Division of Youth and Family Services (DYFS). Services include long-term residential treatment that provide a structured recovery environment, combined with professional clinical services designed to address addiction and living skill problems for adolescents with substance abuse diagnosis who require longer treatment stays to support and promote recovery. Thirty (30) beds are available for adolescents to receive these services. Intervention focuses on reintegrating into the greater community with emphasis on education and vocational development.

One hundred and six (106) slots are available to adolescents needing variable levels of care in outpatient settings. These services include individual, group and family counseling and include access to support services. Joint case planning and case conferencing between the DYFS case worker and the treatment provider are an essential component to this initiative.

Funding Amount and Source: \$2,753,658 (State)

TREATMENT SERVICES FOR ADOLESCENTS

The Division funds 229 long-term residential treatment beds, nine (9) short-term treatment beds and 31 partial care beds for adolescents in licensed facilities. Of these, 71 beds were reserved for adolescents under the jurisdiction of the Juvenile Justice Commission (JJC). Long-term residential treatment provides a highly structured recovery environment, combined with professional clinical services designed to address addiction and living skill problems for adolescents with substance abuse diagnosis who require longer treatment stays. Short-term residential services provide highly structured environment, combined with a commensurate level of professional services, designed to address specific addiction and living skills problems for youth who are deemed amenable to intervention through short-term treatment. Partial care treatment provides a broad range of clinically intensive treatment services in a struc-

tured environment for a minimum of 20 hours per week, during day or evening hours. Treatment includes substance abuse counseling, educational and community support services. Programs have ready access to psychiatric, medical and laboratory services.

An additional \$100,000 is dedicated to youth in long-term residential programs with co-occurring disorders.

Funding Amount and Source: \$7,231,205 (Federal and State)

PREGNANT WOMEN/WOMEN WITH DEPENDENT CHILDREN (PW/WDC) INITIATIVE

This initiative provides a coordinated network of specialized substance abuse treatment services targeted to pregnant women and women with dependent children (PW/WDC). Services include methadone maintenance, residential, halfway house, and outpatient variable level of care services. Programs are required to provide or arrange for the provision of services that address the specific needs of this population such as: primary medical care for women, including referral for prenatal care; primary pediatric care, including immunizations for their children; both gender and trauma specific substance abuse treatment and other therapeutic interventions for women which may address issues of relationships, sexual and physical abuse and parenting; therapeutic interventions for children in custody of women in treatment which may, among other things, address their developmental needs, their issues of sexual and physical abuse, and neglect; and sufficient case management, transportation and child care to ensure that women and their children have access to these services.

Funding Amount and Source: \$9,495,971 (Federal)

PREVENTION AND TREATMENT SERVICES FOR THE DEAF, HARD OF HEARING AND DISABLED

This funding provides prevention, treatment, intervention, interpreter, education, and advocacy services for the Deaf, hard of hearing, and disabled population.

Service Information: A mobile counselor and case management service is offered through funding to provide clinical assessment and treatment to clients who are Deaf and hard of hearing. Funding is provided for individual and group treatment, including outpatient and intensive outpatient treatment. Also provided is funding for case management services focusing on recovery for physically and developmentally disabled individuals, which may include traumatic brain injury, fetal alcohol syndrome, epilepsy, and other physical or developmental disabilities. Other funding currently goes to provide prevention and referral for disability service providers, as well as funding to support community based programs for learning disabled youth.

Funding Amount and Source: \$1,110,284 (Federal and State)

SOUTH JERSEY INITIATIVE (SJI)

This initiative targets adolescents (ages 13-18) and young adults (ages 18-24) from eight (8) counties (Ocean, Atlantic, Burlington, Camden, Gloucester, Cape May, Salem and Cumberland). It provides a continuum of care that includes methadone maintenance, detox, residential, halfway house, and outpatient treatment services.

Service Information: From program inception through June 2006, services have been provided to 7,023 clients. During SFY 2006, 366 adolescents and 807 young adults were serviced by the initiative. Fifty-eight percent (58%) of the funds were used for residential services for adolescents and young adults, 42% was used for outpatient services.

Funding Amount and Source: \$102,000 for Administration, \$1,998,000 Services (State)

CO-OCCURRING SERVICES

Co-occurring substance abuse and mental health services are provided statewide through contracts by the Division of Addiction Services (DAS) and Division of Mental Health Services (DMHS).

The Detoxification Initiative is an initiative funded by DAS and DMHS for four (4) licensed residential sub acute detoxification facilities for 14 bed slots throughout the state to serve persons with co-occurring disorders referred through DMHS screening centers.

Funding Amount and Source: \$507,500 from DAS, \$507,500 from DMHS (State)

University Behavioral Healthcare has a partial care program providing services to a population of individuals with co-occurring mental health and substance abuse disorders.

Funding: \$118,343

Preferred Behavioral Healthcare of NJ employs a substance abuse Counselor to provide co-occurring services for individuals with co-occurring mental health and substance abuse disorders in the agency's partial care program.

Funding: \$29,585

Greater Trenton Behavioral Healthcare provides case management services for co-occurring clients with mental health and substance abuse disorders in Mercer County.

Funding: \$88,754

Care Plus NJ Inc. provides outpatient services to co-occurring mental health and substance abuse clients.

Funding: \$83,618

Residential co-occurring treatment services are provided at Sunrise House, Daytop and New Hope to serve adolescents and young adults with mental health and substance abuse disorders.

Funding: \$181,681

Intensive outpatient treatment services are provided at Catholic Charities which offer co-occurring treatment services for adolescents with both mental health and substance abuse disorders.

Funding: \$100,000

INTEGRATED CO-OCCURRING INITIATIVE

To advance the integration of mental health services into the drug abuse treatment programs. This initiative provides funding for the psychologist, the psychiatrist, and the advanced nurse practitioner.

Funding Amount and Source: \$3,665,789 (State and Federal)

HIV/AIDS SERVICES

Early Intervention Services (EIS) and HIV Specialist positions at substance abuse treatment facilities for HIV are available in areas of the state that have the greatest need for these services.

Service Information: In SFY 2006, HIV/AIDS services are offered to 21 treatment facilities throughout the state providing outpatient treatment to include onsite medical, counseling, case management, referral, and drug treatment services. Services for HIV disease at these sites include pre and posttest counseling and the availability of HIV testing for all clients. Other funding currently goes to the Public Health and Environmental Laboratories (PHEL) to pay lab costs for processing specimens collected during onsite HIV testing.

Funding Amount and Source: \$2,338,445 (Federal)

CHILD WELFARE REFORM PLAN/WOMEN WITH CHILDREN INITIATIVE

The Child Welfare Reform Plan/Women with Children Initiative provided for the expansion of existing DAS substance abuse treatment services for women and their children under the supervision of DYFS. This initiative provides residential (residential treatment services are provided for a minimum of six (6) months to include a woman with an average of two (2) children), outpatient variable level of care and methadone outpatient variable level of care treatment. First priority is given to referrals made by the Child Protection Substance Abuse Initiative (CPSAI) drug abuse counselor located in the local DYFS offices following the established protocol. Second priority is given to self-referrals ("walk-ins") or referrals made by various sources (Probation, court, other providers, etc.) of women who are under DYFS supervision. Third priority is given to eligible women with dependent children who are in need of treatment and not under DYFS supervision. All priorities include pregnant women. Treatment is family-centered and is both gender and trauma-specific. Substance abuse treatment and other therapeutic interventions are provided to address issues of domestic violence, sexual and physical abuse, relationships and parenting. These services are enhanced with case management, childcare, transportation, and referrals to services in the community. DYFS keeps all cases that are participating in this initiative open for the duration of treatment, and its ultimate goal is the reunification of these families.

Funding Amount and Source: \$7,846,804 (State)

DRIVING UNDER THE INFLUENCE (DUI) INITIATIVE

New Jersey has set aside \$7.5 million to support the treatment of medically indigent residents of New Jersey who have been convicted of driving under the influence (DUI). These treatment funds, which cover the full range of the continuum of care, became available in November 2005. Medically indigent drunk drivers can receive the appropriate level and duration of treatment warranted thus reducing the incidence of recidivism and ultimately creating safer highways. From November 2005 through June 2006 there were 578 convicted intoxicated drivers served under this initiative.

Funding Amount and Source: \$249,210 Administrative Lead Agency, \$2,059,122 Services (State)

NEW JERSEY ACCESS INITIATIVE (NJAI)

New Jersey was awarded a grant in response to the Access to Recovery voucher program opportunity, part of the President's faith based initiative. The target population is opioid

dependent abusers of all ages statewide. The goal of the New Jersey Access Initiative (NJAI) is to provide clients with a service designed to “enhance” traditional treatment. Treatment, community and faith based providers are invited to join the NJAI Network of Providers.

Service Information: One thousand five hundred and seventy (1,570) clients will receive assessments, residential detoxification if appropriate, Recovery Mentorship (a service in which a Recovery Mentor Associate (RMA) provides mentoring, support, and will facilitate referrals to support services), case supervision and limited transportation.

Funding Amount and Source: \$3,981,049 (Federal)

Division of Developmental Disabilities

TREATMENT FOR SUBSTANCE ABUSE

All four (4) regions of the Division purchase generic community programs for treatment of substance abuse by persons served on an as needed basis. Information about individual treatment specific to substance abuse is not tabulated.

Funding Amount: Unfunded

Division of Medical Assistance and Health Services

INDEPENDENT CLINIC SUBSTANCE ABUSE SERVICES

Medicaid reimburses for drug and alcohol treatment for both inpatient and outpatient hospital services and services provided at independent clinics. The highest utilization of services is at the independent clinics.

Service Information: The population served was 11,911. It included three (3) groups: 1) children 21 and under (975); 2) women over 21 (6,005); and 3) men over 21 years (4,931). Fifty-two percent (52%) of adults served were between the ages of 34-47; children were 39% female and 61% male. The largest racial group in each of the three (3) population groups follows: 1) Caucasian; 2) African-American; 3) Hispanic.

Funding Amount and Source: \$27,531,660 Federal and State

INPATIENT HOSPITAL AND DRUG TREATMENT SERVICES

Inpatient substance abuse services are combined both for alcohol and drug dependence. More than half of the children served were between the ages of 14 and 17, which suggest that prevention programs need to focus on the pre-teen years.

Service Information: A total of 1,631 people were served. Seven hundred ninety four (794) adult females and 640 adult males received these services.

Funding Amount and Source: \$7,487,064 (Federal and State)

OUTPATIENT HOSPITAL DRUG TREATMENT 944, OUTPATIENT HOSPITAL ALCOHOL 945

This program offers outpatient hospital treatment services for alcohol abuse and for drug abuse. The revenue codes are combined.

Service Information: A total of 1,219 children, 1,668 adult females and 1,516 adult males

received the services. The largest racial group in each of the three (3) population groups follows: 1) Caucasian; 2) African-American; 3) Hispanic.

Funding Amount and Source: \$5,699,319 (Federal and State)

Division of Mental Health Services

RESIDENTIAL ALCOHOL AND DRUG REHABILITATION

The Division of Mental Health Services (DMHS) contracts with two (2) residential rehabilitation centers:

Turning Point in Verona is under contract to provide 20 beds to DMHS agencies for individuals with severe and persistent mental illness and substance use disorders. The program has moved from the former site in Verona and are providing services to the DMHS population at St Clare's in Boonton until further notice.

Maryville in Williamstown provides beds for use by Ancora Psychiatric Hospital and Trenton Psychiatric Hospital to serve as a step down service for individuals in need of residential rehabilitation for alcohol and drugs.

Service Information: Number served for Turning Point in FY2005 was 651. Both are 28-day alcohol and drug rehabilitation centers.

Funding Amount and Source: Turning Point: \$1,296,349 State; Maryville: \$184,588 (State)

PARTIAL CARE

Partial care provides a highly structured program with an emphasis on life skills for individuals in the community with severe and persistent mental illness who need services at a level higher than outpatient treatment. Within all partial care programs are individuals who have co-occurring substance use disorders, but programs within this level of care differ in their dual disorders approach. Some partial care programs provide specialized tracks, some provide specialized groups and others are designed to specifically meet the needs of individuals with these co-occurring disorders. Partial care programs typically provide medication monitoring and education as part of their service.

Service Information: The total population served in FY2005 was 28,275. Of that number 10,402 were identified as also having co-occurring substance use disorders.

Funding Amount: Included within \$18.7 million state appropriation for partial care services and within the Medicaid fee-for-service reimbursements.

NEW VIEWS TREATMENT PROGRAM

New Views is a private non-profit agency, providing services to individuals under commitment to Greystone Park Psychiatric Hospital. The agency provides specific co-occurring disorders interventions. Services are provided both on wards, and at a central location. Length of stay in the program depends on clinical need.

Service Information: 516 individuals were served in FY2005.

Funding Amount and Source: \$639,849 (State)

SCREENING

Screening is the point at which emergent care is provided in the mental health system. There

is at least one (1) screening center in each county. Screening centers provide emergency assessment, crisis stabilization, referral and in some cases mobile outreach to individuals with severe and persistent mental illness. An average screening episode is approximately eight (8) hours in duration. Not all screening centers have the capacity to hold individuals overnight for stabilization.

Service Information: Total population served in FY2005 was 68,031 (Note: This includes Designated Screening Centers and Emergency Services). Of that number 27,141 were reported to also have co-occurring substance use disorders.

Funding Amount: Included within the \$41.8 million state appropriation for screening/emergency services.

TRAINING

DMHS provides statewide training on co-occurring mental illness and substance use disorders directly from Central Office and through contracted agencies. Training is provided to agency staff and directly to consumers. All Central Office training sessions are approved by the Addiction Professionals Certification Board of New Jersey. Topics presented range from beginning clinical technique, topics for wellness, recovery and life management, advanced best practice models.

Funding Amount: \$172,732 (State)

DETOX PROJECT

DMHS and DAS jointly fund 14 beds statewide to serve as a diversion to state hospital admission for individuals who present in screening centers with co-occurring mental illness and substance use disorders.

Service Information: Service utilization database maintained and updated by DAS

Funding Amount: \$507,500 DMHS, \$507,500 DAS (State)

Note: Also reported in DAS section

INPATIENT PSYCHIATRIC HOSPITALIZATION

The mental health system has many resources throughout the state for inpatient treatment for individuals who have severe and persistent mental illness and are in need of a high level of service, highly structured programming and 24 hour supervision for stabilization. Within the system, inpatient treatment is provided in State and County Hospitals, Community Mental Health Centers and "free standing" hospitals. Within all of the hospitals, there are individuals in treatment who also have co-occurring substance use disorders.

Service Information: Total population served in FY2005 was 29,247 with 10,023 being identified as having co-occurring substance use disorders.

Funding Amount: Included within the state and/or county appropriations and insurance fee payments for inpatient care.

OUTPATIENT

DMHS has a large network of agencies statewide that provides outpatient treatment to individuals with severe and persistent mental illness. Agencies that provide this level of care include Community Mental Health Centers, free-standing outpatient agencies, and satellite programs.

Service Information: The total population served in outpatient during FY2005 was 227,116. Of those 51,646 had co-occurring substance use disorders.

Funding Amount: Included within the \$41.3 million state appropriation and insurance fee reimbursements for outpatient services.

CASE MANAGEMENT

DMHS provides case management both through specific agency contract and as one element of services that are offered in agency based treatment. Clinical case management consists of advocacy, referral, follow-up, and intervention both within the mental health system and across several different systems of care to meet identified needs. As with all DMHS services, this element of care has a primary target population of individuals with severe and persistent mental illness.

Service Information: During FY 2005, 20,262 were served, with 9,198 being identified as having co-occurring substance use disorders.

Funding Amount: Included within the \$25.2 million state appropriation and the Medicaid fee reimbursements for case management services.

Division of Family Development

WORK FIRST NEW JERSEY SUBSTANCE ABUSE INITIATIVE (WFNJ/SAI)

The Work First New Jersey Substance Abuse Initiative (WFNJ/SAI) was implemented in 1998 through collaboration among the Divisions of Family Development (DFD), Division of Addiction Services (DAS) and Medical Assistance and Health Services (DMAHS). The SAI combines public health and managed care principles to provide substance abuse services for eligible Temporary Assistance to Needy Families (TANF) and General Assistance (GA) clients. Consistent with the goals of WFNJ, the SAI uses an employment directed approach to address substance abuse as a barrier to work activities.

The SAI is operational statewide. It has two key components: (1) a managed care model of Case Management services, and (2) fee-for-service treatment offered by a SAI Provider Network.

In FY2006, as part of the Child Welfare Reform Plan (CWRP), DFD collaborated with the Department of Children and Families Division of Youth and Family Services to fund an expansion of the Child Protective Substance Abuse Initiative (CPSAI). Additionally, SAI implemented cross-systems Intensive Case Management for TANF and GA parents with active child welfare cases.

The statewide client flow totals for TANF and GA clients in FY 2006: (1) unduplicated (initial) referrals, completed assessments and treatment entries were 4,953, 4,406, and 3,006 respectively; and (2) duplicated numbers (e.g., volume of clients) for the same categories were significantly high because of multiple episodes of care: 9,059, 6,779, and 5,190. The average episodes of care per client is approximately two (2), but the range is between one (1) and eight (8) episodes.

Funding Amount and Source: \$6.1million for the expanded CPSAI; \$6.8 million for SAI Care Coordination and Intensive Case Management services; \$13 million for SAI treatment services (Combined State and Federal Funding)

DEPARTMENT OF LABOR AND WORKFORCE DEVELOPMENT

Department/Agency Mission Statement: With a commitment to the highest standard of customer service, we will ensure the opportunity for employment at fair wages in a safe environment; enhance the quality of the State's labor force and labor market activities; stimulate economic growth; promote labor management harmony; and administer income support services to unemployed or disabled workers.

Prevention Information

Business Services

EMPLOYER HUMAN RESOURCES SUPPORT SERVICES

The HR Support unit, with expert trainers from Partnership for a Drug-Free New Jersey, conducts "Substance Abuse in the Workplace" seminars for employers in New Jersey to assist in the development of sound and legal policies that prevent, identify and properly deal with substance abuse among employees and job applicants. The unit also provides confidential assistance to individual employers to help them deal effectively with their respective workplace substance-abuse issues.

Service Information: This program is open to employers of New Jersey. The HR Support Services group is not involved in gathering any type of data on the companies' employees or the intervention and assistance efforts on the companies' part. The unit only provides educational and informative seminars and individual assistance to help employers deal effectively with their respective workplace substance-abuse issues.

Funding Amount: Funding for this program is part of the Division's operations.

Intervention & Referral Information

Workforce New Jersey

WORKFORCE NEW JERSEY

There is a partnership between One-Stop Programs and Services, Work First, Department of Labor and Workforce Development (LWD) and the Substance Abuse Initiative (SAI) whereby referrals are made to the SAI by LWD counselors and interviewers. During outpatient substance abuse treatment or upon completion of inpatient treatment, the Work First NJ registrant is referred to the LWD for job placement and other employability development services such as job seeking skills training, work experience, etc.

Service Information: The target population for this ongoing program is Work First NJ participants.

Funding Amount: Funding for this program is part of the Division's operations.

Division of Vocational Rehabilitation Services

VOCATIONAL REHABILITATION SERVICES

Vocational Rehabilitation Services is a statewide program that provides counseling, case management and individualized vocational rehabilitative services to individuals with disabilities, some of whom are substance abusers, to enable them to obtain and maintain employment. Services provided also include appropriate referrals to other agencies.

Service Information: This program serves individuals whose substance abuse prevents them from holding a job, and who can benefit from intervention. There were 2,140 participants served ranging in age from 16-64 during FY 2006.

Funding Amount: Funding for this program is part of the Division's operations.

Work/Life and Employee Assistance Programs

WORK/LIFE AND EMPLOYEE ASSISTANCE PROGRAMS

The Department's Employee Assistance Program (EAP) provides confidential employee assistance services to LWD employees with a variety of personal issues and concerns including drug and/or alcohol abuse, compulsive gambling and/or a family member's substance abuse. Services provided by the EAP include problem identification and assessment, referral and follow-up services. The program also provides supervisory training and consults with management on ATOD-related situations. EA services have been shown to decrease absenteeism, workers' compensation claims, grievances and workplace injuries and increase productivity. During 2006, the Department's Work/Life Program sponsored two presentations of "The 15-Minute Child Break," a program to inform, encourage and empower parents to effectively communicate with their children about the dangers of drugs and alcohol.

Service Information: This program serves employees and management of the Department of Labor and Workforce Development.

Funding Amount: Funding for this program is part of the Department's administrative operations.

DEPARTMENT OF LAW AND PUBLIC SAFETY

Prevention Information

DIVISION OF ALCOHOLIC BEVERAGE CONTROL

MEDIA CAMPAIGN ADDRESSING ALCOHOL ON CAMPUS

This initiative will offer educational programs and social marketing campaigns designed to change students' attitudes about alcohol. Public Service Announcements (PSAs), geared to reducing underage drinking and its consequences, will be created for airing on campus and local cable stations.

Funding Amount: \$8,000
Funding Source: Federal

"DANGERS OF ALCOHOL" BILLBOARD/CALENDAR INITIATIVE

This Statewide initiative is designed to encourage middle school students and their parents to work together to create images and messages depicting the dangers of underage drinking, to be used on calendars and billboards Statewide.

Funding Amount: \$25,000
Funding Source: Federal

COPS IN SHOPS/COMPLIANCE CHECKS

Cops in Shops is a statewide initiative designed to combat underage drinking by bringing local undercover police officers and retail liquor establishments together to both prevent the illegal purchase of alcohol by underage individuals and to stop adults from purchasing alcohol for people under the legal age. With Compliance Checks, police officers, working undercover as patrons in retail consumption premises, conduct operations identifying underage purchasers and those who sell to them.

Funding Amount: \$223,220
Funding Source: Federal

COLLEGE SUMMIT ON UNDERAGE DRINKING

The main purpose of this program is to host an annual Statewide conference at a New Jersey college or university to discuss the pervasive problems related to underage drinking in the college environment and to develop strategies best suited to each college community. This conference brings together community leaders, law enforcement agencies, liquor licensees, prevention specialists and college representatives to discuss the problems of underage drinking in and around the college environment.

Funding Amount: \$57,500
Funding Source: Federal

ABC INVESTIGATIVE BUREAU UNDERAGE DRINKING ENFORCEMENT PROGRAM

The ABC Investigative Bureau Underage Drinking Enforcement Program's primary objective is to visit establishments throughout the State looking for the sale of alcoholic beverages to underage persons.

Funding Amount: \$20,000
Funding Source: Federal

LOLLANOBOOZA

Lollanobooza is a program that provides college students a chance to engage in alcohol-free activities and programs. It provides a social outlet that does not support the consumption of alcohol.

Funding Amount: \$20,000
Funding Source: Federal

DIVISION OF STATE POLICE

COMMUNITY PARTNERSHIP/YOUNG CITIZENS PATROL PROGRAM

The Young Citizens Safety Patrol Program provides community safety, emergency preparedness, personal safety and drug demand reduction education on a Statewide basis to public and nonpublic school students in all grades from kindergarten through grade 12. It is a collaborative effort designed to offer an educational safety awareness curriculum in the classroom as a means to recognize and prevent natural and created pressures that may harm or influence or children.

The program delivers strategies focused on the development of social competence, communication skills, respect, responsibilities, decision making, conflict resolution, a sense of purpose and selecting positive alternatives. This initiative has been coordinated with several law enforcement agencies, the State Department of Education, the Automobile Association of America (AAA), and the Young Citizens Corp.

Funding Amount: \$3,266,405
Funding Source: DSS - State

EMPLOYEE ASSISTANCE PROGRAM (EAP)

The general purpose of the New Jersey State Police Employee Assistance Program is to help those individuals with persistent behavioral, medical or personal problems. The program provides information, confidential professional assistance and subsequent referral services. The total budget for the EAP program is \$874,442. The amount below is the amount spent on Prevention Information. The remainder is spent on Intervention and Referral Information.

Funding Amount: \$498,432
Funding Source: DSS - State

NEW JERSEY RACING COMMISSION

PREVENTION, EDUCATION & TREATMENT PROGRAMS FOR THE BENEFIT OF COMPULSIVE GAMBLING

Beginning in FY 2004, the New Jersey Racing Commission began assessing the racing industry on an annual basis and forwarding funds to the Department of Health and Senior Services. These funds are used by that Department for prevention, education and treatment programs for compulsive gambling.

Service Information: Outcome measures include behavioral intentions, attitudes and knowledge

Funding Amount: \$200,000
Funding Source: Dedicated (Assessed to Racing Industry)

RANDOM URINE TESTING

The New Jersey Racing Commission administers a random urine test program for jockeys, grooms, drivers and racing officials. Samples are tested by laboratories staffed by State Police personnel for the presence of controlled dangerous substances. New Jersey racetrack and horse owners fund this program. This mandated program pays for the lab fees related to the services provided by the State Police on site. A specific evaluation and treatment program is required.

Service Information: Outcome measures include attitudes, reduced risk factors and increased protective factors.

Funding Amount: \$300,000
Funding Source: Dedicated (Assessed to Racing Industry)

RANDOM BREATHALYZER TESTING

The New Jersey Racing Commission staff administers a random Breathalyzer test to race participants' jockeys, grooms, drivers and racing officials. New Jersey racetrack owners fund this program. Participants in violation would be fined or have their Racing Commission license suspended.

Service Information: Outcome measures include attitudes, reduced risk factors and increased protective factors.

Funding Amount: \$25,000
Funding Source: Dedicated (Assessed to Racing Industry)

DIVISION OF HIGHWAY AND TRAFFIC SAFETY

DWI ENFORCEMENT PROGRAMS

Impaired driving enforcement programs were conducted during the December/January holiday period of 2005/2006. County and local police agencies in four counties (Bergen, Essex, Middlesex and Monmouth) carry out impaired driving roving patrols and checkpoint operations. During the 2005/2006 campaign, a total of 124 agencies participated compared to 76 in 2004/2005. There were a total of 437 DWI arrests, 2,808 speeding summonses and 1,370 seat belt summonses issued. The campaign was also supported by a media campaign. Many of the departments issued news releases about the program to their local newspapers resulting in printed stories and thousands of radio listeners heard the message courtesy of radio announcements as part of the division's ongoing partnership with the New Jersey Broadcasters Association.

The Statewide You Drink and Drive...You Lose impaired driving campaign was conducted from August 18 – September 4, 2006. The law enforcement community conducted high-visibility checkpoints and roving patrols during the campaign. Media events were covered by television, radio and print journalists that served to raise awareness of the DWI campaign. Highlights of the two-week campaign included increased participation by police agencies. A total of 391 agencies participated in the 2006 mobilization compared to 382 in 2005.

A total of 1,721 DWI arrests were made and nearly 70,000 summonses were issued, both of which exceeded the numbers produced during 2005.

Funding Amount: \$727,380
Funding Source: Federal Funds

COPS IN SHOPS

The Division of Highway Traffic Safety provides funds to the Division of Alcoholic Beverage Control to oversee the Statewide Cops In Shops Program. This program helped curtail underage drinking by bringing undercover law enforcement officers and retail establishments together in a partnership designed to deter the sale of alcohol to underage individuals and to stop adults from attempting to purchase alcohol for people under the legal age. With Compliance Checks, police officers, working undercover as patrons in retail consumption premises, conduct operations identifying underage purchasers and those who sell to them.

The Cops In Shops College/Fall initiative provided grants to municipalities which have a college/university within its borders or have such a school in a neighboring town. A total of 93 arrests were made and 124 separate charges were lodged against those arrested. Of the 124 offenses charged, 71 were for violations relating to the illegal possession or attempt to possess alcohol by a person that is underage or by an adult purchasing for an underage individual. Once again, the program has proven successful in its efforts to deter underage drinking. The participating retail license establishments also displayed posters warning underage individuals that police officers may be present in an undercover capacity. This has proven to be a strong deterrent and has decreased the number of underage individuals attempting to purchase alcohol.

The Division of Alcoholic Beverage Control also conducts training sessions for the law enforcement community and retail licensees in identifying fraudulent identification items that are presented by those underage attempting to purchase alcohol.

A total of 23 communities that historically have a large youth population during the summer months also participated in the Cops In Shops summer shore initiative. During this initiative, a total of 240 arrests were made and 304 separate charges were lodged against those arrested. Of the 304 offenses charged, 221 were for violations pertaining to the illegal possession or attempt to possess alcohol by a person that is underage or by an adult purchasing for an underage person. During the program, a large number of underage individuals were found to possess false identification and were using the same to enter a licensed premise to obtain alcoholic beverages.

Additionally, overtime salaries were provided to investigators for undercover operations at bars, restaurants and nightclubs in an effort to curtail the consumption of alcoholic beverages by persons under the legal age. Investigative personnel conducted operations in 502 licensed establishments. A total of 2,197 patrons were carded which resulted in 204 arrests. In addition to Alcoholic Beverage Control administrative charges against the license for serving persons under the legal age, investigative personnel detected 103 other administrative violations against the licensed establishments.

Funding Amount: \$201,372
Funding Source: Federal

TRAINING

The Alcohol/Drug Test Unit (ADTU) coordinators trained 182 new breathalyzer operators at seven five-day Breathalyzer Operator Courses in 2006. There are currently over 11,000 certified breathalyzer operators in the State. The ADTU coordinators also re-certified 2,523 breathalyzer operators, conducting 112 one-day re-certification classes.

ADTU coordinators also trained 712 police officers in DWI identification, apprehension, processing and prosecution at the Standardized Field Sobriety classes held at 28 five-day courses. Additionally, the ADTU re-certified 365 officers at 19 one-day Standardized Field Sobriety Test refresher courses. ADTU coordinators trained 3,668 Alcotest operators at 163 conversion courses.

The ADTU also coordinated the Drug Evaluation Classification/Drug Recognition Expert training program. This training enables police officers to classify operators of motor vehicles as being under the influence of one or more of seven categories of drugs other than alcohol. The ADTU conducted training for 62 Drug Recognition Experts (DRE) in three classes. Additionally, 37 certified DRE's satisfied the mandatory requirements and were re-certified in four re-certification classes. The ADTU also co-sponsored one DRE seminar with the New Jersey Drug Recognition Expert Association which was attended by 70 Drug Recognition Experts. In addition, one class was held for 12 teachers attending the Drug Interdiction Training for Education Professionals program.

Funding Amount: \$446,974
Funding Source: Federal Funds

COLLEGE PROGRAMS

Three peer educator programs were conducted at the College of New Jersey, Stockton College and New Jersey City University. The premise of peer education is that young people are more likely to hear a message and consequently change their attitudes and behavior if they see that the messenger has a similar lifestyle to their own and faces similar concerns and pressures. The key components of the program included presentations on substance abuse and highway safety, both on-campus and in the surrounding communities; information tables and events on campus which provided students with information and resources on substance abuse and highway safety and a mentoring/training program with local high schools to help teenagers develop the skills to resist alcohol and drugs, provide them with positive role models, link them to the college/university and spread the message of substance abuse prevention and highway safety.

The Rutgers Comprehensive Alcohol and Traffic Education and Enforcement (R-CAT) Program used enforcement, educational activities and community outreach efforts to deter unsafe activities on campus. The R-CAT program was administered by the Rutgers University Police Department. Sixty-two comprehensive mobile driving while intoxicated enforcement patrols were conducted on or near the Rutgers campus. A total of 79 violations were cited with the most arrests occurring on the New Brunswick campus, near fraternity houses and local bars. The education component provided training resources to police officers and community service staff members to continue distributing educational materials and maintain a website on drug and alcohol prevention. A total of 68,063 publications were distributed at the 294 workshops that were held. Seventy-five alcohol and drug abuse prevention and awareness training programs were also held for 31,000 students and staff members. Discussion topics included, but were not limited to, alcohol awareness, responsible social hosting, underage drinking violations of first year students, laws and fines associated with DWI offenses and drunk driving prevention. There was a decrease in the number of arrests made during this fiscal year compared to 2006, however, although not proven, may be attributed to increased distribution of educational resources. The distribution rate was double the expectations. The message of promoting responsible behavior, by not drinking and driving on campus has started to reach the student population. The R-CAT program has become a visible entity on campus and in the community.

Funding Amount: \$197,725
Funding Source: Federal Funds

DRUNK DRIVING ENFORCEMENT FUND

The Drunk Driving Enforcement Fund establishes a \$100.00 surcharge on each conviction for drunk driving. Monies in this fund are distributed to municipalities and to State, county and interstate law enforcement agencies. The purpose is to increase enforcement of the laws pertaining to drinking and driving. Each law enforcement agency whose officers make arrests leading to DWI convictions and imposition of the surcharge is entitled to grants representing its proportionate contribution to the fund.

Municipalities, the Division of State Police, interstate law enforcement agencies and county law enforcement agencies apply to the Division to use Drunk Driving Enforcement Fund monies for additional DWI enforcement patrols and any appropriate measures pertaining to other DWI activities as approved by the Director of the Division of Highway Traffic Safety.

A total of \$3.8 million was made available to law enforcement agencies during State Fiscal Year 2006 (July 1, 2005 – June 30, 2006) in an effort to reduce alcohol-related fatalities and crashes.

Funding Amount: \$3.8 million
Funding Source: Dedicated

Intervention & Referral Information

DIVISION OF STATE POLICE

EMPLOYEE ASSISTANCE PROGRAM (EAP)

The general purpose of the New Jersey State Police Employee Assistance Program is to help those individuals with persistent behavioral, medical or personal problems. The program provides information, confidential professional assistance and subsequent referral services. The total budget for the EAP program is \$874,442. The amount below is the amount spent on Intervention and Referral Information. The remainder is spent on Prevention Information.

Funding Amount: \$376,010
Funding Source: DSS - State

Treatment Information

DIVISION OF CRIMINAL JUSTICE

RESIDENTIAL SUBSTANCE ABUSE TREATMENT (RSAT) FOR STATE PRISONERS GRANT PROGRAM

RSAT Adult Correctional Treatment Programs - "No Return I and No Return II"

Grants awarded to the Department of Corrections fund two therapeutic community treatment programs that provide six to twelve months of substance abuse treatment to incarcerated adults.

Funding Amount and Source: \$529,620 Federal
\$176,540 State

DEPARTMENT OF MILITARY AND VETERANS' AFFAIRS

Department Mission Statement: The New Jersey Department of Military and Veterans Affairs' mission is to provide trained and ready forces prepared for rapid response to a wide range of civil and military operations, while providing exemplary services to the citizens and veterans of New Jersey.

Prevention Information

New Jersey National Guard

RED RIBBON CAMPAIGN

The National Guard is actively involved in the Aviation Role Model Program, an initiative in which Army National Guard pilots "fly in" in Army helicopters to speak to students. Topics are primarily on drug free life style, education and physical education.

Service Information: The New Jersey National Guard, DEA and the New Jersey Prevention Network distributed an estimated 24,000 red ribbons to schools, law enforcement agencies and community-based organizations with the goal of bringing awareness of the current drug problem to the forefront. This program served 3,776 students in grades 5-12 located in Sussex and Union counties. The program is measured by the number of information brochures, red ribbons, videos and CD ROMs distributed, as well as the number of students that were reached through drug awareness presentations.

Funding Amount: \$42,905

Funding Source: Federal

YOUTH CAMPS - NJ NATIONAL GUARD – COUNTER DRUG TASK FORCE

The New Jersey National Guard and D.A.R.E. New Jersey, as well as other local law enforcement agencies, reduce risk factors by rewarding youth that have repeatedly shown an adherence to a drug free lifestyle. The selection criteria is rigid, but students that are recommended and selected are encouraged to continue their healthy life choices.

Service Information: This program served 98 children in grades 5 and 6 as well as 15 children in grades 7 and 8. Both male and female students were equally represented in grades 5 and 6. There were more males than females in the older grades. In grades 5 and 6, all 21 counties were represented. In grades 7 and 8, Essex, Hudson, Monmouth, Ocean, Passaic and Sussex counties were represented. This program is an alternative activity. The program is measured by the number of participants.

Funding Amount: \$29,560

Funding Source: Federal

DRUG AWARENESS EDUCATION

The New Jersey National Guard provides drug awareness education in an attempt to develop students' individually held values and knowledge about drugs and society. The program is designed to demonstrate how our personal values and the choices we make impact drug use.

Service Information: Three thousand five hundred sixty six students in grades 5-12 from Bergen, Burlington, Camden, Essex, Hudson, Middlesex, Ocean, Passaic, Sussex and Union counties participated in this program. The program is measured by the number of students reached and schools visited throughout New Jersey.

Funding Amount: \$132,575

Funding Source: Federal

DEPARTMENT OF PERSONNEL

Employee Advisory Services

Established in 1973, the Employee Advisory Service (EAS) is one of the longest-running government Employee Assistance Programs in the nation with more than three decades of experience. Through contracts, it provides employee assistance services to all but one State Department of the Executive Branch; 13 State Commissions or Boards; the New Jersey Judiciary; 5 New Jersey Colleges or Universities; 12 Municipal and County Agencies; and two Non-Profit Agencies. This is approximately 75,000 employees who are located throughout the state.

The Employee Advisory Service is a Division of the New Jersey Department of Personnel. The statutory authorization for EAS (NJSA 11A: 6-26(b)) was enacted on September 25, 1986. As part of its EAP services to agencies, EAS oversees and approves all State Department's Workplace Violence Plans and provides technical and policy assistance on these matters. In addition, EAS counselors assess and recommend appropriate clinical or remedial action regarding individual workplace violence incidents.

The Employee Advisory Service is proactive in assisting the State Health Benefits Program (SHBP) with the selection of medical insurance providers. EAS evaluates the insurance providers on their performance of delivering mental health services to government employees. EAS works closely with all individual medical providers to ensure that clients obtain the optimal benefits allowed under the plan.

EAS is also the project coordinator of the state contract for drug and alcohol testing for employees who are required to maintain a Commercial Driver's License. Any employee that has tested positively for drugs or alcohol must be seen by EAS for an assessment/evaluation. Once treatment is provided, EAS contacts the employer to have the employee re-tested to return to work. EAS is able to provide educational seminars on substance abuse and addiction related to Federal CDL regulations.

The main office of EAS is currently located at 200 Woolverton Street, Trenton, New Jersey. Four full-time counselors and several counselor-affiliates (screened, hired and paid by EAS) provide services on a statewide basis.

The Employee Advisory Service maintains an active client base of approximately 2,400 employees and holds over 4,200 individual and group sessions annually.

Funding is provided by direct State Appropriations and Revenues Received.

KEY TO THE CSAP PREVENTION STRATEGIES

There are seven strategies used by the Center for Substance Abuse Prevention: **policy, enforcement, collaboration, communications, education, early intervention** and **alternatives**. Not all strategies are equally strong and all are more effective when used in conjunction with others. Using multiple strategies in multiple settings, working toward a few common goals, offers the best chance to prevent the abuse of alcohol, tobacco and other drugs.

Policy: Public policies, laws and regulations can be designed to limit access to alcohol, tobacco and other drugs and to decrease the problems associated with their abuse. One reason policies work is that they create a change in the environment itself - in contrast to efforts that aim at individual behavior change.

Enforcement: If laws and regulations are going to effectively deter people and businesses from illegal behaviors, they must be accompanied by significant penalties and they must be enforced through surveillance, community policing and arrests.

Collaboration: Collaboration is a mutually beneficial and well defined relationship entered into by two or more organizations to achieve results they are more likely to achieve together than alone.

Communications: Public perceptions about alcohol, tobacco and other drugs play a significant role in the use of these substances. Four types of communications activities can help educate the public about the real dangers of substance abuse: public education campaigns, social marketing campaigns, media advocacy activities and media literacy programs.

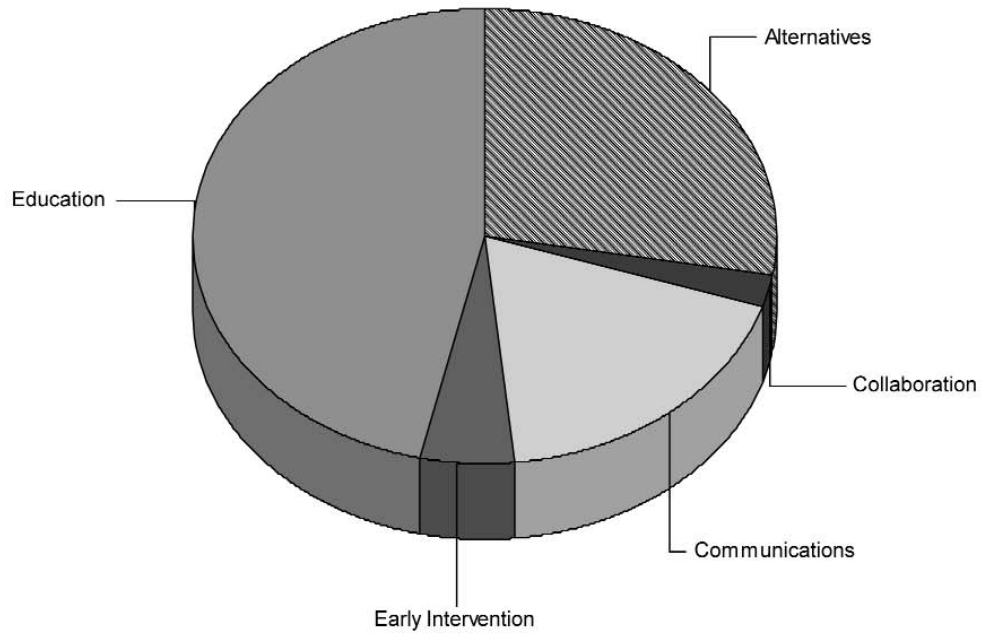
Education: Prevention education programs can impart knowledge and develop skills, though research shows that alone they are insufficient to produce far reaching and long lasting changes. Besides prevention education for youth, training efforts aimed at adults who interact with youth also contribute to prevention.

Early Intervention: Early intervention strategies include screening, assessment, and referral of youth at risk for substance abuse related risk factors.

Alternatives: Alternative strategies are most likely to be effective if they do the following: target youth at high risk who may not have adequate adult supervision or access to a variety of activities; target the particular needs and assets of individuals; and provide intensive approaches that combine hours of involvement with access to related services. Researchers conclude that alternative approaches alone are not enough to prevent substance abuse among youth. Enrichment and recreational activities must be paired with other strategies that have been proven effective, such as policies that reduce the availability of alcohol, tobacco and other drugs, as well as social and personal skill-building instruction.

Percentage of Programs by CSAP Strategy

Grant Year: 2006 County: Warren



Alternatives	27	27.8%
Collaboration	2	2.1%
Communications	18	18.6%
Early Intervention	5	5.2%
Education	45	46.4%
Total:	97	100.0%

County Funding Totals by CSAP Strategy for Grant Year 2006

DEDR Allocation per Formula: \$9,592,846.00
 Carryover Amount: \$766,179.26
 Total Award: \$10,359,025.26

Atlantic

	Total Funding	Alternatives	Collaboration	Communications	Early Intervention	Education	Enforcement	Policy
Totals	\$341,515.93	\$60,228.86	\$38,623.07	\$89,652.98	\$8,097.24	\$144,913.78	\$0.00	\$0.00
Percentages		17.6%	11.3%	26.3%	2.4%	42.4%	0.0%	0.0%

Bergen

	Total Funding	Alternatives	Collaboration	Communications	Early Intervention	Education	Enforcement	Policy
Totals	\$931,457.50	\$169,863.00	\$22,168.00	\$190,481.50	\$21,060.00	\$526,085.00	\$1,800.00	\$0.00
Percentages		18.2%	2.4%	20.4%	2.3%	56.5%	0.2%	0.0%

Burlington

	Total Funding	Alternatives	Collaboration	Communications	Early Intervention	Education	Enforcement	Policy
Totals	\$605,669.06	\$149,215.50	\$14,300.00	\$57,296.99	\$7,100.00	\$377,056.57	\$700.00	\$0.00
Percentages		24.6%	2.4%	9.5%	1.2%	62.3%	0.1%	0.0%

Camden

	Total Funding	Alternatives	Collaboration	Communications	Early Intervention	Education	Enforcement	Policy
Totals	\$608,316.93	\$150,648.00	\$20,036.00	\$83,795.00	\$51,667.00	\$301,200.93	\$970.00	\$0.00
Percentages		24.8%	3.3%	13.8%	8.5%	49.5%	0.2%	0.0%

Cape May

	Total Funding	Alternatives	Collaboration	Communications	Early Intervention	Education	Enforcement	Policy
Totals	\$198,677.34	\$24,211.00	\$25,968.00	\$0.00	\$9,590.00	\$137,458.34	\$450.00	\$0.00
Percentages		12.2%	13.6%	0.0%	4.8%	69.2%	0.2%	0.0%

Cumberland

	Total Funding	Alternatives	Collaboration	Communications	Early Intervention	Education	Enforcement	Policy
Totals	\$227,739.64	\$70,691.33	\$14,324.00	\$9,799.00	\$18,379.66	\$114,545.65	\$0.00	\$0.00
Percentages		31.0%	6.3%	4.3%	8.1%	50.3%	0.0%	0.0%

Essex

	Total Funding	Alternatives	Collaboration	Communications	Early Intervention	Education	Enforcement	Policy
Totals	\$990,499.00	\$115,602.00	\$25,890.00	\$122,333.00	\$30,880.00	\$695,594.00	\$200.00	\$0.00
Percentages		11.7%	2.6%	12.4%	3.1%	70.2%	0.0%	0.0%

Gloucester

	Total Funding	Alternatives	Collaboration	Communications	Early Intervention	Education	Enforcement	Policy
Totals	\$288,434.54	\$68,668.00	\$24,163.00	\$21,064.00	\$10,233.00	\$164,316.54	\$0.00	\$0.00
Percentages		23.8%	8.4%	7.3%	3.5%	57.0%	0.0%	0.0%

Hudson

	Total Funding	Alternatives	Collaboration	Communications	Early Intervention	Education	Enforcement	Policy
Totals	\$766,703.46	\$91,411.00	\$6,000.00	\$188,893.46	\$12,622.00	\$457,777.00	\$0.00	\$0.00
Percentages		12.1%	0.8%	25.0%	1.7%	60.5%	0.0%	0.0%

Hunterdon

	Total Funding	Alternatives	Collaboration	Communications	Early Intervention	Education	Enforcement	Policy
Totals	\$165,460.45	\$20,505.00	\$0.00	\$6,041.00	\$0.00	\$138,914.45	\$0.00	\$0.00
Percentages		12.4%	0.0%	3.7%	0.0%	84.0%	0.0%	0.0%

Mercer

	Total Funding	Alternatives	Collaboration	Communications	Early Intervention	Education	Enforcement	Policy
Totals	\$428,088.06	\$26,089.00	\$59,728.00	\$18,987.00	\$0.00	\$322,774.06	\$500.00	\$0.00
Percentages		6.1%	14.0%	4.4%	0.0%	75.4%	0.1%	0.0%

Middlesex

	Total Funding	Alternatives	Collaboration	Communications	Early Intervention	Education	Enforcement	Policy
Totals	\$805,720.12	\$96,566.16	\$35,686.00	\$9,616.25	\$12,947.86	\$638,325.35	\$0.00	\$12,588.50
Percentages		12.0%	4.4%	1.2%	1.6%	79.2%	0.0%	1.6%

Monmouth

	Total Funding	Alternatives	Collaboration	Communications	Early Intervention	Education	Enforcement	Policy
Totals	\$768,521.00	\$34,121.00	\$34,982.00	\$247,903.00	\$76,228.00	\$369,057.00	\$0.00	\$6,230.00
Percentages		4.4%	4.6%	32.3%	9.9%	48.0%	0.0%	0.8%

Morris

	Total Funding	Alternatives	Collaboration	Communications	Early Intervention	Education	Enforcement	Policy
Totals	\$550,974.05	\$163,605.00	\$11,353.00	\$84,178.30	\$27,678.00	\$264,159.75	\$0.00	\$0.00
Percentages		29.7%	2.1%	15.3%	5.0%	47.9%	0.0%	0.0%

Ocean

	Total Funding	Alternatives	Collaboration	Communications	Early Intervention	Education	Enforcement	Policy
Totals	\$597,958.50	\$134,802.00	\$21,570.00	\$55,157.00	\$38,631.00	\$346,398.50	\$1,400.00	\$0.00
Percentages		22.5%	3.6%	9.2%	6.5%	57.9%	0.2%	0.0%

Passaic

	Total Funding	Alternatives	Collaboration	Communications	Early Intervention	Education	Enforcement	Policy
Totals	\$612,893.93	\$158,344.00	\$41,868.00	\$0.00	\$20,425.00	\$385,156.93	\$0.00	\$7,100.00
Percentages		25.8%	6.8%	0.0%	3.3%	62.8%	0.0%	1.2%

Salem

	Total Funding	Alternatives	Collaboration	Communications	Early Intervention	Education	Enforcement	Policy
Totals	\$148,012.12	\$6,205.39	\$0.00	\$66,929.13	\$0.00	\$74,877.60	\$0.00	\$0.00
Percentages		4.2%	0.0%	45.2%	0.0%	50.6%	0.0%	0.0%

Somerset

	Total Funding	Alternatives	Collaboration	Communications	Early Intervention	Education	Enforcement	Policy
Totals	\$357,609.00	\$27,026.00	\$9,967.00	\$87,676.00	\$16,601.00	\$216,339.00	\$0.00	\$0.00
Percentages		7.6%	2.8%	24.5%	4.6%	60.5%	0.0%	0.0%

Sussex

	Total Funding	Alternatives	Collaboration	Communications	Early Intervention	Education	Enforcement	Policy
Totals	\$206,730.17	\$55,927.00	\$8,900.00	\$54,297.17	\$16,138.00	\$71,468.00	\$0.00	\$0.00
Percentages		27.1%	4.3%	26.3%	7.8%	34.6%	0.0%	0.0%

Union

	Total Funding	Alternatives	Collaboration	Communications	Early Intervention	Education	Enforcement	Policy
Totals	\$617,616.46	\$65,095.00	\$2,500.00	\$244,736.46	\$7,593.00	\$297,692.00	\$0.00	\$0.00
Percentages		10.5%	0.4%	39.6%	1.2%	48.2%	0.0%	0.0%

Warren

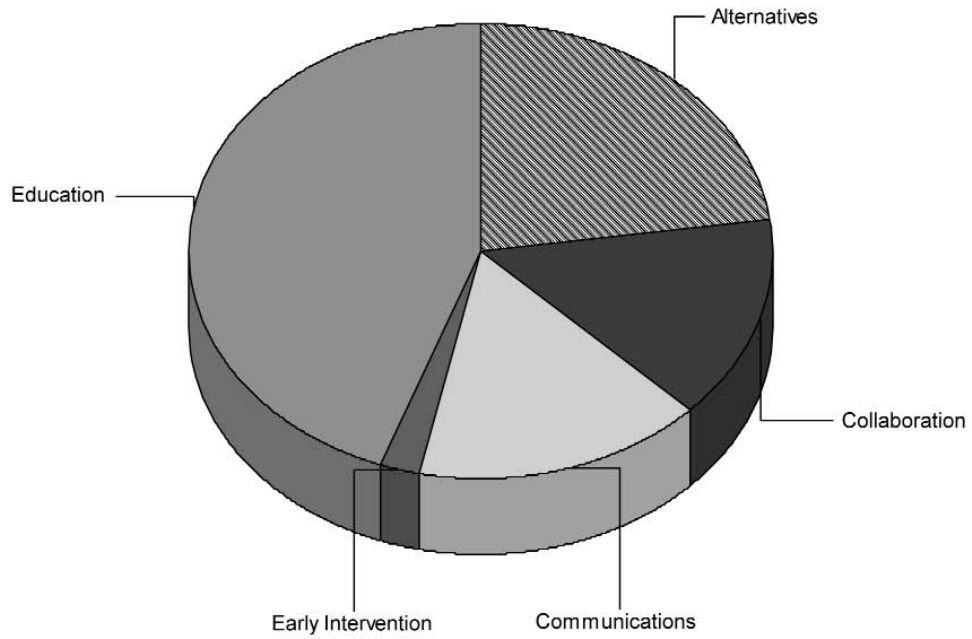
	Total Funding	Alternatives	Collaboration	Communications	Early Intervention	Education	Enforcement	Policy
Totals	\$150,428.00	\$23,078.00	\$1,983.50	\$57,517.00	\$5,669.00	\$62,180.50	\$0.00	\$0.00
Percentages		15.3%	1.3%	38.2%	3.8%	41.3%	0.0%	0.0%

Grand Totals

	Total Funding	Alternatives	Collaboration	Communications	Early Intervention	Education	Enforcement	Policy
Grand Totals	\$10,359,025.26	\$1,711,892.24	\$421,009.57	\$1,696,354.24	\$391,539.76	\$6,106,290.95	\$6,020.00	\$25,918.50

Percentage of Programs by CSAP Strategy

Grant Year: 2006 County: Atlantic



Alternatives	38	22.8%
Collaboration	24	14.4%
Communications	27	16.2%
Early Intervention	4	2.4%
Education	74	44.3%
Total:	167	100.0%

County Funding by CSAP Strategy for Grant Year 2006

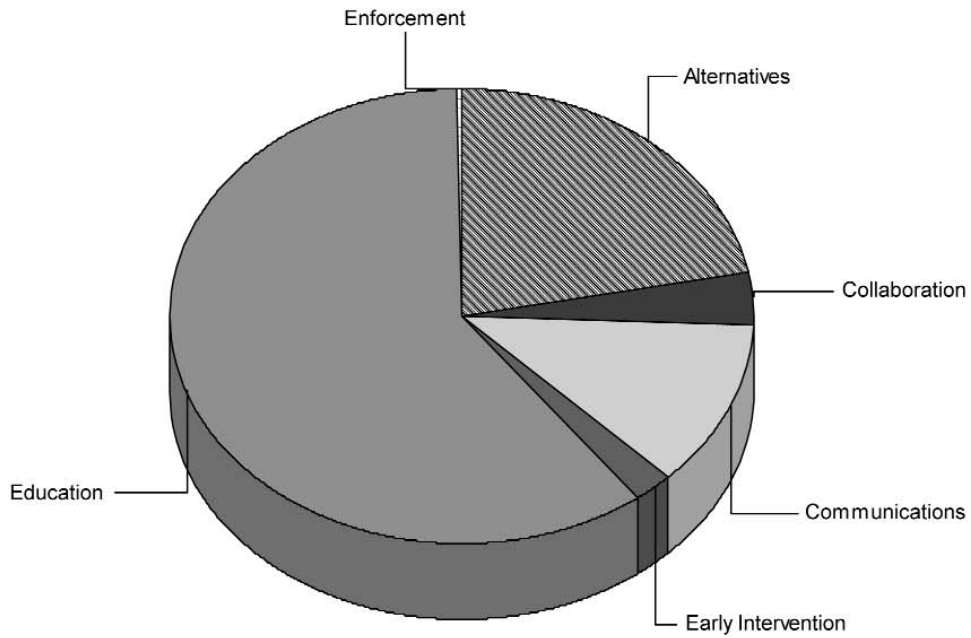
DEDR Allocation per Formula: \$286,500.00
 Carryover Amount: \$55,015.93
 Total Award: \$341,515.93

Atlantic

Alliance Name	Consortium	Legislative District	Total Funding	Alternatives	Collaboration	Communications	Early Intervention	Education	Enforcement	Policy
Absecon		2	\$11,754.36	\$454.36	\$0.00	\$3,800.00	\$0.00	\$7,500.00	\$0.00	\$0.00
Atlantic City		2	\$28,963.73	\$6,000.00	\$5,000.00	\$5,350.00	\$4,613.73	\$8,000.00	\$0.00	\$0.00
Brigantine		2	\$12,946.45	\$4,189.33	\$150.00	\$0.00	\$1,000.00	\$7,607.12	\$0.00	\$0.00
Buena Vista/Buena/Weymouth	Y	1	\$26,597.63	\$5,010.00	\$1,000.00	\$4,295.63	\$0.00	\$16,292.00	\$0.00	\$0.00
County Coordination			\$45,000.00	\$0.00	\$0.00	\$45,000.00	\$0.00	\$0.00	\$0.00	\$0.00
Countywide Project			\$17,344.20	\$0.00	\$0.00	\$17,344.20	\$0.00	\$0.00	\$0.00	\$0.00
Egg Harbor City		2	\$9,276.55	\$0.00	\$2,000.00	\$1,250.00	\$0.00	\$6,026.55	\$0.00	\$0.00
Egg Harbor Township		2	\$22,467.67	\$2,018.00	\$5,873.67	\$750.00	\$0.00	\$13,826.00	\$0.00	\$0.00
Folsom		9	\$8,539.09	\$550.00	\$0.00	\$1,350.00	\$0.00	\$6,639.09	\$0.00	\$0.00
Galloway Township		2	\$19,109.11	\$222.72	\$2,700.00	\$0.00	\$0.00	\$16,186.39	\$0.00	\$0.00
Hamilton/Estell Manor	Y	2	\$22,920.78	\$6,965.00	\$1,325.00	\$480.78	\$0.00	\$14,150.00	\$0.00	\$0.00
Hammonton		9	\$13,292.44	\$0.00	\$500.00	\$2,724.44	\$0.00	\$10,068.00	\$0.00	\$0.00
Linwood		2	\$11,219.11	\$3,289.11	\$1,000.00	\$0.00	\$0.00	\$6,950.00	\$0.00	\$0.00
Margate/Longport	Y	2	\$16,496.77	\$7,329.26	\$1,000.00	\$885.00	\$1,733.51	\$5,549.00	\$0.00	\$0.00
Mullica		2	\$11,319.75	\$8,769.75	\$750.00	\$0.00	\$0.00	\$1,800.00	\$0.00	\$0.00
Northfield		2	\$12,428.35	\$1,000.00	\$5,578.35	\$0.00	\$0.00	\$5,850.00	\$0.00	\$0.00
Pleasantville		2	\$16,065.87	\$3,100.00	\$5,461.87	\$0.00	\$0.00	\$7,504.00	\$0.00	\$0.00
Port Republic		2	\$7,734.18	\$0.00	\$3,684.18	\$750.00	\$0.00	\$3,300.00	\$0.00	\$0.00
Somers Point		1	\$14,397.64	\$4,900.00	\$2,600.00	\$2,297.64	\$0.00	\$4,600.00	\$0.00	\$0.00
Ventnor		2	\$13,642.25	\$6,451.33	\$0.00	\$3,375.29	\$750.00	\$3,065.63	\$0.00	\$0.00
Totals			\$341,515.93	\$60,228.86	\$38,623.07	\$89,652.98	\$8,097.24	\$144,913.78	\$0.00	\$0.00
Percentages				17.6%	11.3%	26.3%	2.4%	42.4%	0.0%	0.0%

Percentage of Programs by CSAP Strategy

Grant Year: 2006 County: Bergen



Alternatives	116	21.9%
Collaboration	19	3.6%
Communications	63	11.9%
Early Intervention	12	2.3%
Education	317	59.9%
Enforcement	2	0.4%
Total:	529	100.0%

County Funding by CSAP Strategy for Grant Year 2006

DEDR Allocation per Formula: \$875,974.00

Carryover Amount: \$55,483.50

Total Award: \$931,457.50

Bergen

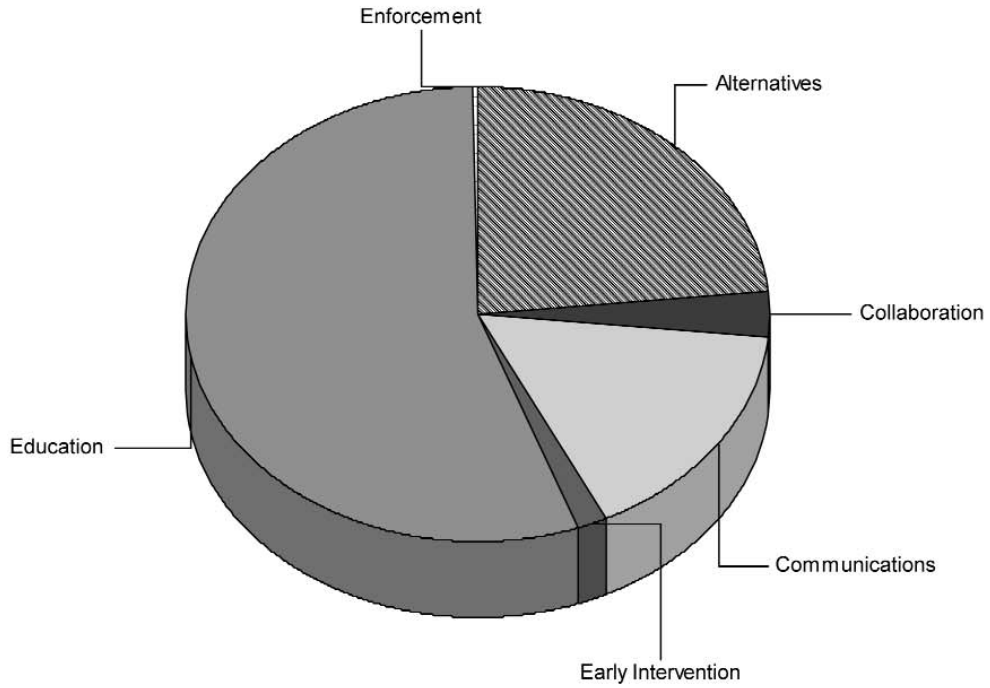
Alliance Name	Consortium	Legislative District	Total Funding	Alternatives	Collaboration	Communications	Early Intervention	Education	Enforcement	Policy
Allendale		39	\$11,500.00	\$4,700.00	\$0.00	\$0.00	\$0.00	\$6,800.00	\$0.00	\$0.00
Alpine		39	\$10,000.00	\$3,550.00	\$0.00	\$0.00	\$0.00	\$6,450.00	\$0.00	\$0.00
Bergenfield		37	\$17,500.00	\$0.00	\$2,000.00	\$2,500.00	\$0.00	\$13,000.00	\$0.00	\$0.00
Bogota		37	\$11,500.00	\$2,475.00	\$575.00	\$4,700.00	\$2,000.00	\$1,750.00	\$0.00	\$0.00
Carlstadt		36	\$11,500.00	\$2,500.00	\$750.00	\$0.00	\$0.00	\$8,250.00	\$0.00	\$0.00
Cliffside Park		38	\$13,500.00	\$2,025.00	\$1,525.00	\$0.00	\$0.00	\$9,950.00	\$0.00	\$0.00
Closter		39	\$11,500.00	\$750.00	\$750.00	\$0.00	\$0.00	\$10,000.00	\$0.00	\$0.00
County Coordination			\$85,000.00	\$0.00	\$0.00	\$85,000.00	\$0.00	\$0.00	\$0.00	\$0.00
Countywide Project			\$8,000.00	\$0.00	\$0.00	\$8,000.00	\$0.00	\$0.00	\$0.00	\$0.00
Countywide Special Projects			\$21,457.50	\$0.00	\$0.00	\$21,457.50	\$0.00	\$0.00	\$0.00	\$0.00
Cresskill		39	\$11,500.00	\$2,800.00	\$0.00	\$425.00	\$0.00	\$8,275.00	\$0.00	\$0.00
Demarest		39	\$10,000.00	\$4,300.00	\$0.00	\$0.00	\$0.00	\$5,700.00	\$0.00	\$0.00
Dumont		39	\$13,500.00	\$3,225.00	\$0.00	\$0.00	\$0.00	\$10,275.00	\$0.00	\$0.00
East Rutherford		36	\$11,500.00	\$2,000.00	\$0.00	\$1,100.00	\$0.00	\$8,400.00	\$0.00	\$0.00
Edgewater		38	\$11,500.00	\$5,700.00	\$0.00	\$500.00	\$0.00	\$5,300.00	\$0.00	\$0.00
Elimwood Park		38	\$13,500.00	\$1,525.00	\$0.00	\$0.00	\$0.00	\$11,975.00	\$0.00	\$0.00
Emerson		39	\$11,500.00	\$2,800.00	\$3,000.00	\$0.00	\$0.00	\$5,700.00	\$0.00	\$0.00
Englewood		37	\$17,500.00	\$1,313.00	\$2,483.00	\$0.00	\$0.00	\$13,684.00	\$0.00	\$0.00
Englewood Cliffs		37	\$11,500.00	\$4,375.00	\$0.00	\$0.00	\$0.00	\$7,125.00	\$0.00	\$0.00
Fair Lawn		38	\$17,500.00	\$3,300.00	\$2,500.00	\$0.00	\$0.00	\$10,900.00	\$800.00	\$0.00
Fairview		32	\$11,500.00	\$2,725.00	\$0.00	\$2,900.00	\$0.00	\$5,875.00	\$0.00	\$0.00
Fort Lee		38	\$17,500.00	\$4,375.00	\$0.00	\$4,375.00	\$4,375.00	\$4,375.00	\$0.00	\$0.00
Franklin Lakes		40	\$11,500.00	\$2,025.00	\$0.00	\$0.00	\$0.00	\$9,475.00	\$0.00	\$0.00
Garfield		36	\$17,500.00	\$5,025.00	\$750.00	\$1,100.00	\$735.00	\$9,890.00	\$0.00	\$0.00
Glen Rock		35	\$11,500.00	\$1,450.00	\$0.00	\$1,725.00	\$2,000.00	\$6,325.00	\$0.00	\$0.00
Hackensack		37	\$17,500.00	\$0.00	\$0.00	\$1,100.00	\$0.00	\$16,400.00	\$0.00	\$0.00
Harrington Park		39	\$10,000.00	\$4,300.00	\$0.00	\$1,700.00	\$0.00	\$4,000.00	\$0.00	\$0.00
Hasbrouck Heights		38	\$11,500.00	\$3,225.00	\$0.00	\$1,275.00	\$0.00	\$7,000.00	\$0.00	\$0.00
Haworth		39	\$10,000.00	\$0.00	\$0.00	\$0.00	\$0.00	\$10,000.00	\$0.00	\$0.00
Hillsdale		39	\$11,500.00	\$1,725.00	\$0.00	\$1,000.00	\$0.00	\$8,775.00	\$0.00	\$0.00
Ho-Ho-Kus		39	\$10,000.00	\$0.00	\$0.00	\$0.00	\$0.00	\$10,000.00	\$0.00	\$0.00
Leonia		37	\$11,500.00	\$2,200.00	\$0.00	\$4,000.00	\$0.00	\$5,300.00	\$0.00	\$0.00
Little Ferry		38	\$11,500.00	\$0.00	\$0.00	\$3,200.00	\$0.00	\$8,300.00	\$0.00	\$0.00
Lodi		38	\$13,500.00	\$875.00	\$0.00	\$0.00	\$3,375.00	\$9,150.00	\$0.00	\$0.00
Mahwah		40	\$13,500.00	\$2,025.00	\$0.00	\$0.00	\$0.00	\$11,475.00	\$0.00	\$0.00
Maywood		37	\$11,500.00	\$1,725.00	\$0.00	\$0.00	\$0.00	\$9,775.00	\$0.00	\$0.00

Bergen

Alliance Name	Consortium	Legislative District	Total Funding	Alternatives	Collaboration	Communications	Early Intervention	Education	Enforcement	Policy
Midland Park		40	\$11,500.00	\$1,550.00	\$0.00	\$2,650.00	\$500.00	\$6,800.00	\$0.00	\$0.00
Montvale		39	\$11,500.00	\$2,800.00	\$0.00	\$2,000.00	\$0.00	\$6,700.00	\$0.00	\$0.00
Moonachie		36	\$10,000.00	\$3,500.00	\$0.00	\$2,000.00	\$0.00	\$4,500.00	\$0.00	\$0.00
New Milford		39	\$13,500.00	\$3,100.00	\$0.00	\$0.00	\$0.00	\$10,400.00	\$0.00	\$0.00
North Arlington		36	\$13,500.00	\$3,375.00	\$0.00	\$1,000.00	\$0.00	\$9,125.00	\$0.00	\$0.00
Northvale		39	\$10,000.00	\$2,000.00	\$0.00	\$0.00	\$0.00	\$8,000.00	\$0.00	\$0.00
Norwood		39	\$11,500.00	\$3,425.00	\$0.00	\$499.00	\$0.00	\$7,576.00	\$0.00	\$0.00
Oakland		40	\$11,500.00	\$2,600.00	\$500.00	\$200.00	\$0.00	\$8,200.00	\$0.00	\$0.00
Old Tappan		39	\$11,500.00	\$3,000.00	\$750.00	\$0.00	\$0.00	\$7,750.00	\$0.00	\$0.00
Oradell		39	\$11,500.00	\$4,175.00	\$0.00	\$0.00	\$1,000.00	\$6,325.00	\$0.00	\$0.00
Palisades Park		37	\$13,500.00	\$2,025.00	\$0.00	\$3,375.00	\$0.00	\$7,100.00	\$1,000.00	\$0.00
Paramus		38	\$17,500.00	\$7,000.00	\$0.00	\$0.00	\$0.00	\$10,500.00	\$0.00	\$0.00
Park Ridge		39	\$11,500.00	\$3,750.00	\$0.00	\$2,750.00	\$0.00	\$5,000.00	\$0.00	\$0.00
Ramsey		39	\$11,500.00	\$0.00	\$0.00	\$3,000.00	\$0.00	\$8,500.00	\$0.00	\$0.00
Ridgefield		38	\$11,500.00	\$2,925.00	\$2,875.00	\$500.00	\$0.00	\$5,200.00	\$0.00	\$0.00
Ridgefield Park		37	\$11,500.00	\$3,450.00	\$0.00	\$0.00	\$0.00	\$8,050.00	\$0.00	\$0.00
Ridgewood		40	\$13,500.00	\$3,525.00	\$0.00	\$0.00	\$0.00	\$9,975.00	\$0.00	\$0.00
River Edge		39	\$11,500.00	\$4,000.00	\$0.00	\$200.00	\$2,000.00	\$5,300.00	\$0.00	\$0.00
River Vale		39	\$11,500.00	\$1,600.00	\$0.00	\$1,000.00	\$0.00	\$8,900.00	\$0.00	\$0.00
Rochelle Park		37	\$11,500.00	\$2,200.00	\$0.00	\$2,600.00	\$0.00	\$6,700.00	\$0.00	\$0.00
Rutherford		36	\$13,500.00	\$5,025.00	\$450.00	\$2,500.00	\$3,375.00	\$2,150.00	\$0.00	\$0.00
Saddle Brook		38	\$11,500.00	\$4,225.00	\$0.00	\$0.00	\$0.00	\$7,275.00	\$0.00	\$0.00
Saddle River		39	\$10,000.00	\$0.00	\$1,250.00	\$2,250.00	\$0.00	\$6,500.00	\$0.00	\$0.00
Teaneck		37	\$17,500.00	\$3,000.00	\$0.00	\$6,500.00	\$0.00	\$8,000.00	\$0.00	\$0.00
Tenafly		37	\$11,500.00	\$1,725.00	\$0.00	\$0.00	\$0.00	\$9,775.00	\$0.00	\$0.00
Upper Saddle River		39	\$11,500.00	\$650.00	\$1,500.00	\$3,000.00	\$0.00	\$6,350.00	\$0.00	\$0.00
Waldwick		39	\$11,500.00	\$4,000.00	\$0.00	\$3,250.00	\$300.00	\$3,950.00	\$0.00	\$0.00
Wallington		36	\$11,500.00	\$2,875.00	\$0.00	\$1,100.00	\$1,400.00	\$6,125.00	\$0.00	\$0.00
Washington Township		39	\$11,500.00	\$1,000.00	\$500.00	\$0.00	\$0.00	\$10,000.00	\$0.00	\$0.00
Westwood		39	\$11,500.00	\$1,725.00	\$0.00	\$0.00	\$0.00	\$9,775.00	\$0.00	\$0.00
Wood-Ridge		36	\$11,500.00	\$2,925.00	\$0.00	\$0.00	\$0.00	\$8,575.00	\$0.00	\$0.00
Woodcliff Lake		39	\$11,500.00	\$1,725.00	\$0.00	\$2,500.00	\$0.00	\$7,275.00	\$0.00	\$0.00
Wyckoff		40	\$13,500.00	\$1,875.00	\$0.00	\$1,550.00	\$0.00	\$10,075.00	\$0.00	\$0.00
Totals			\$931,457.50	\$169,863.00	\$22,168.00	\$190,481.50	\$21,060.00	\$526,085.00	\$1,800.00	\$0.00
Percentages				18.2%	2.4%	20.4%	2.3%	56.5%	0.2%	0.0%

Percentage of Programs by CSAP Strategy

Grant Year: 2006 County: Burlington



Alternatives	58	23.4%
Collaboration	8	3.2%
Communications	40	16.1%
Early Intervention	4	1.6%
Education	137	55.2%
Enforcement	1	0.4%
Total:	248	100.0%

County Funding by CSAP Strategy for Grant Year 2006

DEDR Allocation per Formula: \$477,500.00

Carryover Amount: \$128,169.06

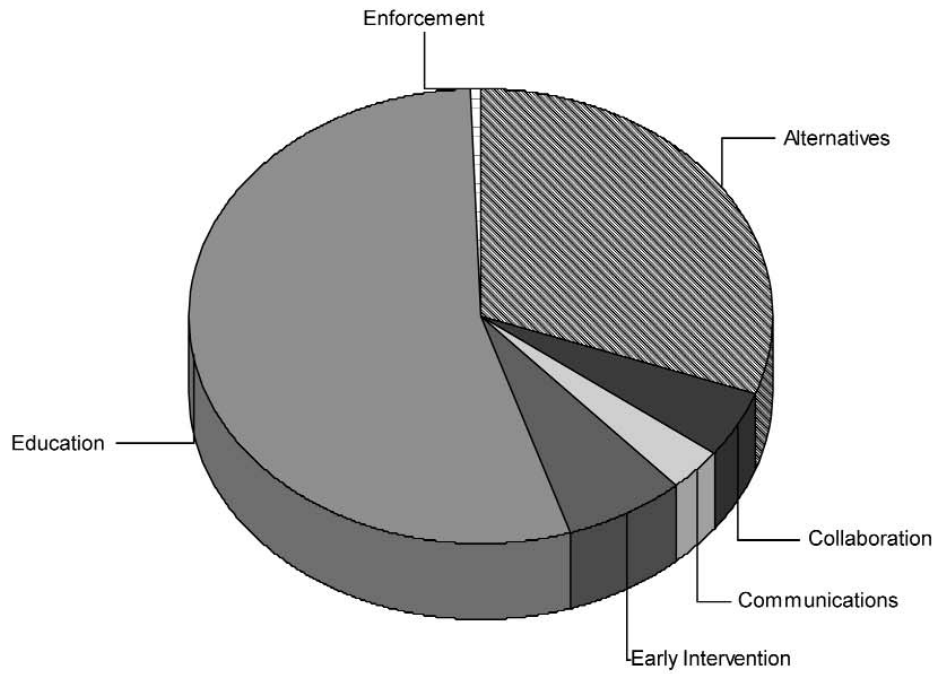
Total Award: \$605,669.06

Burlington

Alliance Name	Consortium	Legislative District	Total Funding	Alternatives	Collaboration	Communications	Early Intervention	Education	Enforcement	Policy	Burlington	
Bass River		7	\$12,000.00	\$10,050.00	\$0.00	\$1,400.00	\$0.00	\$550.00	\$0.00	\$0.00		
Beverly			\$7,750.00	\$0.00	\$0.00	\$0.00	\$0.00	\$7,750.00	\$0.00	\$0.00		
Bordentown		7	\$22,900.00	\$2,000.00	\$0.00	\$3,900.00	\$0.00	\$17,000.00	\$0.00	\$0.00		
Burlington City		7	\$13,300.00	\$1,200.00	\$2,000.00	\$1,800.00	\$0.00	\$8,300.00	\$0.00	\$0.00		
Burlington Township		7	\$11,489.49	\$2,550.00	\$0.00	\$2,289.49	\$0.00	\$6,650.00	\$0.00	\$0.00		
Chesterfield		7	\$11,400.00	\$10,800.00	\$0.00	\$200.00	\$0.00	\$400.00	\$0.00	\$0.00		
Cinnaminson		7	\$17,150.00	\$5,050.00	\$0.00	\$600.00	\$0.00	\$11,500.00	\$0.00	\$0.00		
Coordination			\$75,000.00	\$0.00	\$0.00	\$0.00	\$0.00	\$75,000.00	\$0.00	\$0.00		
Countywide Activities			\$5,000.00	\$0.00	\$0.00	\$0.00	\$0.00	\$5,000.00	\$0.00	\$0.00		
Delran		7	\$12,000.00	\$2,920.00	\$0.00	\$0.00	\$0.00	\$9,080.00	\$0.00	\$0.00		
Edgewater Park		7	\$12,000.00	\$0.00	\$0.00	\$3,750.00	\$0.00	\$8,250.00	\$0.00	\$0.00		
Evosham		7	\$18,000.00	\$6,460.00	\$0.00	\$3,040.00	\$0.00	\$8,500.00	\$0.00	\$0.00		
Florence		7	\$1,500.00	\$800.00	\$0.00	\$0.00	\$0.00	\$700.00	\$0.00	\$0.00		
MA Training and Workshops			\$5,789.06	\$0.00	\$0.00	\$0.00	\$0.00	\$5,789.06	\$0.00	\$0.00		
Maple Shade		7	\$22,576.01	\$3,200.00	\$0.00	\$8,800.00	\$0.00	\$10,576.01	\$0.00	\$0.00		
Medford Lakes		7	\$10,500.00	\$3,655.00	\$0.00	\$2,500.00	\$500.00	\$3,845.00	\$0.00	\$0.00		
Medford Township		7	\$20,000.00	\$8,500.00	\$0.00	\$800.00	\$1,000.00	\$9,900.00	\$0.00	\$0.00		
Moorestown		7	\$15,500.00	\$2,500.00	\$5,700.00	\$0.00	\$0.00	\$7,300.00	\$0.00	\$0.00		
ML Laurel		7	\$21,000.00	\$0.00	\$5,000.00	\$0.00	\$0.00	\$16,000.00	\$0.00	\$0.00		
New Hanover/Wrightstown		7	\$24,900.00	\$0.00	\$0.00	\$1,850.00	\$0.00	\$23,050.00	\$0.00	\$0.00		
North Hanover		7	\$11,275.00	\$5,820.00	\$0.00	\$1,030.00	\$0.00	\$4,425.00	\$0.00	\$0.00		
Palmyra		7	\$21,200.00	\$10,300.00	\$0.00	\$5,200.00	\$2,000.00	\$3,700.00	\$0.00	\$0.00		
Pemberton Borough		7	\$36,259.00	\$6,000.00	\$0.00	\$0.00	\$0.00	\$30,259.00	\$0.00	\$0.00		
Pemberton Township		7	\$19,000.00	\$8,400.00	\$0.00	\$2,250.00	\$3,600.00	\$4,750.00	\$0.00	\$0.00		
RCASAMt. Holly, Lumberton, Hainespx		7	\$84,700.00	\$23,200.00	\$0.00	\$6,300.00	\$0.00	\$35,200.00	\$0.00	\$0.00		
Riverside/Delanco		7	\$25,000.00	\$1,000.00	\$0.00	\$5,500.00	\$0.00	\$18,500.00	\$0.00	\$0.00		
Shamong		7	\$20,000.50	\$16,500.50	\$0.00	\$487.50	\$0.00	\$3,012.50	\$0.00	\$0.00		
Southampton		7	\$16,000.00	\$6,800.00	\$0.00	\$800.00	\$0.00	\$7,700.00	\$700.00	\$0.00		
Springfield		7	\$15,000.00	\$750.00	\$0.00	\$0.00	\$0.00	\$14,250.00	\$0.00	\$0.00		
Tabernacle		7	\$19,480.00	\$10,760.00	\$1,600.00	\$0.00	\$0.00	\$7,120.00	\$0.00	\$0.00		
Washington		6	\$5,000.00	\$0.00	\$0.00	\$1,000.00	\$0.00	\$4,000.00	\$0.00	\$0.00		
Willingboro		7	\$13,000.00	\$0.00	\$0.00	\$4,000.00	\$0.00	\$9,000.00	\$0.00	\$0.00		
Totals			\$605,669.06	\$149,215.50	\$14,300.00	\$57,296.99	\$7,100.00	\$377,056.57	\$700.00	\$0.00		
Percentages				24.6%	2.4%	9.5%	1.2%	62.3%	0.1%	0.0%		

Percentage of Programs by CSAP Strategy

Grant Year: 2006 County: Camden



Alternatives	70	30.6%
Collaboration	11	4.8%
Communications	7	3.1%
Early Intervention	15	6.6%
Education	125	54.6%
Enforcement	1	0.4%
Total:	229	100.0%

County Funding by CSAP Strategy for Grant Year 2006

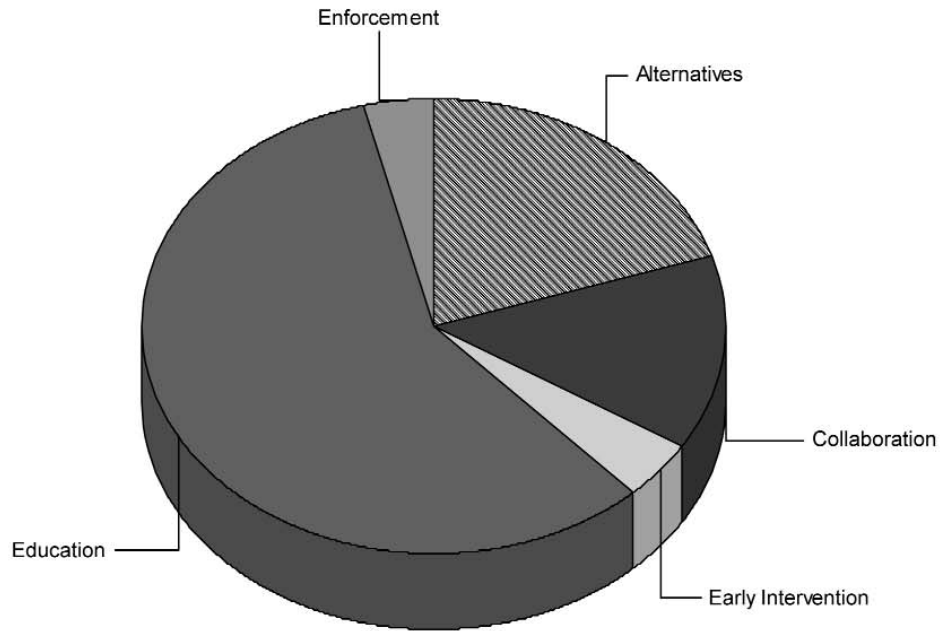
DEDR Allocation per Formula: \$582,550.00
 Carryover Amount: \$25,766.93
 Total Award: \$608,316.93

Camden

Alliance Name	Consortium	Legislative District	Total Funding	Alternatives	Collaboration	Communications	Intervention	Education	Enforcement	Policy
Audubon, Audubon Park, Emphraim	Y	6	\$25,570.00	\$2,500.00	\$0.00	\$2,000.00	\$9,376.00	\$11,694.00	\$0.00	\$0.00
Barrington		6	\$9,950.00	\$9,950.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Bellmawr		6	\$14,743.00	\$4,900.00	\$2,000.00	\$0.00	\$0.00	\$7,843.00	\$0.00	\$0.00
BerlinTownship		6	\$8,931.00	\$0.00	\$2,146.00	\$0.00	\$0.00	\$6,785.00	\$0.00	\$0.00
Brooklawn		6	\$6,420.00	\$2,970.00	\$0.00	\$0.00	\$0.00	\$3,450.00	\$0.00	\$0.00
Camden		6	\$60,961.00	\$16,952.00	\$0.00	\$6,952.00	\$0.00	\$37,057.00	\$0.00	\$0.00
Cherry Hill		6	\$54,268.00	\$13,750.00	\$0.00	\$0.00	\$24,518.00	\$16,000.00	\$0.00	\$0.00
Cheshilhurst		6	\$6,165.00	\$0.00	\$0.00	\$0.00	\$0.00	\$6,165.00	\$0.00	\$0.00
Clementon		6	\$9,046.00	\$4,446.00	\$0.00	\$0.00	\$500.00	\$4,100.00	\$0.00	\$0.00
Collingswood		6	\$15,250.00	\$8,200.00	\$1,200.00	\$0.00	\$0.00	\$5,850.00	\$0.00	\$0.00
Countywide Training			\$86,406.93	\$0.00	\$0.00	\$63,843.00	\$0.00	\$22,563.93	\$0.00	\$0.00
Gloucester City		6	\$14,041.00	\$7,281.00	\$0.00	\$0.00	\$0.00	\$6,760.00	\$0.00	\$0.00
Gloucester Twp		6	\$43,558.00	\$2,250.00	\$0.00	\$7,000.00	\$11,008.00	\$23,300.00	\$0.00	\$0.00
Haddon Heights		6	\$10,574.00	\$4,800.00	\$0.00	\$0.00	\$1,600.00	\$4,174.00	\$0.00	\$0.00
Haddon Twp		6	\$15,913.00	\$0.00	\$0.00	\$1,500.00	\$0.00	\$14,413.00	\$0.00	\$0.00
haddonfield		6	\$13,226.00	\$2,000.00	\$0.00	\$0.00	\$0.00	\$11,226.00	\$0.00	\$0.00
Lawnside		6	\$7,087.00	\$4,587.00	\$500.00	\$0.00	\$0.00	\$2,000.00	\$0.00	\$0.00
Lindenwold		6	\$17,764.00	\$11,000.00	\$1,000.00	\$2,000.00	\$0.00	\$3,764.00	\$0.00	\$0.00
Magnolia		6	\$8,326.00	\$3,526.00	\$4,000.00	\$0.00	\$600.00	\$200.00	\$0.00	\$0.00
Merchantville		6	\$8,000.00	\$0.00	\$0.00	\$0.00	\$0.00	\$8,000.00	\$0.00	\$0.00
Oaklyn		6	\$7,895.00	\$6,560.00	\$0.00	\$0.00	\$0.00	\$1,335.00	\$0.00	\$0.00
Pennsauken		6	\$28,528.00	\$10,828.00	\$0.00	\$0.00	\$2,500.00	\$15,200.00	\$0.00	\$0.00
Pine Hill		6	\$11,261.00	\$5,911.00	\$0.00	\$0.00	\$0.00	\$5,350.00	\$0.00	\$0.00
Runnemede		7	\$14,098.00	\$7,168.00	\$0.00	\$0.00	\$0.00	\$6,930.00	\$0.00	\$0.00
Strafford, Laurel Springs, HiNella, Som	Y	6	\$31,728.00	\$9,568.00	\$0.00	\$500.00	\$0.00	\$21,660.00	\$0.00	\$0.00
Voorhees, Berlin Boro, Gibbsboroc	Y	6	\$40,391.00	\$3,525.00	\$7,190.00	\$0.00	\$1,565.00	\$27,141.00	\$970.00	\$0.00
Waterford		6	\$8,375.00	\$1,875.00	\$0.00	\$0.00	\$0.00	\$6,500.00	\$0.00	\$0.00
Winslow		7	\$23,135.00	\$4,385.00	\$2,000.00	\$0.00	\$0.00	\$16,750.00	\$0.00	\$0.00
Woodlyme		7	\$6,706.00	\$1,716.00	\$0.00	\$0.00	\$0.00	\$4,990.00	\$0.00	\$0.00
Totals			\$608,316.93	\$150,648.00	\$20,036.00	\$83,795.00	\$51,667.00	\$301,200.93	\$970.00	\$0.00
Percentages				24.8%	3.3%	13.8%	8.5%	49.5%	0.2%	0.0%

Percentage of Programs by CSAP Strategy

Grant Year: 2006 County: Cape May



Alternatives	10	20.0%
Collaboration	7	14.0%
Early Intervention	2	4.0%
Education	29	58.0%
Enforcement	2	4.0%
Total:	50	100.0%

County Funding by CSAP Strategy for Grant Year 2006

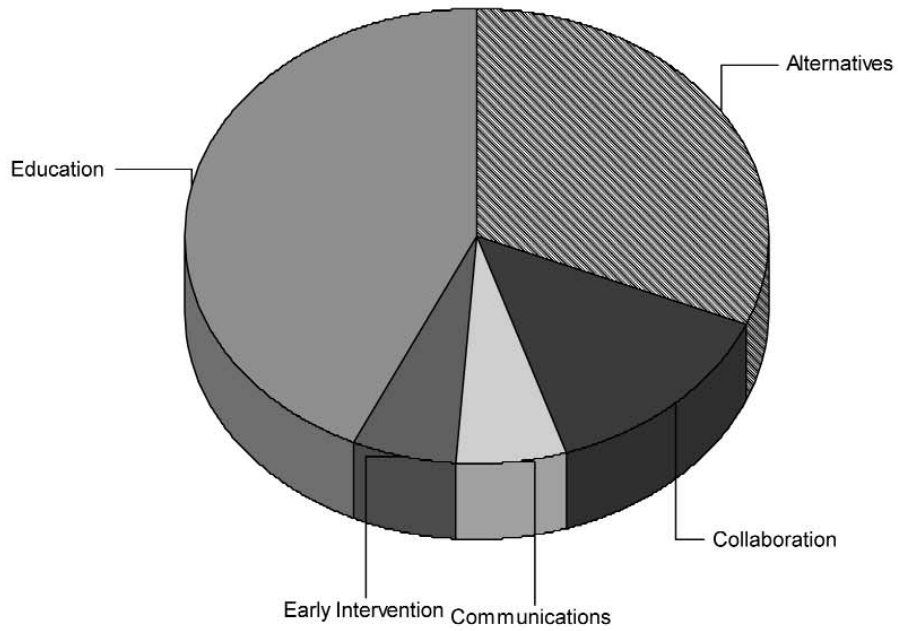
DEDR Allocation per Formula: \$173,810.00
 Carryover Amount: \$24,867.34
 Total Award: \$198,677.34

Cape May

Alliance Name	Consortium	Legislative District	Total Funding	Early Intervention							Policy
				Alternatives	Collaboration	Communications	Education	Enforcement	Policy		
County Coordination			\$45,000.00	\$0.00	\$0.00	\$0.00	\$45,000.00	\$0.00	\$0.00	\$0.00	\$0.00
Countywide Project			\$38,057.34	\$0.00	\$0.00	\$0.00	\$38,057.34	\$0.00	\$0.00	\$0.00	\$0.00
Dennis Township		1	\$6,840.00	\$100.00	\$1,500.00	\$0.00	\$5,240.00	\$0.00	\$0.00	\$0.00	\$0.00
Greater Wildwood (No. Wildwood, Wildwood)	Y	1	\$23,372.00	\$100.00	\$11,044.00	\$0.00	\$12,228.00	\$0.00	\$0.00	\$0.00	\$0.00
Lower Cape		1	\$33,133.00	\$1,000.00	\$6,000.00	\$0.00	\$23,438.00	\$2,695.00	\$0.00	\$0.00	\$0.00
Middle Township		1	\$14,749.00	\$10,632.00	\$400.00	\$0.00	\$3,717.00	\$0.00	\$0.00	\$0.00	\$0.00
Sea Isle City		1	\$4,097.00	\$1,417.00	\$0.00	\$0.00	\$2,680.00	\$0.00	\$0.00	\$0.00	\$0.00
Upper Township/Ocean City	Y	1	\$26,469.00	\$7,500.00	\$8,024.00	\$0.00	\$3,600.00	\$6,895.00	\$450.00	\$0.00	\$0.00
Woodbine		1	\$6,960.00	\$3,462.00	\$0.00	\$0.00	\$3,498.00	\$0.00	\$0.00	\$0.00	\$0.00
Totals			\$198,677.34	\$24,211.00	\$26,968.00	\$0.00	\$137,458.34	\$9,590.00	\$450.00	\$0.00	\$0.00
Percentages				12.2%	13.6%	0.0%	69.2%	4.8%	0.2%	0.0%	0.0%

Percentage of Programs by CSAP Strategy

Grant Year: 2006 County: Cumberland



Alternatives	16	31.4%
Collaboration	7	13.7%
Communications	3	5.9%
Early Intervention	3	5.9%
Education	22	43.1%
Total:	51	100.0%

County Funding by CSAP Strategy for Grant Year 2006

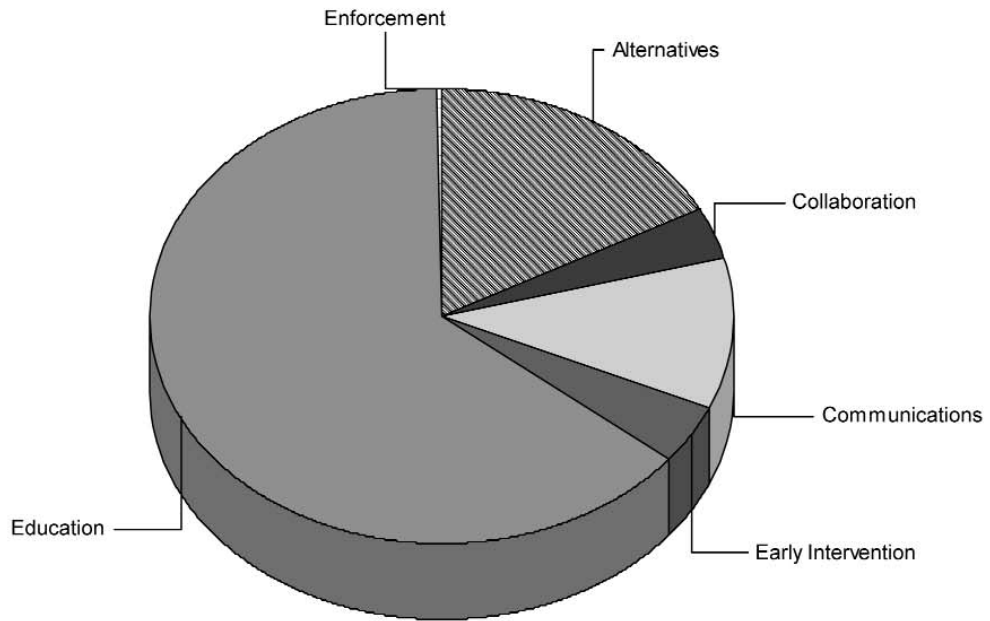
DEDR Allocation per Formula: \$224,960.00
 Carryover Amount: \$2,779.64
 Total Award: \$227,739.64

Cumberland

Alliance Name	Consortium	Legislative District	Total Funding	Early Intervention						Policy
				Alternatives	Collaboration	Communications	Education	Enforcement	Policy	
Alliance for Substance Abuse Prevention		1	\$37,700.00	\$4,500.00	\$5,000.00	\$0.00	\$6,500.00	\$21,700.00	\$0.00	\$0.00
Bridgeton		1	\$40,857.98	\$14,429.33	\$0.00	\$0.00	\$8,879.66	\$17,548.99	\$0.00	\$0.00
Commerical Twp.		1	\$3,000.00	\$3,000.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Coordination			\$45,000.00	\$0.00	\$0.00	\$0.00	\$0.00	\$45,000.00	\$0.00	\$0.00
Countywide activities			\$11,151.66	\$0.00	\$0.00	\$0.00	\$0.00	\$11,151.66	\$0.00	\$0.00
Lawrence/Downe Twp.	Y	1	\$9,537.00	\$8,537.00	\$0.00	\$0.00	\$0.00	\$1,000.00	\$0.00	\$0.00
Maurice River Twp.		1	\$5,700.00	\$3,350.00	\$1,000.00	\$0.00	\$0.00	\$1,350.00	\$0.00	\$0.00
Millville		1	\$27,194.00	\$13,575.00	\$8,324.00	\$0.00	\$0.00	\$5,295.00	\$0.00	\$0.00
Vineland		1	\$47,599.00	\$23,300.00	\$0.00	\$9,799.00	\$3,000.00	\$11,500.00	\$0.00	\$0.00
Totals			\$227,739.64	\$70,691.33	\$14,324.00	\$9,799.00	\$18,379.66	\$114,545.65	\$0.00	\$0.00
Percentages				31.0%	6.3%	4.3%	8.1%	50.3%	0.0%	0.0%

Percentage of Programs by CSAP Strategy

Grant Year: 2006 County: Essex



Alternatives	43	17.3%
Collaboration	9	3.6%
Communications	27	10.8%
Early Intervention	10	4.0%
Education	159	63.9%
Enforcement	1	0.4%
Total:	249	100.0%

County Funding by CSAP Strategy for Grant Year 2006

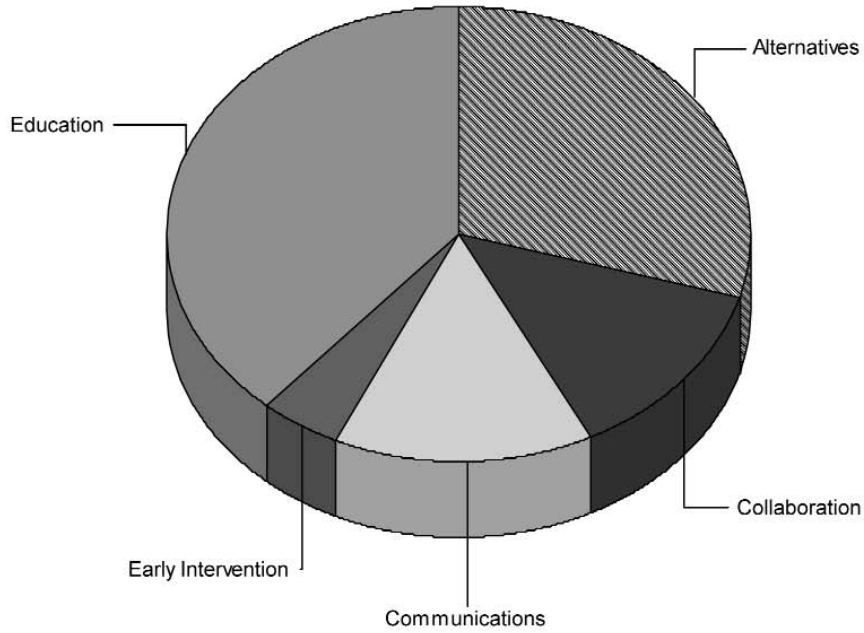
DEDR Allocation per Formula: \$963,175.00
 Carryover Amount: \$27,324.00
 Total Award: \$990,499.00

Essex

Alliance Name	Consortium	Legislative District	Total Funding	Alternatives	Collaboration	Communications	Early Intervention	Education	Enforcement	Policy
Belleville		34	\$38,000.00	\$11,500.00	\$0.00	\$0.00	\$0.00	\$26,500.00	\$0.00	\$0.00
Bloomfield		34	\$40,000.00	\$13,300.00	\$0.00	\$2,000.00	\$0.00	\$24,700.00	\$0.00	\$0.00
Caldwell/West Caldwell		34	\$30,000.00	\$195.00	\$1,360.00	\$6,100.00	\$0.00	\$22,345.00	\$0.00	\$0.00
Cedar Grove		34	\$23,852.00	\$6,257.00	\$0.00	\$0.00	\$0.00	\$17,595.00	\$0.00	\$0.00
Coordinaton			\$85,000.00	\$0.00	\$0.00	\$0.00	\$0.00	\$85,000.00	\$0.00	\$0.00
Essex Fells		34	\$22,000.00	\$0.00	\$0.00	\$0.00	\$11,000.00	\$11,000.00	\$0.00	\$0.00
Fairfield		35	\$71,334.00	\$4,800.00	\$0.00	\$32,230.00	\$5,400.00	\$28,904.00	\$0.00	\$0.00
Glen Ridge		35	\$41,950.00	\$3,250.00	\$1,500.00	\$7,670.00	\$0.00	\$29,330.00	\$200.00	\$0.00
Irvington		35	\$25,759.00	\$0.00	\$5,000.00	\$5,679.00	\$7,480.00	\$7,600.00	\$0.00	\$0.00
Livingston		34	\$77,692.00	\$1,200.00	\$120.00	\$23,804.00	\$2,000.00	\$50,568.00	\$0.00	\$0.00
Maplewood		35	\$28,700.00	\$9,500.00	\$0.00	\$0.00	\$0.00	\$19,200.00	\$0.00	\$0.00
Millburn		35	\$60,000.00	\$14,500.00	\$1,500.00	\$2,750.00	\$0.00	\$41,250.00	\$0.00	\$0.00
Montclair		29	\$58,100.00	\$18,700.00	\$0.00	\$12,600.00	\$0.00	\$26,800.00	\$0.00	\$0.00
Municipal Alliance Countywide Training			\$1,912.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,912.00	\$0.00	\$0.00
Newark		35	\$110,000.00	\$0.00	\$10,000.00	\$0.00	\$0.00	\$100,000.00	\$0.00	\$0.00
North Caldwell		29	\$20,000.00	\$2,300.00	\$0.00	\$2,300.00	\$2,500.00	\$12,900.00	\$0.00	\$0.00
Nutley		29	\$22,750.00	\$2,000.00	\$0.00	\$0.00	\$2,500.00	\$18,250.00	\$0.00	\$0.00
Orange		27	\$92,000.00	\$0.00	\$0.00	\$25,000.00	\$0.00	\$67,000.00	\$0.00	\$0.00
Roseland		35	\$5,900.00	\$2,000.00	\$0.00	\$2,200.00	\$0.00	\$1,700.00	\$0.00	\$0.00
South Orange		37	\$29,250.00	\$6,400.00	\$1,850.00	\$0.00	\$0.00	\$21,000.00	\$0.00	\$0.00
Verona		35	\$45,500.00	\$13,700.00	\$0.00	\$0.00	\$0.00	\$31,800.00	\$0.00	\$0.00
West Orange		36	\$60,800.00	\$6,000.00	\$4,560.00	\$0.00	\$0.00	\$50,240.00	\$0.00	\$0.00
Totals			\$990,499.00	\$115,602.00	\$25,890.00	\$122,333.00	\$30,880.00	\$695,594.00	\$200.00	\$0.00
Percentages				11.7%	2.6%	12.4%	3.1%	70.2%	0.0%	0.0%

Percentage of Programs by CSAP Strategy

Grant Year: 2006 County: Gloucester



Alternatives	52	29.5%
Collaboration	23	13.1%
Communications	25	14.2%
Early Intervention	8	4.5%
Education	68	38.6%
Total:	176	100.0%

County Funding by CSAP Strategy for Grant Year 2006

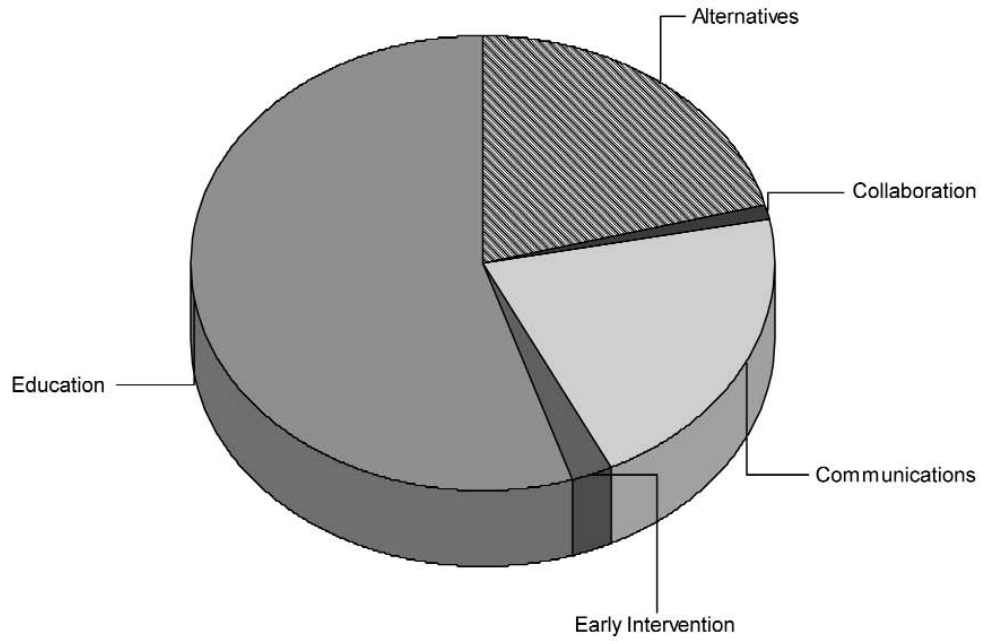
DEDR Allocation per Formula: \$287,920.00
 Carryover Amout: \$514.54
 Total Award: \$288,434.54

Gloucester

Alliance Name	Consortium	Legislative District	Total Funding	Alternatives	Collaboration	Communications	Early Intervention	Education	Enforcement	Policy	Percentages		
											23.8%	8.4%	7.3%
Clayton			\$17,469.00	\$6,259.00	\$0.00	\$1,645.00	\$0.00	\$9,565.00	\$0.00	\$0.00			
County Alliance Coordinator			\$45,000.00	\$0.00	\$0.00	\$0.00	\$0.00	\$45,000.00	\$0.00	\$0.00			
Countywide Training			\$5,121.54	\$0.00	\$0.00	\$0.00	\$0.00	\$5,121.54	\$0.00	\$0.00			
Deptford			\$18,569.00	\$8,794.00	\$0.00	\$0.00	\$800.00	\$8,975.00	\$0.00	\$0.00			
East Greenwich			\$8,152.00	\$1,600.00	\$0.00	\$2,552.00	\$0.00	\$4,000.00	\$0.00	\$0.00			
Franklin/Eik			\$17,398.00	\$2,000.00	\$2,300.00	\$0.00	\$0.00	\$13,098.00	\$0.00	\$0.00			
Glassboro			\$12,868.00	\$1,500.00	\$0.00	\$500.00	\$5,866.00	\$5,002.00	\$0.00	\$0.00			
Greenwich Township			\$8,065.00	\$1,600.00	\$600.00	\$2,165.00	\$0.00	\$3,700.00	\$0.00	\$0.00			
Logan			\$6,590.00	\$600.00	\$3,065.00	\$0.00	\$0.00	\$2,925.00	\$0.00	\$0.00			
Mantua/Harrison			\$15,510.00	\$2,800.00	\$4,000.00	\$1,000.00	\$1,800.00	\$5,910.00	\$0.00	\$0.00			
Monroe			\$19,030.00	\$2,000.00	\$2,880.00	\$4,600.00	\$0.00	\$9,550.00	\$0.00	\$0.00			
National Park			\$5,506.00	\$1,846.00	\$0.00	\$860.00	\$0.00	\$2,800.00	\$0.00	\$0.00			
Newfield			\$6,129.00	\$0.00	\$0.00	\$0.00	\$0.00	\$6,129.00	\$0.00	\$0.00			
Paulsboro			\$8,879.00	\$1,829.00	\$2,300.00	\$750.00	\$0.00	\$4,000.00	\$0.00	\$0.00			
Pitman			\$10,218.00	\$3,500.00	\$1,518.00	\$200.00	\$0.00	\$5,000.00	\$0.00	\$0.00			
So Harrison			\$6,760.00	\$2,240.00	\$0.00	\$1,512.00	\$0.00	\$3,008.00	\$0.00	\$0.00			
Swedesboro/Woolwich			\$6,122.00	\$2,372.00	\$0.00	\$0.00	\$0.00	\$3,750.00	\$0.00	\$0.00			
Washington Twp			\$22,405.00	\$9,775.00	\$0.00	\$2,270.00	\$0.00	\$10,360.00	\$0.00	\$0.00			
Wenonah			\$6,536.00	\$2,503.00	\$0.00	\$0.00	\$0.00	\$4,033.00	\$0.00	\$0.00			
West Deptford Township			\$15,944.00	\$4,944.00	\$4,500.00	\$1,500.00	\$0.00	\$5,000.00	\$0.00	\$0.00			
Westville			\$7,774.00	\$2,484.00	\$1,000.00	\$0.00	\$0.00	\$4,290.00	\$0.00	\$0.00			
Woodbury			\$11,267.00	\$7,300.00	\$0.00	\$1,500.00	\$1,767.00	\$700.00	\$0.00	\$0.00			
Woodbury Hts			\$7,122.00	\$2,722.00	\$2,000.00	\$0.00	\$0.00	\$2,400.00	\$0.00	\$0.00			
Totals			\$288,434.54	\$68,668.00	\$24,163.00	\$21,054.00	\$10,233.00	\$164,316.54	\$0.00	\$0.00	23.8%	8.4%	7.3%
Percentages							3.5%	57.0%	0.0%	0.0%			

Percentage of Programs by CSAP Strategy

Grant Year: 2006 County: Hudson



Alternatives	17	20.7%
Collaboration	1	1.2%
Communications	17	20.7%
Early Intervention	2	2.4%
Education	45	54.9%
Total:	82	100.0%

County Funding by CSAP Strategy for Grant Year 2006

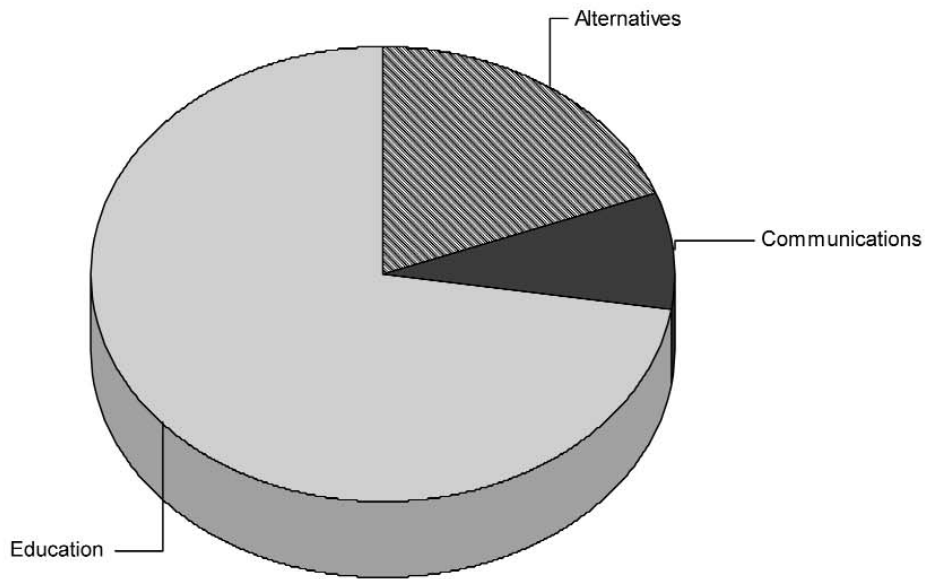
DEDR Allocation per Formula: \$687,600.00
 Carryover Amount: \$69,103.46
 Total Award: \$756,703.46




Hudson

Alliance Name	Consortium	Legislative District	Total Funding	Alternatives	Collaboration	Communications	Early Intervention	Education	Enforcement	Policy	Percentages	
Bayonne		31	\$69,808.00	\$15,000.00	\$0.00	\$10,253.00	\$0.00	\$44,555.00	\$0.00	\$0.00		
County Coordination			\$60,000.00	\$0.00	\$0.00	\$60,000.00	\$0.00	\$0.00	\$0.00	\$0.00		
Countywide Project			\$102.46	\$0.00	\$0.00	\$102.46	\$0.00	\$0.00	\$0.00	\$0.00		
Guttenberg		33	\$18,773.00	\$4,358.00	\$0.00	\$6,000.00	\$0.00	\$8,415.00	\$0.00	\$0.00		
Harrison/East Newark	Y	32	\$24,767.00	\$0.00	\$0.00	\$11,127.00	\$8,580.00	\$5,060.00	\$0.00	\$0.00		
Hoboken		33	\$46,543.00	\$5,000.00	\$0.00	\$21,795.00	\$0.00	\$19,748.00	\$0.00	\$0.00		
Jersey City		31	\$248,021.00	\$0.00	\$0.00	\$60,049.00	\$0.00	\$187,972.00	\$0.00	\$0.00		
Kearny		32	\$48,479.00	\$10,929.00	\$0.00	\$5,000.00	\$0.00	\$32,550.00	\$0.00	\$0.00		
North Bergen		32	\$66,058.00	\$6,184.00	\$0.00	\$200.00	\$4,042.00	\$55,632.00	\$0.00	\$0.00		
Secaucus		32	\$23,897.00	\$0.00	\$6,000.00	\$6,000.00	\$0.00	\$11,897.00	\$0.00	\$0.00		
Union City		33	\$75,054.00	\$26,840.00	\$0.00	\$500.00	\$0.00	\$47,714.00	\$0.00	\$0.00		
Weehawken		33	\$21,467.00	\$17,100.00	\$0.00	\$2,867.00	\$0.00	\$1,500.00	\$0.00	\$0.00		
West New York		33	\$53,734.00	\$6,000.00	\$0.00	\$5,000.00	\$0.00	\$42,734.00	\$0.00	\$0.00		
Totals			\$756,703.46	\$91,411.00	\$6,000.00	\$188,893.46	\$12,622.00	\$457,777.00	\$0.00	\$0.00	12.1%	60.5%
Percentages					0.8%	25.0%	1.7%	60.5%	0.0%	0.0%		0.0%

Percentage of Programs by CSAP Strategy

Grant Year: 2006 County: Hunterdon



 Alternatives	14	19.2%
 Communications	6	8.2%
 Education	53	72.6%
Total:	73	100.0%

County Funding by CSAP Strategy for Grant Year 2006

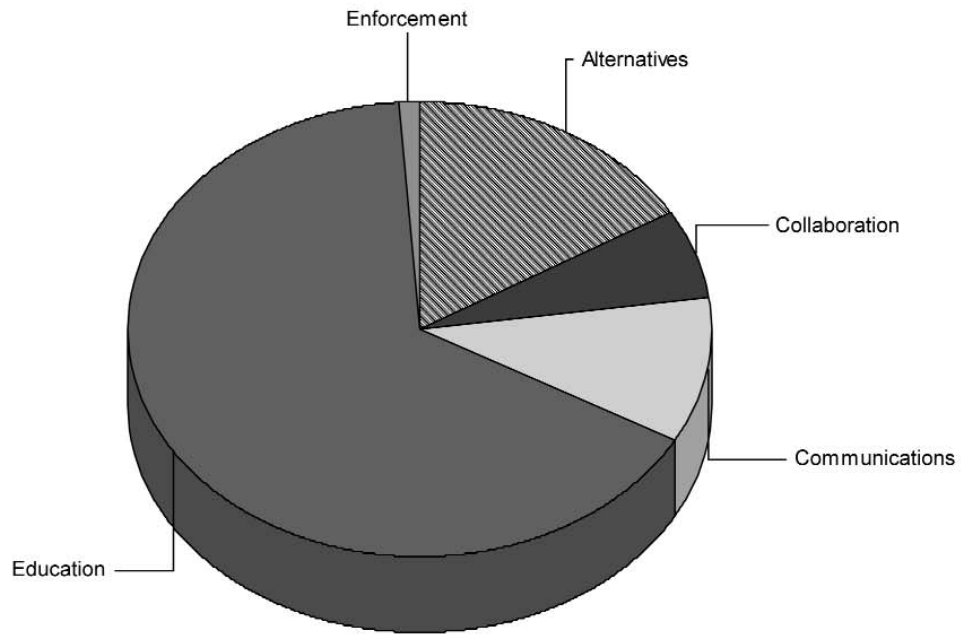
DEDR Allocation per Formula: \$151,430.45
 Carryover Amout: \$14,030.45
 Total Award: \$165,460.45

Hunterdon

Alliance Name	Consortium	Legislative District	Total Funding	Alternatives	Collaboration	Communications	Early Intervention	Education	Enforcement	Policy	Percentages	
Central Hunterdon			\$29,546.00	\$7,605.00	\$0.00	\$1,500.00	\$0.00	\$20,441.00	\$0.00	\$0.00		
Coordination			\$45,000.00	\$0.00	\$0.00	\$0.00	\$0.00	\$45,000.00	\$0.00	\$0.00		
Countywide Activities			\$19,482.45	\$0.00	\$0.00	\$0.00	\$0.00	\$19,482.45	\$0.00	\$0.00		
Delaware Valley			\$16,973.00	\$4,900.00	\$0.00	\$400.00	\$0.00	\$11,673.00	\$0.00	\$0.00		
North Hunterdon			\$22,325.00	\$2,000.00	\$0.00	\$2,500.00	\$0.00	\$17,825.00	\$0.00	\$0.00		
South Hunterdon	Y	24	\$13,248.00	\$2,000.00	\$0.00	\$641.00	\$0.00	\$10,607.00	\$0.00	\$0.00		
Voorhees			\$18,886.00	\$4,000.00	\$0.00	\$1,000.00	\$0.00	\$13,886.00	\$0.00	\$0.00		
Totals			\$165,460.45	\$20,505.00	\$0.00	\$6,041.00	\$0.00	\$138,914.45	\$0.00	\$0.00	84.0%	0.0%
Percentages				12.4%	0.0%	3.7%	0.0%					0.0%

Percentage of Programs by CSAP Strategy

Grant Year: 2006 County: Mercer



Alternatives	16	16.5%
Collaboration	6	6.2%
Communications	10	10.3%
Education	64	66.0%
Enforcement	1	1.0%
Total:	97	100.0%

County Funding by CSAP Strategy for Grant Year 2006

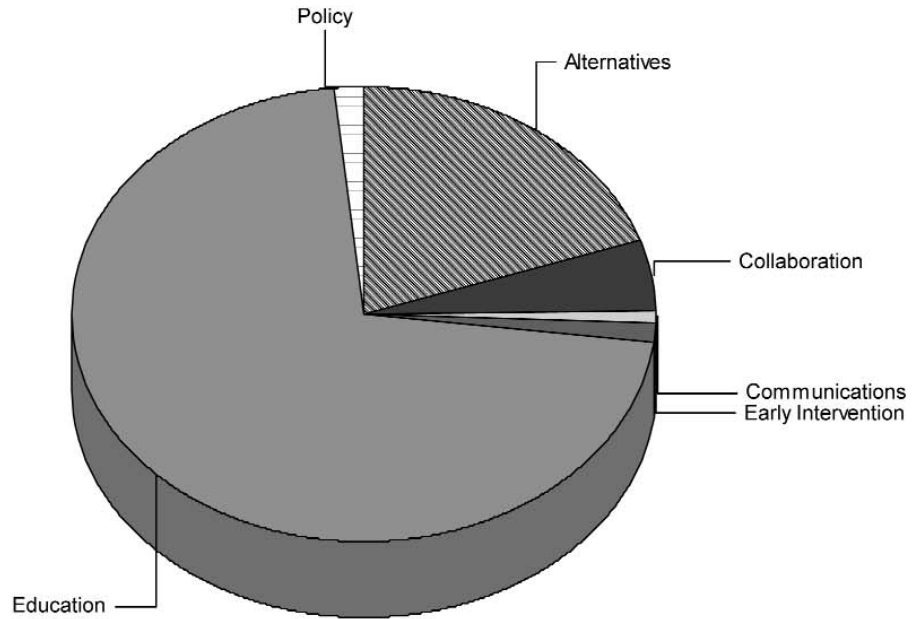
DEDR Allocation per Formula: \$415,023.00
 Carryover Amount: \$13,065.06
 Total Award: \$428,088.06

Mercer

Alliance Name	Consortium	Legislative District	Total Funding	Alternatives	Collaboration	Communications	Early Intervention	Education	Enforcement	Policy
Coordination			\$57,116.06	\$0.00	\$0.00	\$0.00	\$0.00	\$57,116.06	\$0.00	\$0.00
Countywide Training			\$5,802.00	\$0.00	\$0.00	\$0.00	\$0.00	\$5,802.00	\$0.00	\$0.00
East Windsor		14	\$22,078.00	\$1,200.00	\$0.00	\$2,764.00	\$0.00	\$18,114.00	\$0.00	\$0.00
Ewing		15	\$33,835.00	\$3,000.00	\$0.00	\$1,500.00	\$0.00	\$28,835.00	\$500.00	\$0.00
Hamilton		14	\$80,908.00	\$3,750.00	\$28,624.00	\$7,751.00	\$0.00	\$40,783.00	\$0.00	\$0.00
Hopewell Valley		15	\$20,690.00	\$2,090.00	\$7,540.00	\$800.00	\$0.00	\$10,260.00	\$0.00	\$0.00
Lawrence		15	\$23,875.00	\$4,317.00	\$4,511.00	\$3,682.00	\$0.00	\$11,365.00	\$0.00	\$0.00
Princeton		15	\$30,197.00	\$3,032.00	\$0.00	\$500.00	\$0.00	\$26,665.00	\$0.00	\$0.00
Trenton		15	\$128,450.00	\$0.00	\$19,053.00	\$0.00	\$0.00	\$109,397.00	\$0.00	\$0.00
West Windsor/Plainsboro		14	\$25,137.00	\$8,700.00	\$0.00	\$2,000.00	\$0.00	\$14,437.00	\$0.00	\$0.00
Totals			\$428,088.06	\$26,089.00	\$59,728.00	\$18,997.00	\$0.00	\$322,774.06	\$500.00	\$0.00
Percentages				6.1%	14.0%	4.4%	0.0%	75.4%	0.1%	0.0%

Percentage of Programs by CSAP Strategy

Grant Year: 2006 County: Middlesex



Alternatives	48	19.8%
Collaboration	12	5.0%
Communications	2	0.8%
Early Intervention	3	1.2%
Education	173	71.5%
Policy	4	1.7%
Total:	242	100.0%

County Funding by CSAP Strategy for Grant Year 2006

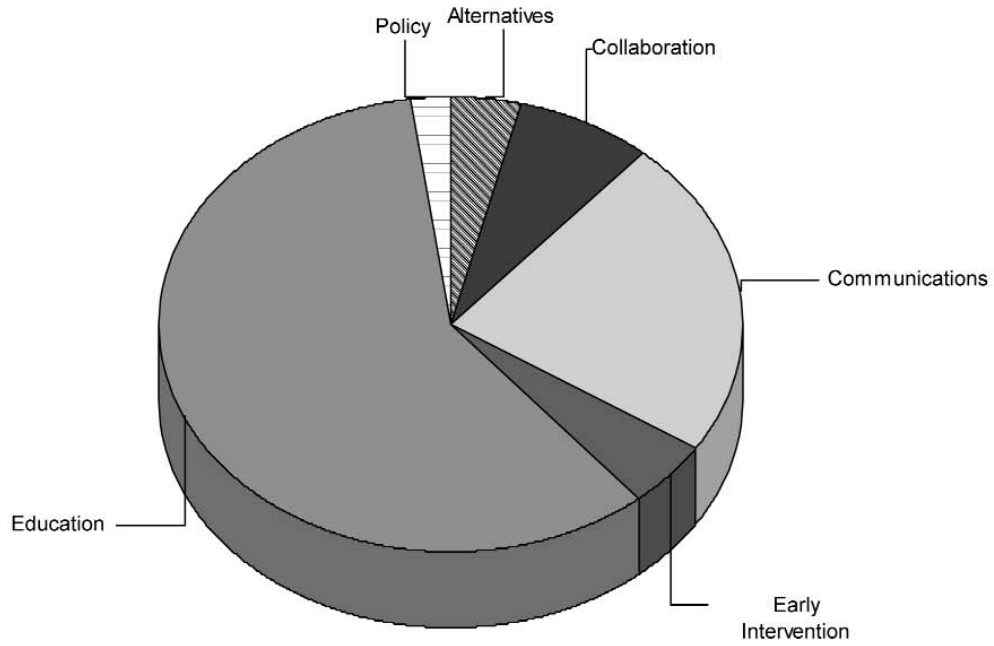
DEDR Allocation per Formula: \$759,449.00
 Carryover Amount: \$46,271.12
 Total Award: \$805,720.12

Middlesex

Alliance Name	Consortium	Legislative District	Total Funding	Early Intervention					Policy
				Alternatives	Collaboration	Communications	Education	Enforcement	
Carteret		17	\$21,549.00	\$1,500.00	\$0.00	\$0.00	\$20,049.00	\$0.00	\$0.00
Coordination			\$102,216.04	\$0.00	\$0.00	\$0.00	\$102,216.04	\$0.00	\$0.00
Countywide Training			\$38,664.63	\$0.00	\$0.00	\$0.00	\$38,664.63	\$0.00	\$0.00
Cranbury		17	\$6,566.00	\$1,100.00	\$0.00	\$0.00	\$5,466.00	\$0.00	\$0.00
Dunellen			\$9,644.00	\$4,378.00	\$0.00	\$0.00	\$5,266.00	\$0.00	\$0.00
East Brunswick		17	\$36,858.00	\$6,400.00	\$0.00	\$0.00	\$30,458.00	\$0.00	\$0.00
Edison		18	\$85,462.70	\$9,467.16	\$22,459.00	\$0.00	\$33,784.18	\$0.00	\$10,588.50
Helmetta		19	\$5,583.00	\$1,683.00	\$0.00	\$0.00	\$3,900.00	\$0.00	\$0.00
Highland Park		19	\$12,810.00	\$4,650.00	\$1,183.00	\$0.00	\$4,193.00	\$0.00	\$0.00
Jamesburg		17	\$9,017.00	\$0.00	\$0.00	\$0.00	\$9,017.00	\$0.00	\$0.00
Metuchen		18	\$13,947.00	\$7,450.00	\$0.00	\$0.00	\$6,497.00	\$0.00	\$0.00
Middlesex		19	\$15,284.00	\$0.00	\$0.00	\$0.00	\$15,284.00	\$0.00	\$0.00
Milltown		19	\$11,499.00	\$2,000.00	\$0.00	\$0.00	\$9,499.00	\$0.00	\$0.00
Monroe		17	\$26,589.00	\$8,089.00	\$950.00	\$0.00	\$17,550.00	\$0.00	\$0.00
New Brunswick		18	\$44,734.00	\$0.00	\$0.00	\$0.00	\$44,734.00	\$0.00	\$0.00
North Brunswick		19	\$34,082.00	\$7,700.00	\$0.00	\$0.00	\$26,382.00	\$0.00	\$0.00
Old Bridge		19	\$54,133.00	\$4,250.00	\$4,389.00	\$0.00	\$44,494.00	\$0.00	\$1,000.00
Perth Amboy		19	\$43,480.00	\$11,500.00	\$500.00	\$0.00	\$31,480.00	\$0.00	\$0.00
Piscataway		18	\$32,377.00	\$8,052.00	\$1,550.00	\$0.00	\$22,775.00	\$0.00	\$0.00
Sayreville		17	\$37,842.00	\$0.00	\$2,270.00	\$700.00	\$34,872.00	\$0.00	\$0.00
South Amboy		18	\$10,499.00	\$2,500.00	\$0.00	\$0.00	\$7,999.00	\$0.00	\$0.00
South Brunswick		19	\$32,985.00	\$5,500.00	\$2,385.00	\$0.00	\$25,100.00	\$0.00	\$0.00
South Plainfield		17	\$18,977.00	\$2,200.00	\$0.00	\$0.00	\$15,777.00	\$0.00	\$1,000.00
South River		18	\$14,937.00	\$4,937.00	\$0.00	\$0.00	\$9,000.00	\$0.00	\$0.00
Spotswood		19	\$10,499.00	\$3,200.00	\$0.00	\$0.00	\$7,299.00	\$0.00	\$0.00
Woodbridge		17	\$75,485.75	\$0.00	\$0.00	\$8,916.25	\$66,569.50	\$0.00	\$0.00
Totals			\$805,720.12	\$96,556.16	\$35,686.00	\$9,616.25	\$638,325.35	\$0.00	\$12,588.50
Percentages				12.0%	4.4%	1.2%	79.2%	0.0%	1.6%

Percentage of Programs by CSAP Strategy

Grant Year: 2006 County: Monmouth



Alternatives	10	3.8%
Collaboration	20	7.6%
Communications	60	22.7%
Early Intervention	13	4.9%
Education	155	58.7%
Policy	6	2.3%
Total:	264	100.0%

County Funding by CSAP Strategy for Grant Year 2006

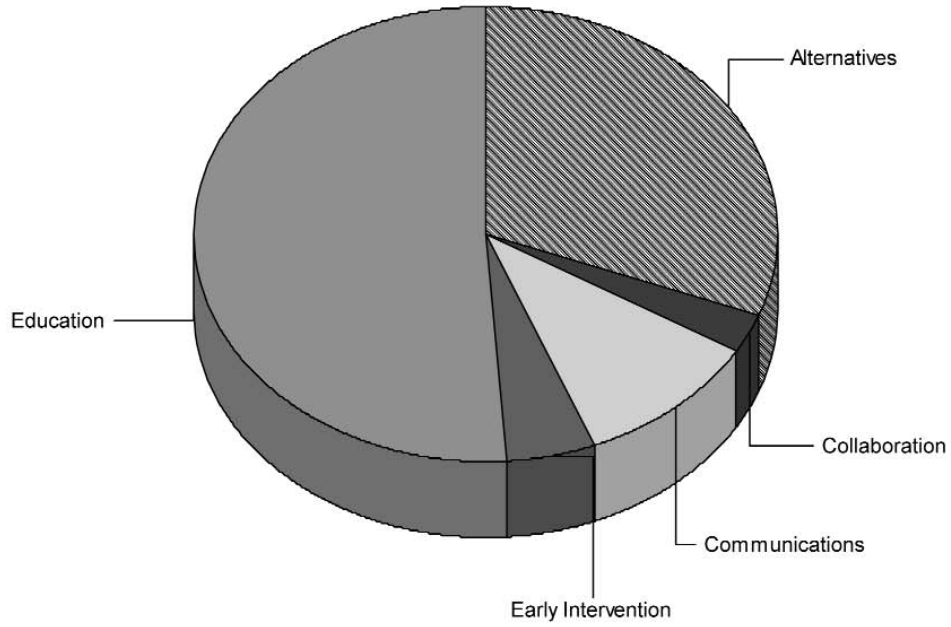
DEDR Allocation per Formula: \$684,596.00
 Carryover Amount: \$83,925.00
 Total Award: \$768,521.00

Monmouth

Alliance Name	Consortium	Legislative District	Total Funding	Alternatives	Collaboration	Communications	Early Intervention	Education	Enforcement	Policy
Aberdeen		13	\$7,400.00	\$0.00	\$0.00	\$0.00	\$0.00	\$7,400.00	\$0.00	\$0.00
Coastal	Y	11	\$32,900.00	\$0.00	\$0.00	\$13,950.00	\$1,500.00	\$17,450.00	\$0.00	\$0.00
Colts Neck		12	\$17,800.00	\$0.00	\$0.00	\$0.00	\$2,200.00	\$15,600.00	\$0.00	\$0.00
County Coordination			\$85,000.00	\$0.00	\$0.00	\$85,000.00	\$0.00	\$0.00	\$0.00	\$0.00
Countywide Project			\$27,158.00	\$0.00	\$0.00	\$27,158.00	\$0.00	\$0.00	\$0.00	\$0.00
Eatontown		11	\$27,900.00	\$13,920.00	\$0.00	\$0.00	\$0.00	\$13,980.00	\$0.00	\$0.00
Freehold		12	\$44,500.00	\$0.00	\$0.00	\$14,946.00	\$0.00	\$29,554.00	\$0.00	\$0.00
Hazlet		13	\$35,400.00	\$0.00	\$4,800.00	\$3,800.00	\$0.00	\$25,800.00	\$0.00	\$1,000.00
Highlands/Atlantic Highlands		11	\$29,300.00	\$4,695.00	\$0.00	\$7,200.00	\$0.00	\$17,405.00	\$0.00	\$0.00
Holmdel		13	\$28,269.00	\$0.00	\$1,005.00	\$5,900.00	\$1,800.00	\$18,264.00	\$0.00	\$1,300.00
Howell		30	\$50,754.00	\$6,000.00	\$0.00	\$7,662.00	\$29,938.00	\$7,154.00	\$0.00	\$0.00
Keansburg		13	\$43,082.00	\$0.00	\$8,348.00	\$9,768.00	\$0.00	\$23,036.00	\$0.00	\$1,930.00
Keyport		13	\$28,674.00	\$0.00	\$2,550.00	\$5,100.00	\$0.00	\$20,024.00	\$0.00	\$1,000.00
Manalapan/Englishtown	Y	12	\$23,300.00	\$0.00	\$0.00	\$7,185.00	\$2,110.00	\$14,005.00	\$0.00	\$0.00
Marlboro		12	\$33,095.00	\$1,950.00	\$790.00	\$12,270.00	\$0.00	\$18,065.00	\$0.00	\$0.00
Middletown		13	\$32,793.00	\$1,098.00	\$1,350.00	\$9,590.00	\$12,856.00	\$7,899.00	\$0.00	\$0.00
Millstone		12	\$21,750.00	\$0.00	\$1,000.00	\$3,200.00	\$0.00	\$17,550.00	\$0.00	\$0.00
Neptune City		11	\$13,200.00	\$0.00	\$1,500.00	\$3,250.00	\$0.00	\$8,450.00	\$0.00	\$0.00
Neptune Township		11	\$44,850.00	\$0.00	\$0.00	\$3,500.00	\$0.00	\$41,350.00	\$0.00	\$0.00
Ocean Township		11	\$25,700.00	\$0.00	\$4,500.00	\$3,500.00	\$6,300.00	\$11,400.00	\$0.00	\$0.00
South Monmouth	Y	11	\$53,600.00	\$1,558.00	\$9,139.00	\$7,940.00	\$13,913.00	\$20,050.00	\$0.00	\$1,000.00
Upper Freehold/Allentown			\$43,296.00	\$0.00	\$0.00	\$7,219.00	\$5,611.00	\$30,466.00	\$0.00	\$0.00
Wall		11	\$18,800.00	\$4,900.00	\$0.00	\$9,765.00	\$0.00	\$4,135.00	\$0.00	\$0.00
Totals			\$768,521.00	\$34,121.00	\$34,982.00	\$247,903.00	\$76,228.00	\$369,057.00	\$0.00	\$6,230.00
Percentages				4.4%	4.6%	32.3%	9.9%	48.0%	0.0%	0.8%

Percentage of Programs by CSAP Strategy

Grant Year: 2006 County: Morris



Alternatives	88	30.9%
Collaboration	8	2.8%
Communications	29	10.2%
Early Intervention	14	4.9%
Education	146	51.2%
Total:	285	100.0%

County Funding by CSAP Strategy for Grant Year 2006

DEDR Allocation per Formula: \$521,328.00

Carryover Amout: \$29,646.05

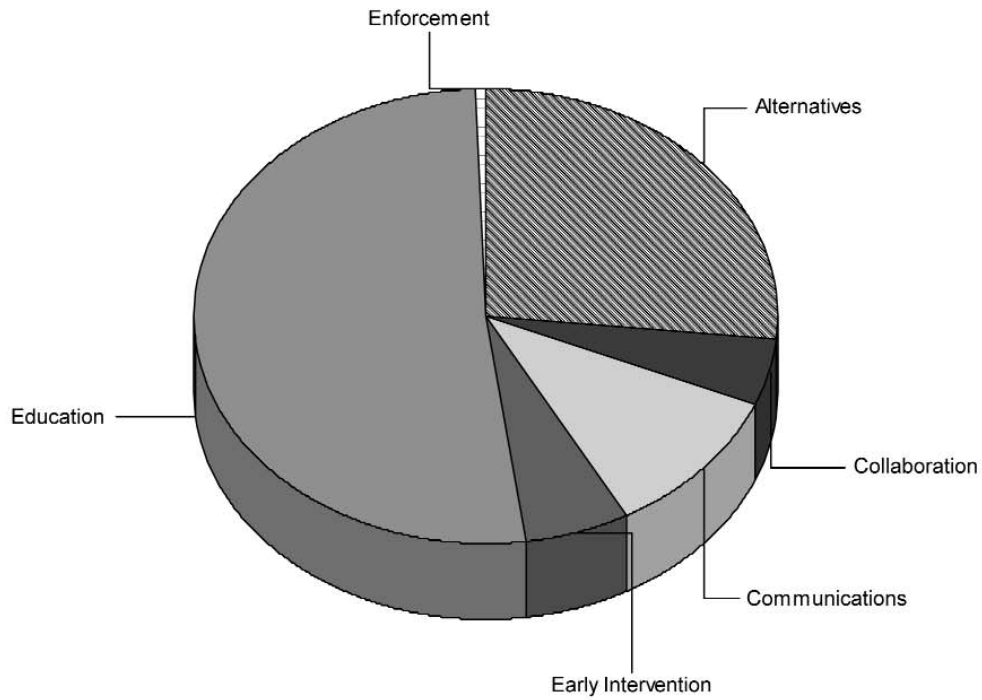
Total Award: \$550,974.05

Morris

Alliance Name	Consortium	Legislative District	Total Funding	Alternatives	Collaboration	Communications	Early Intervention	Education	Enforcement	Policy
Boonton		25	\$14,895.00	\$2,391.00	\$0.00	\$0.00	\$0.00	\$12,504.00	\$0.00	\$0.00
Boonton Township		25	\$9,448.00	\$3,137.00	\$0.00	\$1,914.00	\$0.00	\$4,397.00	\$0.00	\$0.00
Chatham	Y	21	\$14,889.00	\$3,184.00	\$248.00	\$3,969.00	\$0.00	\$7,488.00	\$0.00	\$0.00
Chester	Y	24	\$12,361.00	\$5,937.00	\$1,041.00	\$0.00	\$0.00	\$5,383.00	\$0.00	\$0.00
County Coordination			\$49,000.00	\$0.00	\$0.00	\$49,000.00	\$0.00	\$0.00	\$0.00	\$0.00
Countywide Project			\$6,169.05	\$0.00	\$0.00	\$6,169.05	\$0.00	\$0.00	\$0.00	\$0.00
Denville		25	\$14,394.00	\$5,500.00	\$0.00	\$4,000.00	\$2,000.00	\$6,494.00	\$0.00	\$0.00
Dover		25	\$34,310.00	\$14,490.00	\$0.00	\$0.00	\$2,758.00	\$17,062.00	\$0.00	\$0.00
East Hanover		26	\$11,799.00	\$6,887.00	\$2,912.00	\$0.00	\$0.00	\$2,000.00	\$0.00	\$0.00
Florham Park		26	\$9,663.00	\$5,800.00	\$0.00	\$0.00	\$0.00	\$3,863.00	\$0.00	\$0.00
Hanover		26	\$12,488.00	\$6,800.00	\$0.00	\$0.00	\$0.00	\$5,688.00	\$0.00	\$0.00
Harding		21	\$9,970.00	\$1,074.00	\$0.00	\$0.00	\$0.00	\$8,896.00	\$0.00	\$0.00
Jefferson		25	\$16,729.00	\$1,000.00	\$2,000.00	\$4,800.00	\$2,029.00	\$6,900.00	\$0.00	\$0.00
Kimmelon		26	\$10,541.00	\$1,115.00	\$0.00	\$0.00	\$0.00	\$9,426.00	\$0.00	\$0.00
Lincoln Park		26	\$13,598.00	\$2,000.00	\$0.00	\$1,298.00	\$3,400.00	\$6,900.00	\$0.00	\$0.00
Long Hill		21	\$11,892.00	\$2,143.00	\$0.00	\$3,596.00	\$2,836.00	\$3,317.00	\$0.00	\$0.00
Madison		21	\$15,386.00	\$9,374.00	\$0.00	\$0.00	\$1,472.00	\$4,540.00	\$0.00	\$0.00
Mendham	Y	25	\$9,626.00	\$2,350.00	\$0.00	\$400.00	\$0.00	\$6,876.00	\$0.00	\$0.00
Montville		26	\$16,756.00	\$7,756.00	\$0.00	\$0.00	\$0.00	\$9,000.00	\$0.00	\$0.00
Morris Plains		26	\$14,155.00	\$7,868.00	\$0.00	\$0.00	\$0.00	\$6,287.00	\$0.00	\$0.00
Morristown	Y	25	\$44,614.00	\$22,213.00	\$0.00	\$0.00	\$0.00	\$22,401.00	\$0.00	\$0.00
Mount Olive		24	\$23,458.00	\$6,107.00	\$952.00	\$2,240.00	\$0.00	\$14,159.00	\$0.00	\$0.00
Mountain Lakes		25	\$7,917.00	\$4,265.00	\$0.00	\$0.00	\$0.00	\$3,652.00	\$0.00	\$0.00
Netcong		24	\$11,647.00	\$5,400.00	\$700.00	\$1,000.00	\$0.00	\$4,547.00	\$0.00	\$0.00
Parsippany		26	\$34,828.00	\$2,536.00	\$0.00	\$2,200.00	\$6,640.00	\$23,452.00	\$0.00	\$0.00
Pequannock		26	\$13,634.00	\$3,700.00	\$2,000.00	\$46.00	\$640.00	\$7,248.00	\$0.00	\$0.00
Randolph		25	\$20,888.00	\$5,522.00	\$0.00	\$560.00	\$80.00	\$14,726.00	\$0.00	\$0.00
Rockaway Borough		25	\$14,220.00	\$4,200.00	\$1,500.00	\$2,020.00	\$0.00	\$6,500.00	\$0.00	\$0.00
Rockaway Township		25	\$17,608.00	\$6,774.00	\$0.00	\$646.00	\$0.00	\$10,188.00	\$0.00	\$0.00
Roxbury		25	\$22,437.00	\$3,664.00	\$0.00	\$2,125.00	\$0.00	\$16,648.00	\$0.00	\$0.00
Washington		24	\$15,666.00	\$7,026.00	\$0.00	\$700.00	\$1,970.00	\$5,970.00	\$0.00	\$0.00
Wharton		25	\$15,988.00	\$3,392.00	\$0.00	\$1,095.25	\$3,853.00	\$7,647.75	\$0.00	\$0.00
Totals			\$550,974.05	\$163,605.00	\$11,353.00	\$84,176.30	\$27,678.00	\$264,159.75	\$0.00	\$0.00
Percentages				29.7%	2.1%	15.3%	5.0%	47.9%	0.0%	0.0%

Percentage of Programs by CSAP Strategy

Grant Year: 2006 County: Ocean



Alternatives	60	26.5%
Collaboration	11	4.9%
Communications	24	10.6%
Early Intervention	13	5.8%
Education	117	51.8%
Enforcement	1	0.4%
Total:	226	100.0%

County Funding by CSAP Strategy for Grant Year 2006

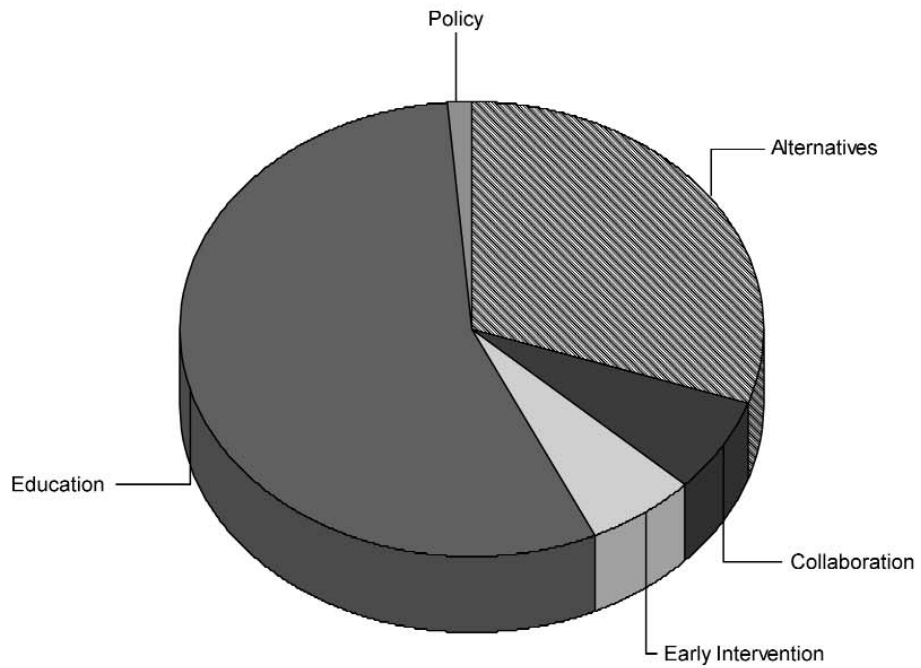
DEDR Allocation per Formula: \$558,906.00
 Carryover Amount: \$39,052.50
 Total Award: \$597,958.50

Ocean

Alliance Name	Consortium	Legislative District	Total Funding	Alternatives	Collaboration	Communications	Early Intervention	Education	Enforcement	Policy
Barnegat Twp		10	\$25,000.00	\$6,250.00	\$12,500.00	\$2,200.00	\$625.00	\$3,425.00	\$0.00	\$0.00
Beachwood Boro		10	\$12,480.00	\$5,575.00	\$0.00	\$4,375.00	\$0.00	\$2,530.00	\$0.00	\$0.00
Berkeley Twp		9	\$25,000.00	\$7,500.00	\$0.00	\$12,500.00	\$0.00	\$5,000.00	\$0.00	\$0.00
Brick Twp		10	\$45,000.00	\$11,250.00	\$0.00	\$12,000.00	\$4,400.00	\$17,350.00	\$0.00	\$0.00
Coordination			\$81,189.00	\$0.00	\$0.00	\$0.00	\$0.00	\$81,189.00	\$0.00	\$0.00
Countywide Activities			\$6,399.50	\$0.00	\$0.00	\$0.00	\$0.00	\$6,399.50	\$0.00	\$0.00
Dover Twp		10	\$45,000.00	\$17,585.00	\$0.00	\$655.00	\$0.00	\$26,760.00	\$0.00	\$0.00
Eagleswood LEH	Y	11	\$29,332.00	\$14,328.00	\$4,820.00	\$0.00	\$0.00	\$8,784.00	\$1,400.00	\$0.00
Island Heights Boro		10	\$3,800.00	\$0.00	\$0.00	\$800.00	\$1,000.00	\$2,000.00	\$0.00	\$0.00
Jackson		11	\$26,839.00	\$3,000.00	\$0.00	\$1,000.00	\$2,200.00	\$20,639.00	\$0.00	\$0.00
Lacey Twp		11	\$23,314.00	\$10,050.00	\$0.00	\$0.00	\$170.00	\$13,094.00	\$0.00	\$0.00
Lakehurst		10	\$6,228.00	\$2,150.00	\$0.00	\$600.00	\$0.00	\$3,478.00	\$0.00	\$0.00
Lakewood		10	\$45,300.00	\$0.00	\$0.00	\$6,895.00	\$19,556.00	\$18,849.00	\$0.00	\$0.00
Lavallette Boro		10	\$20,250.00	\$5,000.00	\$0.00	\$2,475.00	\$0.00	\$12,775.00	\$0.00	\$0.00
Long Beach Twp		11	\$25,302.00	\$3,225.00	\$0.00	\$5,247.00	\$0.00	\$16,830.00	\$0.00	\$0.00
Manchester Twp	Y	11	\$19,696.00	\$4,924.00	\$0.00	\$0.00	\$3,100.00	\$11,672.00	\$0.00	\$0.00
New Alliances			\$12,000.00	\$0.00	\$0.00	\$0.00	\$0.00	\$12,000.00	\$0.00	\$0.00
Ocean Gate		10	\$6,246.00	\$0.00	\$0.00	\$1,560.00	\$0.00	\$4,686.00	\$0.00	\$0.00
Ocean Twp		11	\$17,000.00	\$3,720.00	\$250.00	\$0.00	\$2,680.00	\$10,350.00	\$0.00	\$0.00
Pine Beach Boro		10	\$18,000.00	\$4,920.00	\$0.00	\$0.00	\$0.00	\$13,080.00	\$0.00	\$0.00
Plumsted Twp		10	\$17,500.00	\$0.00	\$500.00	\$0.00	\$3,500.00	\$13,500.00	\$0.00	\$0.00
Point Pleasant Beach	Y	11	\$14,091.00	\$5,150.00	\$0.00	\$1,100.00	\$0.00	\$7,841.00	\$0.00	\$0.00
Point Pleasant Boro		10	\$15,134.00	\$1,700.00	\$0.00	\$500.00	\$0.00	\$12,934.00	\$0.00	\$0.00
Seaside Park Boro		11	\$5,608.00	\$3,250.00	\$0.00	\$0.00	\$0.00	\$2,358.00	\$0.00	\$0.00
South Toms River Boro		11	\$16,000.00	\$1,000.00	\$0.00	\$1,900.00	\$0.00	\$13,100.00	\$0.00	\$0.00
Stafford Twp.		11	\$26,000.00	\$19,100.00	\$2,750.00	\$900.00	\$0.00	\$3,250.00	\$0.00	\$0.00
Tuckerton Twp		10	\$10,250.00	\$5,125.00	\$750.00	\$450.00	\$1,400.00	\$2,525.00	\$0.00	\$0.00
Totals			\$597,958.50	\$134,802.00	\$21,570.00	\$55,157.00	\$38,631.00	\$346,399.50	\$1,400.00	\$0.00
Percentages				22.5%	3.6%	9.2%	6.5%	57.9%	0.2%	0.0%

Percentage of Programs by CSAP Strategy

Grant Year: 2006 County: Passaic



Alternatives	45	30.2%
Collaboration	10	6.7%
Early Intervention	9	6.0%
Education	83	55.7%
Policy	2	1.3%
Total:	149	100.0%

County Funding by CSAP Strategy for Grant Year 2006

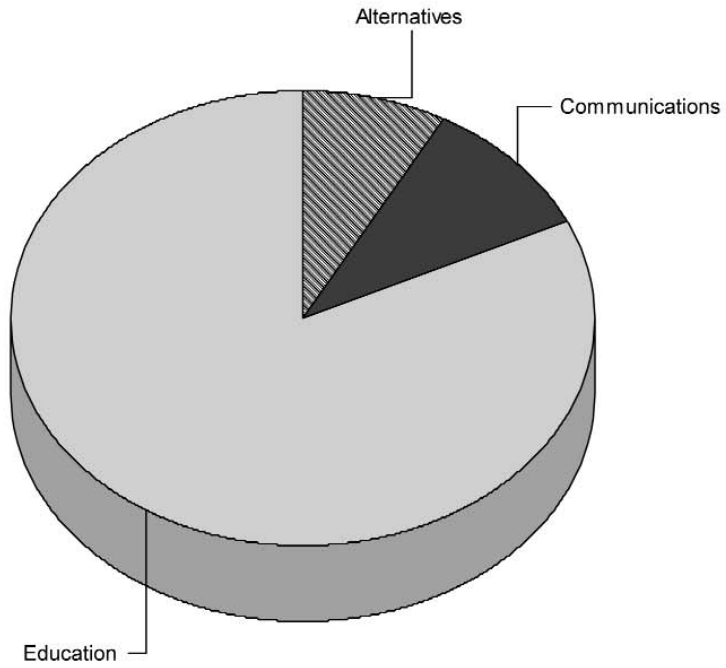
DEDR Allocation per Formula: \$553,900.00
 Carryover Amout: \$58,993.93
 Total Award: \$612,893.93

Passaic

Alliance Name	Consortium	Legislative District	Total Funding	Alternatives	Collaboration	Communications	Early Intervention	Education	Enforcement	Policy	Percentages	
Annual Teen Summit Countywide			\$15,000.00	\$0.00	\$0.00	\$0.00	\$0.00	\$15,000.00	\$0.00	\$0.00		
Bloomingtondale		26	\$18,900.40	\$11,260.00	\$0.00	\$0.00	\$0.00	\$7,640.40	\$0.00	\$0.00		
Clifton		26	\$57,100.00	\$30,400.00	\$0.00	\$0.00	\$0.00	\$26,700.00	\$0.00	\$0.00		
Coordination			\$83,085.00	\$0.00	\$0.00	\$0.00	\$0.00	\$83,085.00	\$0.00	\$0.00		
County Wide Conference			\$30,273.93	\$0.00	\$0.00	\$0.00	\$0.00	\$30,273.93	\$0.00	\$0.00		
Countywide Alliance Meetings			\$6,000.00	\$0.00	\$0.00	\$0.00	\$0.00	\$6,000.00	\$0.00	\$0.00		
Hawthorne		26	\$24,200.00	\$10,900.00	\$0.00	\$0.00	\$1,000.00	\$12,300.00	\$0.00	\$0.00		
Little Falls		26	\$26,100.00	\$5,700.00	\$0.00	\$0.00	\$0.00	\$20,400.00	\$0.00	\$0.00		
North Haledon		26	\$16,700.00	\$1,500.00	\$0.00	\$0.00	\$0.00	\$15,200.00	\$0.00	\$0.00		
Passaic		26	\$46,300.00	\$11,000.00	\$0.00	\$0.00	\$4,080.00	\$26,720.00	\$0.00	\$4,500.00		
Paterson		36	\$42,800.00	\$12,000.00	\$0.00	\$0.00	\$0.00	\$30,800.00	\$0.00	\$0.00		
Pompton Lakes		26	\$28,200.00	\$10,350.00	\$7,450.00	\$0.00	\$0.00	\$10,400.00	\$0.00	\$0.00		
Prosepect Park		26	\$18,900.00	\$5,787.00	\$7,738.00	\$0.00	\$625.00	\$4,750.00	\$0.00	\$0.00		
Ringwood/Wanaque	Y	26	\$52,459.60	\$4,500.00	\$13,280.00	\$0.00	\$9,670.00	\$25,009.60	\$0.00	\$0.00		
Totowa		26	\$28,200.00	\$4,000.00	\$2,600.00	\$0.00	\$500.00	\$21,100.00	\$0.00	\$0.00		
Volunteer Recognition			\$375.00	\$375.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
Wayne		26	\$46,300.00	\$15,300.00	\$10,800.00	\$0.00	\$3,200.00	\$17,000.00	\$0.00	\$0.00		
West Milford		26	\$46,300.00	\$21,422.00	\$0.00	\$0.00	\$350.00	\$24,528.00	\$0.00	\$0.00		
West Paterson		26	\$25,700.00	\$13,850.00	\$0.00	\$0.00	\$1,000.00	\$8,250.00	\$0.00	\$2,600.00		
Totals			\$612,893.93	\$158,344.00	\$41,868.00	\$0.00	\$20,425.00	\$385,156.93	\$0.00	\$7,100.00		
Percentages				25.8%	6.8%	0.0%	3.3%	62.8%	0.0%	1.2%		

Percentage of Programs by CSAP Strategy

Grant Year: 2006 County: Salem



Alternatives	7	8.0%
Communications	9	10.2%
Education	72	81.8%
Total:	88	100.0%

County Funding by CSAP Strategy for Grant Year 2006

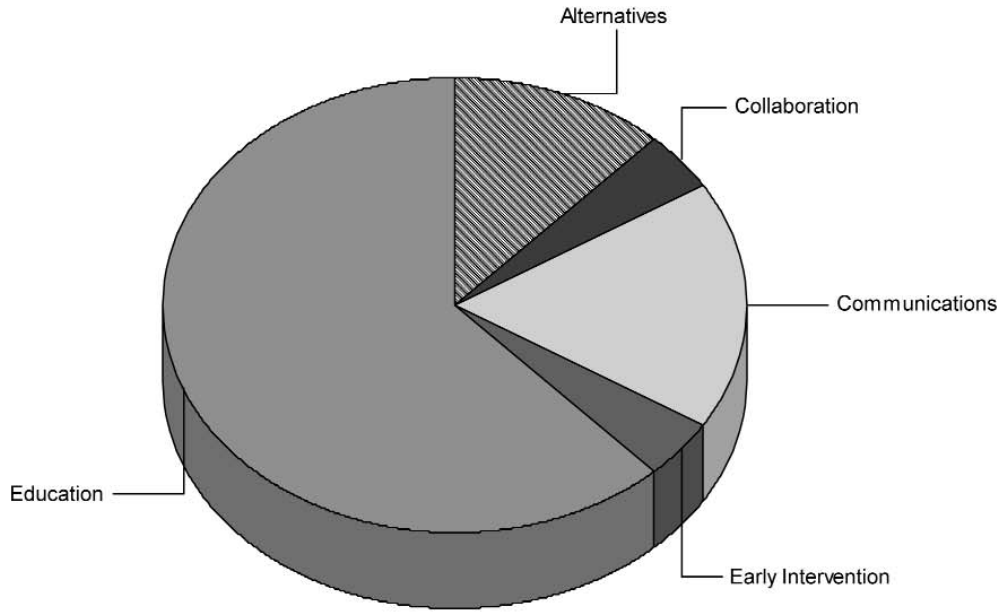
DEDR Allocation per Formula: \$137,783.00
 Carryover Amout: \$10,229.12
 Total Award: \$148,012.12

Salem

Alliance Name	Consortium	Legislative District	Total Funding	Alternatives	Collaboration	Communications	Early Intervention			Policy
							Education	Enforcement	Policy	
Alloway		3	\$4,687.97	\$1,000.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Carneys Point/Penns Grove			\$13,634.98	\$2,200.00	\$0.00	\$2,500.00	\$0.00	\$0.00	\$0.00	\$0.00
County Coordination			\$45,000.00	\$0.00	\$0.00	\$45,000.00	\$0.00	\$0.00	\$0.00	\$0.00
Countywide Project			\$9,229.13	\$0.00	\$0.00	\$9,229.13	\$0.00	\$0.00	\$0.00	\$0.00
Elmer		3	\$5,525.54	\$0.00	\$0.00	\$0.00	\$0.00	\$5,525.54	\$0.00	\$0.00
Elsinboro		3	\$3,771.53	\$1,200.00	\$0.00	\$0.00	\$0.00	\$2,571.53	\$0.00	\$0.00
Lower Alloways Creek			\$3,641.38	\$0.00	\$0.00	\$0.00	\$0.00	\$3,641.38	\$0.00	\$0.00
Mannington		3	\$4,047.55	\$500.00	\$0.00	\$0.00	\$0.00	\$3,547.55	\$0.00	\$0.00
Oldmans		3	\$5,140.39	\$305.39	\$0.00	\$0.00	\$0.00	\$4,835.00	\$0.00	\$0.00
Pennsville		3	\$9,681.60	\$0.00	\$0.00	\$0.00	\$0.00	\$9,681.60	\$0.00	\$0.00
Pittsgrove/Woodstown	Y	3	\$17,146.88	\$1,000.00	\$0.00	\$6,000.00	\$0.00	\$10,146.88	\$0.00	\$0.00
Pittsgrove		3	\$6,420.08	\$0.00	\$0.00	\$0.00	\$0.00	\$6,420.08	\$0.00	\$0.00
Quinton		3	\$4,144.89	\$0.00	\$0.00	\$0.00	\$0.00	\$4,144.89	\$0.00	\$0.00
Salem City		3	\$10,376.39	\$0.00	\$0.00	\$3,950.00	\$0.00	\$6,426.39	\$0.00	\$0.00
Upper Pittsgrove		3	\$5,563.81	\$0.00	\$0.00	\$250.00	\$0.00	\$5,313.81	\$0.00	\$0.00
Totals			\$148,012.12	\$6,205.39	\$0.00	\$66,929.13	\$0.00	\$74,877.60	\$0.00	\$0.00
Percentages				4.2%	0.0%	45.2%	0.0%	50.6%	0.0%	0.0%

Percentage of Programs by CSAP Strategy

Grant Year: 2006 County: Somerset



Alternatives	12	12.0%
Collaboration	4	4.0%
Communications	18	18.0%
Early Intervention	4	4.0%
Education	62	62.0%
Total:	100	100.0%

County Funding by CSAP Strategy for Grant Year 2006

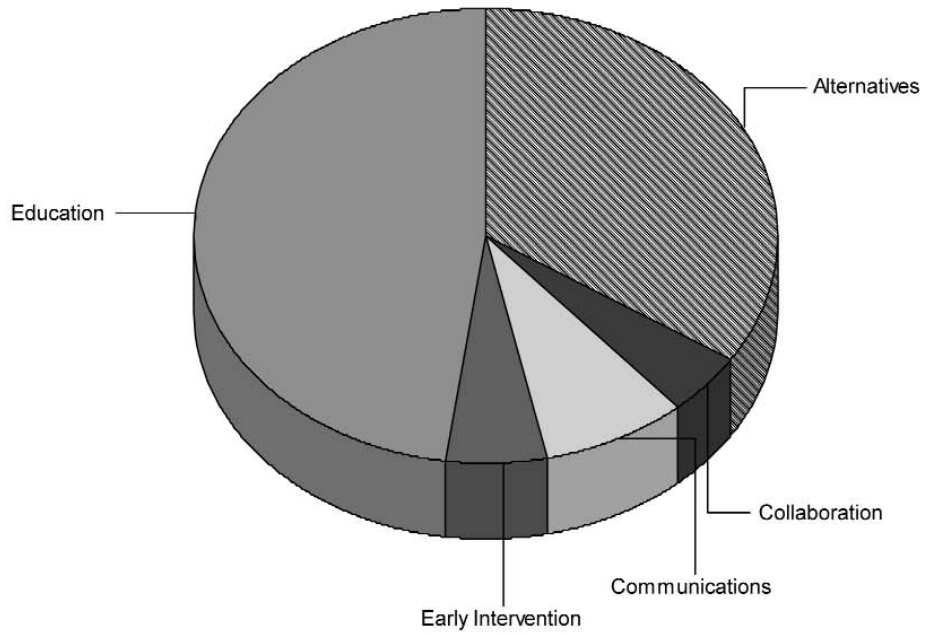
DEDR Allocation per Formula: \$324,421.00
 Carryover Amount: \$33,188.00
 Total Award: \$357,609.00

Somerset

Alliance Name	Consortium	Legislative District	Total Funding	Alternatives	Collaboration	Communications	Early Intervention	Education	Enforcement	Policy	Percentages	
											7.6%	2.8%
Bernards		16	\$20,809.00	\$2,067.00	\$1,917.00	\$2,280.00	\$0.00	\$14,545.00	\$0.00	\$0.00		
Bound Brook/So. Bound Brook	Y	16	\$19,175.00	\$2,500.00	\$0.00	\$3,000.00	\$0.00	\$13,675.00	\$0.00	\$0.00		
Branchburg		16	\$12,983.00	\$4,644.00	\$500.00	\$3,000.00	\$0.00	\$4,839.00	\$0.00	\$0.00		
Bridgewater/Raritan	Y	16	\$41,312.00	\$5,840.00	\$0.00	\$0.00	\$0.00	\$35,472.00	\$0.00	\$0.00		
County Coordination			\$40,000.00	\$0.00	\$0.00	\$40,000.00	\$0.00	\$0.00	\$0.00	\$0.00		
Countywide Project			\$11,000.00	\$0.00	\$0.00	\$11,000.00	\$0.00	\$0.00	\$0.00	\$0.00		
Franklin		17	\$50,472.00	\$1,000.00	\$0.00	\$3,000.00	\$0.00	\$46,472.00	\$0.00	\$0.00		
Hillsborough/Millstone	Y	16	\$32,165.00	\$0.00	\$0.00	\$3,000.00	\$0.00	\$29,165.00	\$0.00	\$0.00		
Manville		16	\$12,852.00	\$0.00	\$0.00	\$3,000.00	\$5,513.00	\$4,339.00	\$0.00	\$0.00		
Montgomery/Rocky Hill	Y	16	\$18,359.00	\$0.00	\$4,550.00	\$7,000.00	\$0.00	\$6,809.00	\$0.00	\$0.00		
North Plainfield		22	\$31,882.00	\$3,500.00	\$0.00	\$9,200.00	\$0.00	\$19,182.00	\$0.00	\$0.00		
Somerset Hills	Y	16	\$22,246.00	\$4,500.00	\$0.00	\$196.00	\$0.00	\$17,550.00	\$0.00	\$0.00		
Somerville		16	\$17,867.00	\$2,975.00	\$3,000.00	\$0.00	\$4,467.00	\$7,425.00	\$0.00	\$0.00		
Watchung Hills	Y	21	\$26,487.00	\$0.00	\$0.00	\$3,000.00	\$6,621.00	\$16,866.00	\$0.00	\$0.00		
Totals			\$357,609.00	\$27,026.00	\$9,967.00	\$87,676.00	\$16,601.00	\$216,339.00	\$0.00	\$0.00		
Percentages				7.6%	2.8%	24.5%	4.6%	60.5%	0.0%	0.0%		

Percentage of Programs by CSAP Strategy

Grant Year: 2006 County: Sussex



Alternatives	30	34.1%
Collaboration	4	4.5%
Communications	7	8.0%
Early Intervention	5	5.7%
Education	42	47.7%
Total:	88	100.0%

County Funding by CSAP Strategy for Grant Year 2006

DEDR Allocation per Formula: \$192,683.00

Carryover Amount: \$14,047.17

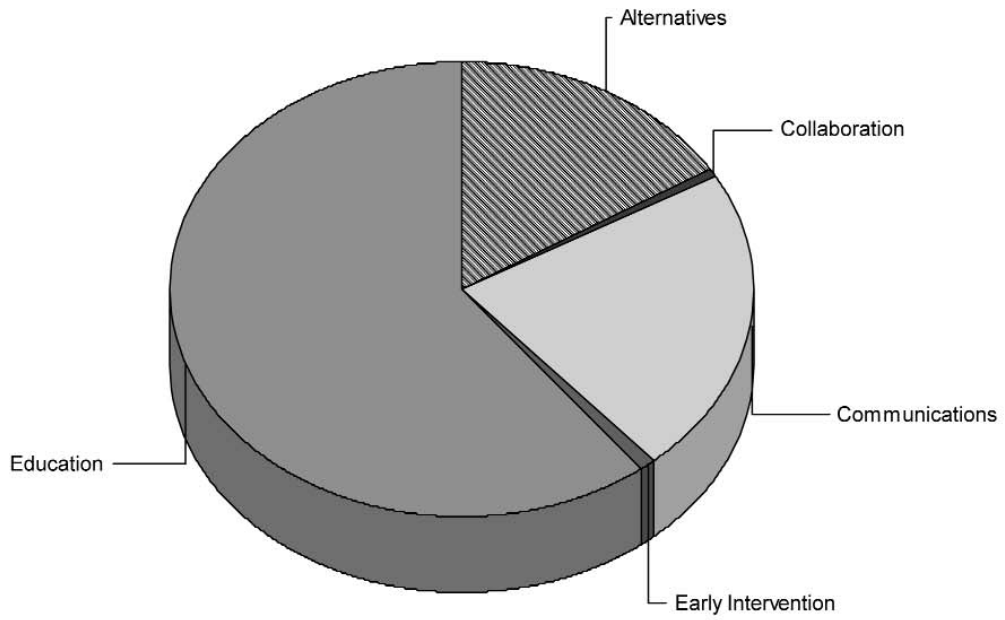
Total Award: \$206,730.17

Sussex

Alliance Name	Consortium	Legislative District	Total Funding	Alternatives	Collaboration	Communications	Early Intervention	Education	Enforcement	Policy
Action	Y	24	\$19,577.00	\$800.00	\$0.00	\$0.00	\$8,200.00	\$10,577.00	\$0.00	\$0.00
Central	Y	24	\$10,348.00	\$4,739.00	\$0.00	\$0.00	\$0.00	\$5,609.00	\$0.00	\$0.00
County Coordination			\$45,000.00	\$0.00	\$0.00	\$45,000.00	\$0.00	\$0.00	\$0.00	\$0.00
Countywide Project			\$10,900.00	\$400.00	\$6,900.00	\$3,600.00	\$0.00	\$0.00	\$0.00	\$0.00
Countywide Special Projects			\$3,147.17	\$0.00	\$0.00	\$3,147.17	\$0.00	\$0.00	\$0.00	\$0.00
Hamburg		24	\$3,654.00	\$1,967.00	\$0.00	\$0.00	\$0.00	\$1,687.00	\$0.00	\$0.00
Hardyston/Franklin		24	\$11,721.00	\$6,322.00	\$0.00	\$0.00	\$0.00	\$5,399.00	\$0.00	\$0.00
Hopatcong		24	\$14,630.00	\$5,050.00	\$0.00	\$850.00	\$0.00	\$8,730.00	\$0.00	\$0.00
Lenape	Y	24	\$12,157.00	\$6,300.00	\$1,500.00	\$0.00	\$0.00	\$4,357.00	\$0.00	\$0.00
Ogdensburg		24	\$3,284.00	\$1,364.00	\$0.00	\$0.00	\$0.00	\$1,900.00	\$0.00	\$0.00
Sandyston		24	\$7,529.00	\$0.00	\$0.00	\$0.00	\$3,060.00	\$4,469.00	\$0.00	\$0.00
Southwestern	Y	24	\$13,353.00	\$0.00	\$500.00	\$0.00	\$750.00	\$12,103.00	\$0.00	\$0.00
Sparta		24	\$16,511.00	\$8,256.00	\$0.00	\$0.00	\$4,128.00	\$4,127.00	\$0.00	\$0.00
Sussex/Wantage	Y	24	\$12,751.00	\$5,451.00	\$0.00	\$300.00	\$0.00	\$7,000.00	\$0.00	\$0.00
Vernon		24	\$22,178.00	\$15,278.00	\$0.00	\$1,400.00	\$0.00	\$5,500.00	\$0.00	\$0.00
Totals			\$206,730.17	\$55,927.00	\$8,900.00	\$54,297.17	\$16,138.00	\$71,468.00	\$0.00	\$0.00
Percentages				27.1%	4.3%	26.3%	7.8%	34.6%	0.0%	0.0%

Percentage of Programs by CSAP Strategy

Grant Year: 2006 County: Union



Alternatives	34	16.2%
Collaboration	1	0.5%
Communications	46	21.9%
Early Intervention	2	1.0%
Education	127	60.5%
Total:	210	100.0%

County Funding by CSAP Strategy for Grant Year 2006

DEDR Allocation per Formula: \$582,910.00

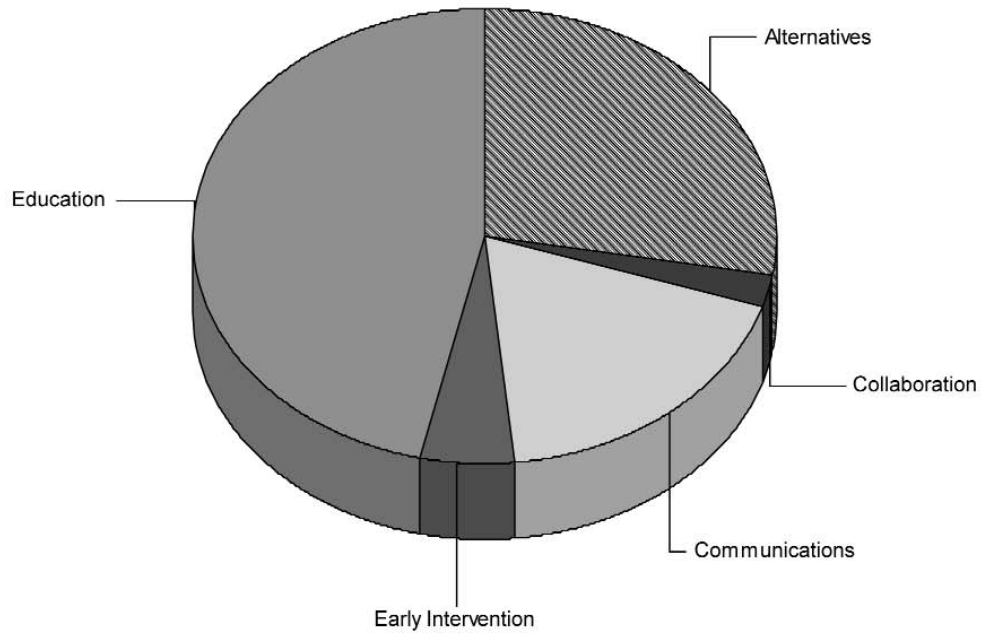
Carryover Amount: \$34,706.46

Total Award: \$617,616.46

Alliance Name	Consortium	Legislative District	Total Funding	Union						Policy
				Alternatives	Collaboration	Communications	Early Intervention	Education	Enforcement	
Berkeley Heights		21	\$5,000.00	\$1,064.00	\$0.00	\$1,000.00	\$0.00	\$2,936.00	\$0.00	\$0.00
Clark		22	\$18,261.00	\$2,734.00	\$0.00	\$5,635.00	\$0.00	\$9,892.00	\$0.00	\$0.00
County Coordination			\$85,000.00	\$0.00	\$0.00	\$85,000.00	\$0.00	\$0.00	\$0.00	\$0.00
Countywide Project			\$5,574.46	\$0.00	\$0.00	\$5,574.46	\$0.00	\$0.00	\$0.00	\$0.00
Cranford		21	\$26,674.00	\$7,920.00	\$0.00	\$8,088.00	\$0.00	\$10,666.00	\$0.00	\$0.00
Elizabeth		20	\$82,923.00	\$9,600.00	\$0.00	\$24,734.00	\$0.00	\$48,589.00	\$0.00	\$0.00
Garwood		21	\$12,387.00	\$4,791.00	\$0.00	\$2,546.00	\$0.00	\$5,050.00	\$0.00	\$0.00
Hillside		20	\$21,414.00	\$5,266.00	\$0.00	\$6,085.00	\$0.00	\$10,063.00	\$0.00	\$0.00
Kenilworth		20	\$16,373.00	\$1,000.00	\$0.00	\$4,315.00	\$0.00	\$11,058.00	\$0.00	\$0.00
Linden		22	\$39,777.00	\$6,628.00	\$0.00	\$7,038.00	\$0.00	\$26,113.00	\$0.00	\$0.00
Mountainside		21	\$14,495.00	\$1,300.00	\$0.00	\$4,000.00	\$0.00	\$9,195.00	\$0.00	\$0.00
New Providence		21	\$14,615.00	\$1,473.00	\$0.00	\$6,864.00	\$0.00	\$6,278.00	\$0.00	\$0.00
Plainfield		22	\$38,204.00	\$1,000.00	\$0.00	\$10,533.00	\$0.00	\$26,671.00	\$0.00	\$0.00
Rahway		22	\$40,592.00	\$1,800.00	\$0.00	\$12,937.00	\$0.00	\$25,855.00	\$0.00	\$0.00
Roselle		20	\$20,723.00	\$3,664.00	\$0.00	\$5,255.00	\$0.00	\$11,804.00	\$0.00	\$0.00
Roselle Park		21	\$33,306.00	\$2,620.00	\$0.00	\$15,134.00	\$7,593.00	\$7,959.00	\$0.00	\$0.00
Scotch Plains/Fanwood	Y	22	\$32,499.00	\$3,900.00	\$2,500.00	\$10,970.00	\$0.00	\$15,129.00	\$0.00	\$0.00
Springfield		21	\$28,281.00	\$2,760.00	\$0.00	\$5,812.00	\$0.00	\$19,709.00	\$0.00	\$0.00
Summit		21	\$31,560.00	\$2,000.00	\$0.00	\$7,966.00	\$0.00	\$21,594.00	\$0.00	\$0.00
Union City		20	\$22,781.00	\$4,255.00	\$0.00	\$7,472.00	\$0.00	\$11,054.00	\$0.00	\$0.00
Westfield		21	\$27,177.00	\$1,322.00	\$0.00	\$7,778.00	\$0.00	\$18,077.00	\$0.00	\$0.00
Totals			\$617,616.46	\$66,096.00	\$2,600.00	\$244,736.46	\$7,693.00	\$297,692.00	\$0.00	\$0.00
Percentages				10.5%	0.4%	39.6%	1.2%	48.2%	0.0%	0.0%

Percentage of Programs by CSAP Strategy

Grant Year: 2006 County: Warren



Alternatives	27	27.8%
Collaboration	2	2.1%
Communications	18	18.6%
Early Intervention	5	5.2%
Education	45	46.4%
Total:	97	100.0%

County Funding by CSAP Strategy for Grant Year 2006

DEDR Allocation per Formula: \$150,428.00

Carryover Amount: \$0.00

Total Award: \$150,428.00

Warren

Alliance Name	Consortium	Legislative District	Total Funding	Alternatives	Collaboration	Communications	Early Intervention	Education	Enforcement	Policy	Percentages	
											15.3%	1.3%
Blairstown		23	\$3,478.00	\$0.00	\$1,983.50	\$0.00	\$0.00	\$1,454.50	\$0.00	\$0.00		
County Municipal Alliance Program Cox			\$45,000.00	\$0.00	\$0.00	\$45,000.00	\$0.00	\$0.00	\$0.00	\$0.00		
Countywide Training			\$3,379.00	\$0.00	\$0.00	\$0.00	\$0.00	\$3,379.00	\$0.00	\$0.00		
Franklin		23	\$3,781.00	\$800.00	\$0.00	\$0.00	\$0.00	\$2,881.00	\$0.00	\$0.00		
Frielinghuysen		23	\$3,340.00	\$137.00	\$0.00	\$925.00	\$0.00	\$2,278.00	\$0.00	\$0.00		
Great Meadows	Y	23	\$9,386.00	\$0.00	\$0.00	\$0.00	\$0.00	\$9,386.00	\$0.00	\$0.00		
Hackettstown		23	\$7,782.00	\$1,332.00	\$0.00	\$1,650.00	\$800.00	\$3,900.00	\$0.00	\$0.00		
Hardwick Twp.		23	\$2,940.00	\$1,631.00	\$0.00	\$809.00	\$0.00	\$500.00	\$0.00	\$0.00		
Hope Twp.		23	\$2,017.00	\$503.00	\$0.00	\$1,345.00	\$169.00	\$0.00	\$0.00	\$0.00		
Knowlton Twp.		23	\$3,910.00	\$3,910.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
Mansfield Twp.		23	\$7,194.00	\$2,000.00	\$0.00	\$900.00	\$2,900.00	\$1,384.00	\$0.00	\$0.00		
Oxford		23	\$3,534.00	\$1,184.00	\$0.00	\$620.00	\$0.00	\$1,730.00	\$0.00	\$0.00		
Phillipsburg		23	\$11,760.00	\$650.00	\$0.00	\$2,750.00	\$1,500.00	\$6,860.00	\$0.00	\$0.00		
Regional	Y	23	\$12,272.00	\$0.00	\$0.00	\$0.00	\$0.00	\$12,272.00	\$0.00	\$0.00		
S. Warren	Y	23	\$18,314.00	\$4,157.00	\$0.00	\$1,500.00	\$0.00	\$12,657.00	\$0.00	\$0.00		
Washington Boro		23	\$6,320.00	\$3,150.00	\$0.00	\$390.00	\$0.00	\$2,780.00	\$0.00	\$0.00		
Washington Twp.		23	\$6,021.00	\$3,524.00	\$0.00	\$1,628.00	\$200.00	\$869.00	\$0.00	\$0.00		
Totals			\$150,428.00	\$23,078.00	\$1,983.50	\$57,517.00	\$5,669.00	\$62,180.50	\$0.00	\$0.00		
Percentages				15.3%	1.3%	38.2%	3.8%	41.3%	0.0%	0.0%		