

New Jersey Comprehensive Statewide Master Plan for Alcoholism, Tobacco and other Drug Abuse December 2009

"Few things are more destructive than addiction. But one thing that is more powerful is people working together and that's what the Municipal Alliance effort is all about. With the Municipal Alliance Program, New Jersey is tackling one of our most devastating problems with one of our most potent weapons: our people."

1992

Jim Florio

Former New Jersey Governor



State of New Jersey

GOVERNOR'S COUNCIL ON ALCOHOLISM AND DRUG ABUSE

PO Box 345

TRENTON NJ 08625-0345

JON S. CORZINE
Governor

NEIL VAN ESS
Acting Chairman

MARY LOU POWNER
Executive Director

December 22, 2009

Dear Reader:

The Planning Committee of the Governor's Council on Alcoholism and Drug Abuse is pleased to present the Comprehensive Statewide Master Plan for Alcoholism and Drug Abuse in New Jersey. This Master Plan, mandated by N.J.S.A. 26:2BB-4.b,d., is a comprehensive plan that outlines New Jersey's efforts to reduce the incidence and effect of alcoholism and drug abuse in our communities.

The designees of 12 state departments or agencies and the appointed public members of the Council, the staff of the Council, as well as the many volunteers who participate with the various committees and subcommittees of the Council are commended for their work in developing the plan. Alcohol, tobacco and other drug abuse remain one of New Jersey's most serious challenges and a disease of vast proportions. This Master Plan, along with the ongoing planning process established within the Council's organization, serves to identify priorities for addressing challenges while coordinating efforts and targeting existing resources for the fullest benefit.

The Master Plan includes detailed information regarding the Municipal Alliance Program, the statewide network of community coalitions whose primary mission is to provide community based education and public awareness. The Governor's Council on Alcoholism and Drug Abuse is proud of the dedication and untiring determination exhibited daily throughout the state by more than 7,000 Municipal Alliance volunteers and coordinators who work to lessen the impact of alcoholism and drug abuse in our communities.

The challenges we face regarding alcohol, tobacco and other drug abuse can only be met by the collective and combined actions of our public and private sectors. The Governor's Council on Alcoholism and Drug Abuse remains committed to coordinating, collaborating and facilitating efforts that bring all stakeholders together to reduce the adverse effects of alcohol, tobacco and other drug abuse in New Jersey.

We thank you on behalf of the Governor's Council on Alcoholism and Drug Abuse for your interest in the Comprehensive Statewide Master Plan and ask for your continued support of our efforts.

Sincerely,

Handwritten signature of Anthony M. Bucco in black ink.

Anthony M. Bucco
Planning Chair

Handwritten signature of Mary Lou Powner in black ink.

Mary Lou Powner
Executive Director

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INTRODUCTION TO THE 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 26 members: Ten public members are appointed by the Governor, the Senate President and Assembly Speaker each appoint two public members, and 12 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 and meaningful planning process to address alcoholism and drug abuse in New Jersey.

The Interdepartmental Advisory Panel, which coordinates the Council's state department representation, developed the format used in the State Government Component of the Master Plan. Their efforts made the collection of this comprehensive information possible.

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 Municipal Alliance Program, 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."

This 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 2009 Master Plan came from the vigorous efforts of the Council's Planning Committee, the Alliance Prevention Committee, and the Criminal/Juvenile Justice, Legislative and Treatment Subcommittees. It has been reviewed and adopted by the members of the Governor's Council on Alcoholism and Drug Abuse.

Organization of the Master Plan

The Master Plan has eight sections: (I) Introduction; (II) Council Organization and Structure; (III) GCADA 2010 Objectives and Strategies; (IV) State Government Component; (V) County and Municipal Alliance Summaries; (VI) Appendices.

Acknowledgements

The development and production of the Master Plan was accomplished with the generous assistance and diligent effort of many individuals, committees, state departments, agencies and organizations. The Governor's Council on Alcoholism and Drug Abuse wishes to acknowledge the following Council leaders who give their time and energy to the work of the Council's Committees:

Anthony Bucco, Chair, GCADA Planning Committee
Harry Morey, Chair, GCADA Alliance Committee
Kay McGrath, Chair, Legislative Subcommittee
Gregg Benson, Chair, Treatment Subcommittee
Neil Van Ess, Chair, Veterans and Military Families Ad Hoc Committee

GOVERNOR'S COUNCIL ON ALCOHOLISM AND DRUG ABUSE

Membership as of September 2009

Gubernatorial Appointments

Gregg Benson	Morris
Anthony Bucco, Esq.	Morris
John Gluck	Ocean
Kay McGrath	Mercer
Harry Morey, Jr.	Ocean
Vacancy	
Vacancy	
Vacancy	
Vacancy	
Vacancy	

Senate President Appointments

Neil Van Ess, 1st Vice-Chair	Passaic
Robert Zlotnick	Atlantic

Assembly Speaker Appointments

Gerald Opthof	Bergen
Regan McGrory	Monmouth

Ex-Officio State Departments

Administrative Office of the Courts

Acting Administrative Director Glen A. Grant
Designee, Carol Venditto/Maurice Hart

Children and Families

Acting Commissioner Kimberly Ricketts
Designee, David Sims

Community Affairs

Acting Commissioner Charles Richman
Designee, Mary Ann Barkus

Corrections

Commissioner George W. Hayman
Designee, Myrtle Daniels

Education

Commissioner Lucille E. Davy
Designee, Gary Vermeire

Health and Senior Services

Commissioner Heather Howard
Designee, Laura Hernandez Paine

Human Services

Commissioner Jennifer Velez
Designee, Raquel Mazon-Jeffers

Labor and Workforce Development

Commissioner David Socolow
Designee, Christine Purcell

Law and Public Safety

Attorney General Anne Milgram
Designee, Lisa Ellison Barata

Military and Veteran's Affairs

Adjutant General Glenn K. Reith
Designee, Dorinda Sapp

Treasury

State Treasurer r. David Roussequ
Designee, Willa Lloyd

NJ Higher Education Presidents' Council

Sister Rosemary E. Jeffries

COMMITTEES AND SUBCOMMITTEES OF THE GOVERNOR'S COUNCIL ON ALCOHOLISM AND DRUG ABUSE

EXECUTIVE COMMITTEE

Neil Van Ess, Acting Chairman
Mary Lou Powner, Executive Director, Ex-Officio
John Gluck, Second Vice-Chair
Anthony M. Bucco, Planning Committee Chairman
Harry Morey, Alliance Committee Chairman

PLANNING COMMITTEE

Anthony M. Bucco, Chairman
Gary Vermeire, Interdepartmental Advisory Panel
Vacancy, Chair, Criminal Juvenile Justice Subcommittee
Kay McGrath, Chair, Legislative Subcommittee
Gregg Benson, Chair, Treatment Subcommittee
Harry Morey, Chair, Alliance Committee

INTERDEPARTMENTAL ADVISORY PANEL

Gary Vermeire, Chair, Department of Education
Maurice Hart, Administrative Office of the Courts
Mary Ann Barkus, Department of Community Affairs
Myrtle Daniels, Department of Corrections
Laura Hernandez Paine, Department of Health and Senior Services
Raquel Mazon Jeffers, Department of Human Services
Christine Purcell, Department of Labor and Workforce Development
Lisa Ellison Barata, Department of Law & Public Safety
Dorinda Sapp, Department of Military and Veteran's Affairs
Willa Lloyd, Department of Treasury
Sister Rosemary E. Jeffries, NJ President's Council (Higher Education)

Veterans and Military Families

Neil Van Ess, Chairman
Harry Morey, GCADA, Public Member
Mary Ann Barkus, Department of Community Affairs
Doug Breen, Middlesex County Veterans Service Officer
Charles F. DeVeau, Division of Addiction Services, DHS
Dennis E. Donovan, Division of Addiction Services, DHS
Angela Conover, Partnership for a Drug Free New Jersey
George Gumpfer, Ventnor Vets Center
Paul Kozak, Vet Works
Danielle Lanik, Public Member
William Siebel, DOL/DVOP
Ray Zawacki, The American Legion, Department of New Jersey

ALLIANCE PREVENTION COMMITTEE

Harry Morey, Chairman
Lynn Belvedere, SAC, Millburn Township Public Schools
Syria Geddis, Alternate, Warren County Alliance Coordinator
Liz Knodel-Gordon, SAC, Scotch Plains-Fanwood High School
Janis Mayer-Obermeier, Department of Health and Senior Services
Angelo Valente, Partnership for a Drug Free New Jersey
Neil Van Ess, GCADA Public Member
Ronnie Weiner, Somerset County Alliance Coordinator
Brenda Banks, Salem County Alliance Coordinator
Charoulla Georgiou, Alternate, Middlesex County Alliance Coordinator
Margery Wood, Department of Education
Dr. Allen-Walker, DARE New Jersey
Frank Vesely, New Jersey Elks Association
Linda Stampoulos
Lynne Belvedere
Mindy Lazar, MADD New Jersey
Rob Lightfoot, New Jersey Prevention Network
Sue Nobleman, Willow Tree

CRIMINAL JUVENILE JUSTICE SUBCOMMITTEE

Vacant, Chair, Administrative Office of the Courts
Wayne Cozart, Youth Services Commission
James Gordon, Jr., US Department of Veterans Affairs
Lisa A. Gulla, Substance Abuse Resource Center
Carl Jackson, NJ Juvenile Justice Commission
Beth Jacobson, Morris County Alliance Coordinator
Darryll Johnson, Readjustment Counseling Service
Joe Sweeney, Integrity House, Inc.
Carl Williams, St. Michael's Medical Center
Betty Ann Cowling-Carson, (Alt), Camden County Alliance Coordinator
Joanne Schuh, Ocean County Alliance Coordinator
Laura Hernandez Paine, Department of Health and Senior Services
Myrtle Daniels, Department of Corrections
Patricia McKernan, Volunteers of America
Patricia Morris, Rutgers
Willa Lloyd, Department of Treasury

LEGISLATIVE SUBCOMMITTEE

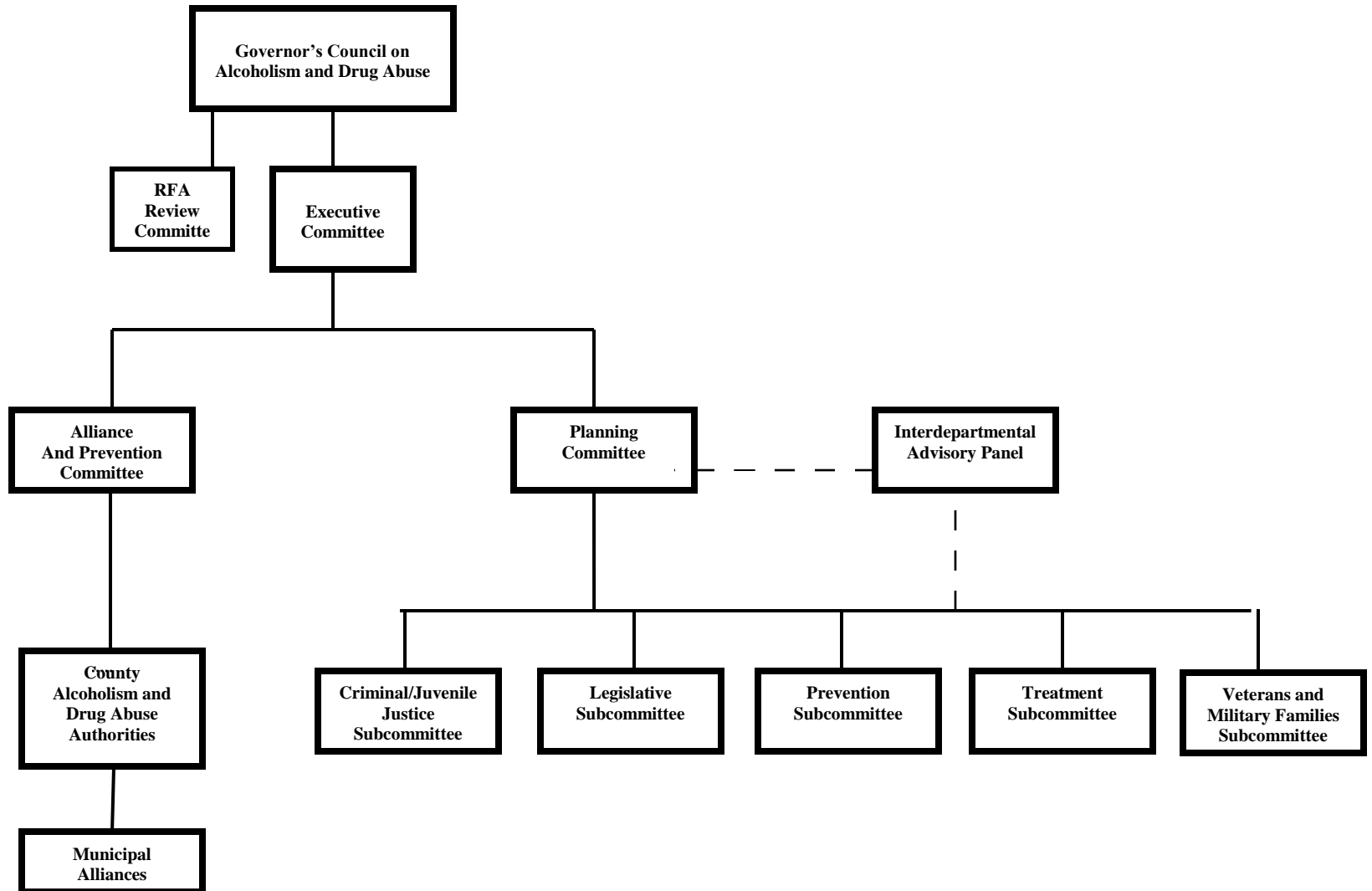
Kay McGrath, Chair, GCADA Public Member
Geetha Arulmohan, Mercer Council on Alcoholism and Drug Addiction
Betty Ann Cowling-Carson, Camden County Alliance Coordinator
Beverly Cribbs, Division of Addiction Services
Beverly Gibson, Life Ties
Helen McIntosh, Clinical Director of Anderson House

Henry W. Kurz, Partnership for a Drug Free New Jersey
Candice Singer, NCADD-NJ
Regan McGrory, GCADA Public Member
Beverly Keating-Monsen, Friends of Recovery
John Gaspich, SAC, Toms River Schools
Dr. Randie Fielder, ASAPNJ
Jim O'Brien, CEO of Merryville
Mary Beth Monroe, Gloucester County Alliance Coordinator
Marcia Fleres
Mindy Lazar, MADD New Jersey
Janice Mayer Obermeier, Division of Health and Senior Services
Elizabeth Santeramo, Municipal Alliance Coordinator
Elliott White, County Alcohol and Drug Abuse Directors Association
Robert Widitz, Atlantic County Alliance Coordinator
James Wojtowicz, Director of Office of Drug Programs, Dept of Corrections
Robert Zlotnick, GCADA Public Member

TREATMENT SUBCOMMITTEE

Gregg Benson, Chair, GCADA Public Member
Camille Bloomberg, Mercer County Alliance Coordinator
Richard Bowe, Addiction Professionals Certification Board
John Hulick, NCADD-NJ
Barbara Schlicting, Somerset Treatment Services
Candice Singer, NCADD, New Jersey
Linda Goonewardene
Jim O'Brien, Merryville
Lee Ruszczyk
Lynne Gavan
Sue Seidenfeld
Tom Garofola
Vicki Fresolone
Willa Lloyd, Treasury

ORGANIZATION OF GCADA COMMITTEES December 2010



2010 OBJECTIVES AND STRATEGIES OF THE GOVERNOR'S COUNCIL ON ALCOHOLISM AND DRUG ABUSE

Under the direction of the Planning Committee of the Governor's Council on Alcoholism and Drug Abuse (GCADA), the subcommittees of the GCADA annually develop sets of objectives and strategies that serve to focus the Council's work and collaborative efforts for the upcoming year. 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 GCADA's Planning Committee Chairman, Anthony Bucco, is deeply appreciative of the effort made by all Committee and Subcommittee Chairs. Chairman Bucco believes the Master Plan is an outstanding success made possible only through the selfless dedication of our volunteers and members of the Council involved in the planning process.

The Executive Committee of the Council, Neil Van Ess, John Gluck, Anthony Bucco and Harry Morey, has developed an Action Agenda for 2010 to provide guidance to all the activities of the Governor's Council and the Municipal Alliance Program.

The 2010 Objectives and Strategies were developed by the Alliance/Prevention Committee, the Criminal and Juvenile Justice Subcommittee, the Legislative Subcommittee and the Treatment Subcommittee.

2010 ACTION AGENDA - GCADA EXECUTIVE COMMITTEE

I. **Increase capacity of the Municipal Alliance Program**

- Expand training opportunities for county and municipal alliances.
- Provide targeted technical assistance to municipal and county alliances as necessary.
- Provide additional support and resources to the Alliance Program by strengthening linkages with existing and potential collaborating partners (for example: Dept. of Education, Dept. of Law and Public Safety, Dept. of Human Services, Dept. of Health, Dept. of Children and Families, Community Anti Drug Coalitions of America and the Center for Substance Abuse Prevention).
- Enhance county and municipal alliance prevention planning process to ensure adherence to evidence based practices.

II. **Develop an evaluation process in order to measure the effectiveness and impact of the Alliance Program**

- The GCADA will collaborate with County and local planning bodies (i.e. LACADA, CASS, MAC) to develop and implement an evaluation process for alliance programs.
- The GCADA will engage a consultant to provide guidance on the use of surveys to collect data by the municipal alliances as part of the evaluation process.
- Develop mechanisms to have municipal alliances report program effectiveness in order to make informed decisions for the 2010 and 2011 annual plan renewals.

III. **Assess the needs of GCADA operations and build its capacity to provide the necessary support to the county and municipal alliances and to continue its coordinating and planning activities in collaboration with the rest of New Jersey's alcoholism and drug abuse field**

- Review GCADA bylaws and make changes accordingly to reflect restructuring of Council operations.
- Recruit additional members for GCADA's committees.
- Update and modify the GCADA website.
- Establish process for reviewing the state's efforts regarding alcoholism and drug abuse services.
- Conduct public hearings and surveys to gather information on the public satisfaction of New Jersey's efforts.

2010 ALLIANCE 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. Additionally, promote programs for youth and young adults that foster resiliency.

Strategy for Achieving Objective with Time Frames:

- Increase capacity building efforts by incorporating representatives and presentations from various prevention affiliates and program facilitators. (ongoing)
- Recommend a workshop prevention presentation topic at the annual GCADA Summit to be conducted by August 2010.
- Continue working with associations and organizations that have a focus on primary prevention services for youth and young adults in order to examine ways to integrate and collaborate to foster resiliency in their constituencies. (ongoing)

Objective #2:

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

Strategy for Achieving Objective with Time Frames:

- Work collaboratively with GCADA's various committees to educate legislators concerning the importance of promoting the benefits of alcohol, tobacco and other drug prevention. (ongoing)
- Develop presentations to educate and inform GCADA members about prevention and evidence based practices. (ongoing)
- Incorporate ad hoc committee functions to enhance GCADA's efforts in its establishment as an evidence based program. (ongoing)

Objective #3:

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

Strategy for Achieving Objective with Time Frames:

- Identify and work with professional organizations focused on serving older adults to encourage the development of programs to foster resiliency in their constituencies. (ongoing)
- Develop a list of resources of Older Adult prevention programs that follow evidence based practices and incorporate environmental change strategies and submit to the Planning Committee for action.(ongoing)
- Recommend a prevention presentation topic on the Older Adult population for the Municipal Alliances through a workshop at the GCADA Summit by August 2010.

Evaluation:

- Increase membership by five additional members
- Develop Older Adult resource list and submit to the Planning Committee
- Annual presentation to GCADA
- Annual presentations offered to the Alliance Committee

2010 CRIMINAL JUSTICE/JUVENILE JUSTICE SUBCOMMITTEE OBJECTIVES

Objective #1:

To reconstitute the criminal and juvenile justice subcommittee so that it can become an effective component of GCADA's planning and coordination efforts.

Strategies:

- Identify and have GCADA Planning Chair appoint new Chair.
- Recruit new members from both statewide and local constituencies.
- Establish a 2010 meeting schedule.

Objective #2:

To increase the knowledge of GCADA members, criminal and juvenile justice officials, treatment providers, legislators, social service and mental health professionals on the impact of substance abuse on the criminal and juvenile offender population.

Strategies:

- Provide support and sponsor training with Greater Newark Safer Cities Initiative (GNSCI), Greater Camden Safer Cities Initiative (GCSCI) and others.
- Through invitation allow various state and community agencies, and other organizations with an interest to attend the criminal justice/juvenile justice subcommittee meetings to present an overview of their respective duties and responsibilities relative to alcohol and drug addiction prevention and treatment.
- Organize presentations at Governor's Council meetings on existing or needed initiatives dealing with substance abuse in the adult and juvenile justice systems.

Objective #3:

Coordinate with the GCADA's Legislative Subcommittee on criminal justice and reentry legislative proposals.

Strategies:

- Work with the Legislative Subcommittee on the review of proposed criminal justice legislation in order to provide experts and advocates from the adult and juvenile justice systems.

2010 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 issues.
- 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 Council meetings in 2010 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, presentations, and webpage.

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.
- Make a special effort to bring new legislators up to date on GCADA's mission.

2010 TREATMENT SUBCOMMITTEE OBJECTIVES

Objective #1

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

Strategy

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

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 e.g. older adult etc. populations.

Strategy

Collaborate with the GCADA legislative subcommittee on assisting counties in the planning and conducting of events to educate legislators (e.g. legislative breakfast) about issues regarding the AEREF fund, workforce development, and access and barriers to individuals seeking treatment.

Assist in the distribution of the service directory developed by the Council's ad-hoc committee on veterans and military families to the treatment community.

Objective #3

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

Strategy

Support and/or organize workshops and trainings at the GCADA annual summit, and other local or regional presentations for treatment professionals in an effort to improve the linkage between treatment and prevention community.
Conduct a survey to assess the success of these trainings.

Objective #4

Improve collaboration between the Alliances and treatment providers in each county

Strategy

Schedule meetings with representatives from the Alliances and treatment providers to enhance awareness of substance abuse issues and increase opportunities for collaboration.

2009 STATE GOVERNMENT COMPONENT

The Governor's Council on Alcoholism and Drug Abuse is required by its enabling legislation and statute (26:2BB-4) to develop the State Government Component of the Annual Comprehensive Statewide Alcoholism and Drug Abuse Master Plan. The State Government Component is a report of the state departments' efforts with emphasis on the prevention, intervention and treatment of alcoholism and drug abuse.

The State Government Component presented here is a reflective of the FY2009 state efforts. The information is submitted by each participating department and no edits are made to the information presented.

STATE GOVERNMENT COMPONENT
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 PREVENTION SERVICES MATRIX

2009

Department	Division	Program	Services	Total Funding	State	Federal
DCF						
	Div of Prevention and Community Partnerships	2nd Floor NJ Youth Helpline	Telephone Assistance	\$626,000	\$626,000	
		Outreach to At-Risk Youth	Outreach in high crime and gang violence communities	\$1,100,000	\$100,000	\$1,000,000
DOE						
	Div of Student Services	SDFSC	Formula grants to LEA	\$5,520,628		\$5,520,628
		Social Norms Project	Studying group norms and indiv behavior in 6 HS and 7 MS	\$250,000		\$250,000
		Safe and Civil Schools	Creating strong social and emotional learning conditions	\$369,422		\$369,422
		Title IV-A and Unsafe School Choice Option	Technical assistance to schools	\$249,513		\$249,513
		Truancy Reduction Pilot Project	Local planning in targeted communities to reduce truancy	\$104,800		\$104,800
		Harassment, Intimidation and Bullying	Technical assistance to schools	NA		
		Violence Awareness Week	Guidelines and information to local school boards	NA		
		Public Hearings on Violence and Vandalism	Guidelines and information to local school boards	NA		
		Partnerships in Character Education Program	Services to support social and character development	\$622,149		\$622,149
		MOA with local law enforcement	The basis for sharing information and investigations on school grounds	NA		
		Student Health Survey	Bi-annual student health survey	\$212,000		\$212,000
		Electronic Reporting System	School incidents of violence, vandalism and substance abuse	NA		
	Chief of Staff	School Safety and Security	Gang education seminars for school administrators	NA		
		Governor's Strategy for Safe Streets and Neighborhoods	Prevention Subcommittee	NA		
	Division of Education Standards and Programs	Core Curriculum Content Standards	Provide curriculum standards to teach substance abuse and violence prevention skills	NA		
		Substance Awareness Coordinator Certification	Certification requirements for the substance awareness coordinator endorsement	NA		
		Suicide Prevention	Instruction in suicide prevention	NA		
	Office of State Budget and Accounting	Drug Abuse Education Fund Project	Law enforcement provided drug abuse education	\$375,000	\$375,000	
DHSS						
	Div of Epidemiology, Environment and Occupational Health	Tuberculosis Prevention	Information for clients in alcohol and drug abuse treatment	Unfunded		
	Division of HIV/AIDS Services	HIV/AIDS	Prevention services to injecting drug users (IDU)	\$1,905,992	\$700,330	\$1,205,662

STATE GOVERNMENT COMPONENT
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2009

	Div of Family Health Services	Perinatal Addiction Prevention	Risk reduction coordination	\$875,000	\$875,000	
		Comprehensive Tobacco Control Program	Community Partnerships	\$2,048,000	\$1,368,000	\$680,000
		Youth/School and Tobacco Age of Sale Enforcement	High school and middle school programs	\$2,000,000	\$2,000,000	
		Tobacco Dependence Program	Training and related services to providers and the public	\$1,428,000	\$1,428,000	
		Health Communication	Promotion of NJ Quitline	\$120,000		\$120,000
DHS						
	Division of Addiction Services	Through the Media	Prevention media campaigns	\$1,056,000	\$1,056,000	
		Parenting an Athlete	Sports, violence and addictions	\$182,500		\$182,500
		Campus Recovery Support	Recovery and substance free housing on two campuses	\$490,000		
		Community Based Primary Prevention	Primary prevention services	\$5,800,000		\$5,800,000
		Families of Military Veterans	Implement Coping with Work & Family Stress and Strengthening Families Programs	\$325,000		\$325,000
		Services to Gay, Lesbian, Bisexual, Transgendered, and Questioning Youth (GLBTQ)	Expansion of existing programs for high-risk GLBTQ	\$225,000		\$225,000
		Assure the Delivery of Culturally and Linguistically Competent Prevention Services	Enhance access by diverse populations to prevention services among DAS providers	\$200,000		\$200,000
		Prevention Resource Centers	Network of agencies providing primary prevention services	\$2,400,000		\$2,400,000
		WISE Program	Wellness and Prevention program targeting older adults	\$235,000		\$235,000
		Stigma Reduction	Program seeks to reduce incidence of stigma	\$624,000		\$624,000
		Childhood Drinking	Reduce underage drinking	\$1,030,000	\$1,030,000	
		Strategic Prevention Framework State Incentive Grant	Community based risk and protective factors approach to prevention.	\$2,100,000		\$2,100,000
		Compulsive Gambling	Assessment, treatment and prevention services for people with compulsive gambling.	\$970,000	\$970,000	
		Workforce Development	Initiative to increase and enhance the addiction workforce.	\$1,030,000		\$1,030,000
	Division of Medical Assistance and Health Services	Managed Care	HMO for clients of the Division of Developmental Disabilities			
	Office for Prevention of mental Retardation and Developmental Disabilities	Fetal Alcohol Spectrum Disorders	Educate the community about prenatal exposure to alcohol, drugs and nicotine	\$200,000	\$200,000	
		Fetal Alcohol Spectrum Disorders Task Force	Interagency body responsible for developing plan to educate and prevent perinatal addictions	\$60,000	\$60,000	
DL&PS						
	Division of Alcoholic Beverage Control	Billboard/Calendar Initiative	Middle school students design messages on the dangers of underage drinking	\$25,000		\$25,000

STATE GOVERNMENT COMPONENT
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 PREVENTION SERVICES MATRIX

2009

		Radio Public Service Announcement	Middle school students create a 30 sec radio PSA	\$20,000		\$20,000
		Cops in Shops	Undercover police officers in retail liquor establishments	\$162,500		\$162,500
		College Summit on Underage Drinking	Statewide conference	\$50,000		\$50,000
		Community based underage drinking prevention	Local collaborative effort addressing underage drinking	\$40,000		\$40,000
		LOLLANOBOOZA	Alcohol free activities and programs for college students	\$10,000		\$10,000
		Fatal Vision Goggles	Program for youth on the dangers of alcohol and its effects on perception and body control	\$26,000		\$26,000
		"Down the Shore" Public Service Announcement	Television PSA	\$15,000		\$150,000
	Division of the State Police	Employee Assistance Program	Employee Assistance Program	\$65,000	\$65,000	
	NJ Racing Commission	Racing industry program for Compulsive Gamblers	Prevention, education and treatment programs for Compulsive Gamblers	\$200,000	\$200,000	
		Random Urine Testing	Urine test program for jockeys, grooms, drivers & racing officials	\$300,000	\$300,000	
		Random Breathalyzer Testing	Breathalyzer testing for jockeys, grooms, drivers and racing officials	\$25,000	\$25,000	
	Division of Highway Safety	Over the Limit, Under Arrest	DWI Enforcement Program	\$1,876,000		\$1,876,000
		Local Law Enforcement Cooperative Effort	DWI Enforcement Program	\$37,000		\$37,000
		Breathalyzer Operator Courses	Training	\$534,838		\$534,838
		College and High School Programs	Various prevention and training programs	\$166,266		\$166,266
		Community Outreach Program	Hispanic community outreach for teens using Spanish PSAs	\$87,000		\$87,000
		Drunk Driving Enforcement Fund	Funds distributed to law enforcement agencies	\$4,100,000	\$4,100,000	
	Juvenile Justice Commission	Fatal Vision Goggles	Education on the experience and consequences of being under the influence while driving	\$13,000		\$13,000
DMVA						
	NJ National Guard	Red Ribbon Campaign	Public awareness initiative on drug abuse	\$65,000		\$65,000
		Youth Camps	Alternative Activity	\$50,000		\$50,000
		Drug Awareness Education	Providing education to students in grades 5 - 12	\$140,000		\$140,000
		Stay on Track	Middle school curriculum	\$150,000		\$150,000
			TOTAL	\$42,891,608	\$15,478,330	\$27,058,278

State Government Component
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Intervention Services Matrix
 2009

Department	Division	Program	Services	Total Funding	State	Federal
DCF						
	Division of Youth and Family Services	Child Protection Substance Abuse Initiative	Assessment, screening, referrals, case management and support services to parents suspected of substance abuse	\$9,100,000	\$8,404,887	\$526,303
DCA						
	Division of Housing and Community Resources	Atlantic Human Resources	Information and referral services to low-income clients and at-risk youth prevention programs	\$138,908		\$138,908
		Bergen County Community Action Program	Information and referral services to low-income clients in need of alcohol/drug abuse assistance	\$106,077		\$106,077
		Burlington County Community CAP	Information and referral services to low-income clients and at-risk youth prevention programs	\$23,724		\$23,724
		Camden County Office of Economic Opportunity	Information and referral services to low-income clients and at-risk youth prevention programs	\$102,802		\$102,802
		County of Essex	Information and referral services to low-income clients and at-risk youth prevention programs	\$132,550		\$132,550
		County of Union	Information and referral services to low-income clients in need of alcohol/drug abuse assistance	\$106,949		\$106,949
		Jersey City, Inc.	Information and referral services to low-income clients and at-risk youth prevention programs	\$226,600		\$226,600
		Comite De Apoyo A Los Trabajadores Agricolas	Offers substance abuse information and referrals	\$1,670		\$1,670
		NJ Association on Corrections	Information and referral services for ex-offenders	\$56,123		\$56,123
		NORWESCAP	Information and referral services to low income clietns	\$100,000		\$100,000
		City of Plainfield	Information and referral services to low income clietns	\$33,016		\$33,016
		Somerset, Inc.	Information and referral services to low-income clients and at-risk youth prevention programs	\$6,322		\$6,322
		Tri-County Action Corp., Inc.	Information and referral services to low-income clients and at-risk youth prevention programs	\$25,000		\$25,000
		United Community Corp., Inc.	After school and summer youth prevention programs for Newark	\$339,965		\$339,965

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State Government Component
Intervention Services Matrix
2009

	Center for Hispanic Policy Research and Development	No Hudson Community Action Corp. Immigration and Naturalization Program	Provide specific assistance to area residents to facilitate access to social services and/or maintain eligibility	\$89,000	\$89,000	
Department	Division	Program	Services	Total Funding	State	Federal
		CURA - Youth Readiness Program	Job training for Hispanic adolescents	\$75,000	\$75,000	
		Shelter Support Program	Assist local government and non-profit orgs in providing safe and sanitary shelters and transitional housing for the homeless	\$1,597,998		\$1,597,998
DOC						
	Division of Programs and Community Services - Office of Drug Programs	Living in Balance	Alternative substance abuse awareness and education program			
		Project Inside	Substance Abuse Education Awareness and Information	\$3,000		
		Engaging the Families	Parenting and Substance Abuse Initiative	\$394,000		
		Community Based Relapse Prevention	Relapse prevention, assessment and referral			
DOE						
	Division of Student Services	Intervention and Referral Services Initiative	Supports implementation of intervention and referral regulations	\$125,000		\$125,000
		Intervention and Referral Services Data Collection Project	Data collection project	\$75,000		\$75,000
		Random Testing	Voluntary policy for random testing of student alcohol or other drug use			
		Unsafe School Choice Option Policy	Policy to allow students to transfer out of dangerous schools			
DHSS						
	Division of Epidemiology, Environmental and Occupational Health Services	TB Intervention	Provides materials to alcohol and drug abuse treatment centers for tuberculin skin testing			
	Division of Family Health Services - CTCP	TASE	Tobacco Age of Sale Enforcement Program	\$500,000	\$500,000	

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State Government Component
Intervention Services Matrix
2009

DHS						
	Division of Addiction Services	Addiction Hotline	Information and Referral	\$195,000		
Department	Division	Program	Services	Total Funding	State	Federal
	Division of Medical Assistance and Health Services	Managed Care	HMO for clients of the Division of Developmental Disabilities			
	Office for Prevention of mental Retardation and Developmental Disabilities	Fetal Alcohol Spectrum Disorders	Educate the community about prenatal exposure to alcohol, drugs and nicotine	\$200,000	\$200,000	
		Fetal Alcohol Spectrum Disorders Task Force	Interagency body responsible for developing plan to educate and prevent perinatal addictions	\$60,000	\$60,000	
DL&PS						
	Division of the State Police	Employee Assistance Program	Information and Referral	\$65,000	\$65,000	
			TOTAL	\$13,878,704	\$9,393,887	3,724,007

STATE GOVERNMENT COMPONENT

TREATMENT SERVICES MATRIX

2009

Department	Division	Program	Services	Total Funding	State	Federal
AOC						
	Criminal Practice Division	Adult Criminal Drug Court	Treatment for eligible offenders	\$13,200,000	\$13,200,000	
		Juvenile Drug Court	Diversion for juvenile offenders with drug-dependency.			
		Family Drug Court	For parents with drug dependency and involved in child abuse and neglect cases.			
		TASC	Treatment Assessment Services for the Court.			
DCF						
	Division of Youth and Family Services	Child Welfare Reform Plan	Adolescent Treatment	\$3,014,000	\$3,014,000	
		Child Welfare Reform Plan	Parents with Children Initiative	\$8,900,000	\$8,900,000	
		AHS Hospital Corporation	Assessments and urinalysis for Morris Co families under DYFS supervision.	\$793,014	\$793,014	
		Hunterdon Prevention Resources	Assessments and testing for Hunterdon Co families under DYFS supervision.	\$396,000	\$396,000	
		Trinitas Hospital	Assessments and case management for Union Co families under DYFS supervision	\$56,848	\$56,848	
		New Hope Foundation	Inpatient adolescent treatment.	\$573,100	\$573,100	
		Cape Counseling Services	Adolescent Outpatient Trt	\$9,118	\$9,118	
		Recovery Services - Lighthouse	Adolescent Residential Trt	\$3,234,215	\$3,234,215	

STATE GOVERNMENT COMPONENT

TREATMENT SERVICES MATRIX

2009

		Cumberland County Treatment	Outpatient Adult Trt	\$88,558	\$73,663	match 14925
		Vineland Treatment Center	Residential Adolescent Trt	\$16,000	\$16,000	
		S.O.D.A.T.	Outpatient Adolescent Trt	\$34,366	\$34,366	
		Options Counseling Center	Outpatient Adolescent Trt	\$116,705	\$116,705	
		Community YMCA	Outpatient Treatment	\$4,109	\$4,109	
		Seashore Family Service of NJ	Outpatient Trt for adults and adolescents	\$98,246	\$98,246	
		Mercer Street Friends	Reunification support and parenting education.	\$75,085	\$75,085	
		Ocean Mental Health Services	Outpatient substance abuse and mental health trt for families.	open purchase agreement		
		Saint Francis Community Center	Counseling for recovering substance abusers and parenting groups.	\$26,981	\$26,981	
		Family Guidance Center of Warren	Outpatient assessments, referrals, education and counseling services.	\$1,748	\$1,748	
		New Brunswick Counseling Center	Assessments, counseling, drug screening and evaluations.	\$21,281	\$21,281	
		Catholic Charities - Mercer	Drug screening, referrals and counseling.	\$31,344	\$31,344	
DOC						
	Division of Programs and Community Services - Office of Drug Programs	In-Prison Therapeutic Community	Prison based long term treatment	\$5,100,000		
		Living in Balance	Alternative substance abuse awareness and education program			

STATE GOVERNMENT COMPONENT

TREATMENT SERVICES MATRIX

2009

		Mutual Agreement Program	Cooperative agreement with Dept of Human Services providing community based residential treatment at four facilities	\$1,000,000	\$1,000,000	
		Community-Based Halfway House Program	Residential community release programs providing substance abuse, employment and/or educational services	\$25,000,000	\$25,000,000	
		Community-Based Halfway Assessment Centers	Program for offenders who meet requirements for community release	\$21,000,000	\$21,000,000	
		Project Inside	Substance Abuse Education Awareness and Information	\$3,000		
		Engaging the Families	Parenting and Substance Abuse Initiative	\$394,000		
		Community Based Relapse Prevention	Relapse prevention, assessment and referral			
DHS						
	Div of Addiction Services (DAS)	Drug Court	Treatment services for drug court clients.	\$24,482,000		
		MAP	Treatment services for prisoners and parolees.	\$4,423,000	\$4,423,000	
		Juvenile Justice Trt Initiative	Residential Treatment	\$1,948,000	\$1,948,000	
		Substance Abuse Treatment	Treatment Services General Population.	\$43,894,000		
		Needle Exchange Initiative	For individuals involved in the Needle Exchange Program.	\$10,000,000	\$10,000,000	

STATE GOVERNMENT COMPONENT

TREATMENT SERVICES MATRIX

2009

		Group Recovery Home Loan	Statewide network of peer-led recovery homes	\$158,000		\$158,000
		County Comprehensive Services	County Identified Need	\$16,241,000	\$16,241,000	
		Child Welfare & Adolescent Trt	Treatment for DYFS adolescents	\$3,256,000	\$3,256,000	
		Adolescent Treatment Services	Res and Intensive Partial Care Treatment for adolescents	\$8,965,000		
		Pregnant Women/w Dep Child	Trt services for Preg Women and Women w/ Dep Children	\$9,112,000		\$9,112,000
		Child Welfare/Women w Children	Trt Services for DYFS women and children	\$6,663,000	\$6,663,000	
		Child Welfare/Fathers w Children	Trt Services DYFS fathers and children	\$957,000	\$957,000	
		Services for Deaf and Disabled	Services for the deaf, hard of hearing and disabled	\$214,000		
		South Jersey Initiative	Adolescents from 8 southern counties	\$3,813,000	\$3,813,000	
		HIV/AIDS Services	EIS and HIV Specialist positions at 17 trt providers	\$2,347,000		\$2,347,000
		DUI Initiative	Indigent residents convicted of drunk driving	\$7,500,000	\$7,500,000	
	Co-Occurring Services Joint Services	Detox Initiative	Persons referred by DMHS screening centers	\$1,061,004	\$1,061,004	
		Residential Treatment	Ancora and Trenton Psych referrals	\$190,123	\$190,123	
		Co-Occurring Services Network	Enhanced trt provider network	\$1,300,000		

STATE GOVERNMENT COMPONENT

TREATMENT SERVICES MATRIX

2009

	Div of Family Development	Work First SAI	Substance Abuse Services for TANF and GA clients	\$33,132,000		
DL&PS						
	NJ Racing Commission	Backstretch Benevolent Fund	On-site counseling.	variable		
	Division of Criminal Justice	RSAT for Youthful State Prisoners	Residential Treatment	\$100,503	\$25,126	\$75,377
		RSAT Cumberland County	Local Jail Based Residential Treatment	\$58,271	\$14,568	\$43,703
	Juvenile Justice Commission (JJC)	D.O.V.E.S.	Adolescent Residential Trt	\$91,604	\$22,901	\$68,703
		Juvenile Accountability Block Grant (JABG)	Funds to develop programs for substance abuse.	\$200,586	\$100,614	\$99,972
		Comprehensive Assessments	Substance abuse assessments on youth entering the JJC.	\$133,417	\$133,417	
		Alpha Meta	Residential Treatment	\$325,820	\$325,820	
		MOA with Div of Addictions	Residential Treatment	\$233,816	\$233,816	
		Campus Residential Community Home (RCH)	Residential Treatment	\$1,262,000	\$1,262,000	
		Ocean RCH	Residential Treatment	\$1,151,000	\$1,151,000	
			TOTAL	\$266,400,862	\$136,997,212	\$11,904,755

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 (Treatment Assessment Services for the Courts) 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, including long term residential, short term residential, halfway houses and 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. Legislation effective 8/1/08 permitted the drug courts to expand new admissions by a third. Between July 2008 and June 2009, 1,527 offenders were sentenced to drug court. As of June 30, 2009, there were approximately 3,636 active drug court participants. Over 1,500 offenders have graduated from the program. Statewide, the male population is higher than female. Races represented in all counties include Caucasian, African-American, Hispanic, Asian and Other.

Funding Amount: \$ 13.2 Million for Judiciary Staff/Operating Expenses
\$ 24.4 Million for Drug Court Treatment
Funding Source: State of NJ, Special Purpose Funding

Family Practice Division

JUVENILE DRUG COURT

Currently, there are three Juvenile Drug Courts; they are in the Camden, Hudson, and Passaic Vicinages. Juvenile Drug Courts serve as a more effective way to deal with juvenile offenders who have drug-dependency 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.

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.

The Juvenile Drug Courts have enrolled a total of approximately 780 juvenile offenders. Over 200 have graduated from the programs and there are currently approximately 87 active participants.

Funding Source: Other

FAMILY DEPENDENCY DRUG TREATMENT COURT

There are three 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.

The Family Drug Courts have enrolled a total of approximately 100 clients. There are currently 38 enrolled in the programs and there have been 27 program graduates.

Funding source: Other

Criminal, Family and Probation 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 Counties. 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. TASC Evaluators in the Probation Division provide substance abuse assessment services to probationers in Mercer and Essex counties.

Between July 2008 and June 2009, approximately 7,500 court involved 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 Source: State of NJ

DEPARTMENT OF CHILDREN AND FAMILIES

Division of Youth and Family Services

Intervention

CHILD PROTECTION SUBSTANCE ABUSE INITIATIVE

Known as CPSAI, this program 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 or caregivers referred for substance abuse or suspected substance abuse. The population served presents an array of challenges including poverty, homelessness, mental illness and past 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 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 1, 2008-June 30, 2009 indicates that 15,656 clients were referred to the initiative by DYFS staff. Of these clients, 11,843 were assessed, 8,882 met the DSM IV criteria and 2,678 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 parents and caregivers from the DYFS safety and risk assessment interview is also used.

Funding

The program has multiple funding sources through State and Federal appropriations.

Funding Amounts and Sources:

NCCAN - \$526,303 (Federal)

Special Appropriation + \$2,404,887 Million, (State)

DFD - \$6 Million (State)

Total Funding: \$9.1 Million

Treatment

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 provides a structured recovery environment, combined with professional clinical services designed to address addiction and living skill problems for adolescents with a 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 seventy-six (176) 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.

DYFS also purchases additional residential beds on a per diem basis from two licensed programs. While contracted beds will be utilized first, DYFS is committed to purchasing on an as needed basis residential treatment services for any youth whose treatment plan identifies that this service is needed.

Funding Amount and Source: \$3.014,000 Million (State)

CHILD WELFARE REFORM PLAN/PARENTS WITH CHILDREN INITIATIVE

The Child Welfare Reform Plan/Parents with Children Initiative provided for the expansion of existing DAS substance abuse treatment services for parents 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.

Expansion of programs serving mothers, fathers and their children has been a priority. 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 who are not under DYFS supervision. All priorities include pregnant women. Treatment is family-centered and is both gender and trauma-specific. During this fiscal year, 36 IOP slots for fathers with dependent children were maintained to the overall treatment array provided to DYFS families. These slots are geographically located throughout the state where the greatest need has been identified by DYFS. 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.

In SFY 09, approximately \$1.53 million additional dollars were awarded in an RFP from DCF/DYFS through the Department of Human Services, Division of Addiction Services (DAS), for expansion of Child Welfare substance abuse slots for adolescents and adults. The awards included eight (8) intensive outpatient slots with a housing and case management/wraparound component for women and their dependent children ranging from birth through age twelve; nineteen (19) IOP slots for adolescents and seventeen (17) adolescent female long-term residential beds.

Funding Amount and Source: \$8.9 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: \$793,014 (State)

HUNTERDON PREVENTION RESOURCES

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

Funding Amount and Source: \$396,000 (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: \$56,848 (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 DYFS supervision.

Funding Amount and Source: \$ 573,100 (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: \$9,118 (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: \$3, 234,215 (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: \$73,633 (State) \$14,925 (Match) = \$88,558

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 Ewing 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: \$34,366 (State)

OPTIONS COUNSELING CENTER

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

Funding Amount and Source: \$116,705 (State)

EPIPHANY 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: Contract not renewed by 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: \$4,109 (State)

COUNSELING AND REFERRAL SERVICES, INC/Seashore Family Service of NJ

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: \$98,246 (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: \$75,085 (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: Open Purchase Agreement (State)

SAINT FRANCIS COMMUNITY CENTER

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

Funding Amount and Source: \$26,981 (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: \$1,748 (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: 21,281 (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: \$31,344 (State)

Division of Prevention and Community Partnerships

2nd Floor New Jersey's Youth Helpline

The 2NDFLOOR New Jersey Youth Helpline is designed to provide universal, toll-free, confidential telephone assistance to address the social and health needs of New Jersey's youth and young adult (ages 10-24) population. The overall goal is to promote healthy youth development by offering immediate interactive, respectful helpline services with linkage to appropriate information and resources. Since its statewide launch in September 2008, the helpline has received over 168,000 calls. Through continued outreach, collaboration, refinement of data collection and implementation of performance-based outcomes, 2NDFLOOR New Jersey Youth Helpline will help provide an increasing number of youth and young adults with the information and support they need to live healthier, safer, and drug-free lives.

Funding Amount and Source: \$626,000 (State)

Outreach to At-Risk Youth

As part of the Governor's crime prevention plan DCF funded the Outreach to At-Risk Program (OTARY) in October of 2007. The goals of OTARY included expanding adolescent programming in communities which have demonstrated high crime and gang violence; deterring gang violence in these communities; and partnering with law enforcement, community based organizations, or other youth serving entities to affect gang violence. Program design emphasis focused on utilizing nationally recognized models of positive youth development. Programs identifying as implementing positive youth development often include services that: prevent teen pregnancy, deter gang involvement, improve a youth's ability to enroll in college, offer street outreach services to gang involved or homeless youth, support youth to lead healthier and drug-free lives, and provide services assisting youth in the transition into adulthood.

Funding Amount and Source: \$1,100,000 (State) and \$1,000,000 (Federal-TANF)

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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' 08 funding levels provided through the Community Service Block Grant (CSBG) program administered by the Division.

(The Department of Community Affairs submitted detailed information on the programs listed in their submission, which we believe is very useful. We have attached that material to the end of State Government Component.)

Intervention and Referral Information

Division of Housing and 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. The agency also provides a number of youth programs for after-school, summer and focused directly on at-risk youth in attempt to dissuade this population from becoming involved with drugs and alcohol.

Service Information: The clients served were from Atlantic and Cape May Counties

Funding Amount: \$138,908

Funding Source: Federal

BERGEN COUNTY COMMUNITY ACTION PROGRAM

Among other services, this agency provides services to low-income clients in need of alcohol/drug assistance, counseling, treatment and education. In addition 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

Service Information: The clients served were from Bergen County.

Funding Amount: \$106,077

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. In addition 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 also provides a number of youth programs for after-school, summer in attempt to dissuade this population from becoming involved with drugs and alcohol.

Service Information: The clients served were from Burlington County

Funding Amount: \$23,724

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 also provides a number of youth programs for after-school and summer in an attempt to dissuade this population from becoming involved with drugs and alcohol The agency provides transitional housing and employment training programs to women who have been involved with drugs and alcohol.

Service Information: The clients served were from Camden County.

Funding Amount: \$102,802

Funding Source: Federal

COUNTY OF ESSEX

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 also provides a number of youth programs for after-school, summer and youth at-risk in an attempt to dissuade this population from becoming involved with drugs and alcohol

Service Information:The clients served were from Essex County.

Funding Amount: \$132,550

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. This agency also supports substance abuse programs for low-income clients in need of alcohol/drug assistance, counseling, treatment and education.

Service Information: The clients served are from Union County not including the City of Plainfield.

Funding Amount: \$106,949

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. This agency also supports substance abuse programs for low-income clients in need of alcohol/drug assistance, counseling, treatment and education. The agency recognizes the importance of youth programs and provides a number of after-school and summer in an attempt to dissuade this population from becoming involved with drugs and alcohol

Service Information: The clients served were from the municipality of Jersey City in Hudson County.

Funding Amount: \$226,600

Funding Source: Federal

COMITE DE APOYO A LOS TRABAJADORES AGRICOLAS

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

Service Information: The clients served were farm workers or their families living in the southern counties, Atlantic, Burlington, Camden, Cumberland, Gloucester and Salem.

Funding Amount: \$1,670

Funding Source: Federal

NEW JERSEY ASSOCIATION ON CORRECTIONS

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. This agency also supports substance abuse programs for low-income clients in need of alcohol/drug assistance, counseling, treatment and education.

Service Information: The clients served were ex-offenders or their families living in Middlesex County.

Funding Amount: \$56,123

Funding Source: Federal

NORWESCAP

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.

Service Information: The clients served were from Hunterdon, Morris, Sussex and Warren Counties.

Funding Amount: \$100,000

Funding Source: Federal

CITY OF PLAINFIELD

Among other services, this agency provides information and referral services to low-income clients in need of alcohol/drug assistance, counseling, treatment and education. In addition 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.

Service Information:The clients served were from the municipality of the City of Plainfield in Union County.

Funding Amount: \$33,016

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. This agency also supports substance abuse programs for low-income clients in need of alcohol/drug assistance, counseling, treatment and education. The agency recognizes the importance of youth programs and provides after-school and summer in an attempt to dissuade this population from becoming involved with drugs and alcohol

Service Information:The clients served were from Somerset County.

Funding Amount: \$6,322

Funding Source: Federal

TRI-COUNTY ACTION CORPORATION, INC.

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 also provides a number of youth programs for after-school and summer in an attempt to dissuade this population from becoming involved with drugs and alcohol.

Service Information: The clients served were from Cumberland, Gloucester and Salem Counties.

Funding Amount: \$25,000

Funding Source: Federal

UNITED COMMUNITY CORPORATION, INC.

The agency recognizes the importance of youth programs and provides a number of after-school and summer in an attempt to dissuade this population from becoming involved with drugs and alcohol

Service Information: The clients served were from the municipality of the City of Newark in Essex County.

Funding Amount: \$339,965

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: \$89,000

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: Twenty-five 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: \$75,000

Funding Source: State

Shelter Support Program

1.What/Why: What is the program and why does it exist? The purpose of the Shelter Support Program is to assist units of local government and non-profit organizations to provide safe and sanitary shelters and transitional housing for the homeless. The program is committed to projects that create new beds, correct code violations and improve safety and living conditions for the residents. Project activities that involve major rehabilitation and renovation of emergency shelters and transitional housing are eligible for funding. Project activities that include new construction and acquisition of buildings for use as transitional housing are also eligible for funds. In the effort to improve the quality of life for shelter's residents the program provides funds for operating costs which include purchasing furniture, equipment and new vans.

2.Who: Who does the program serve? The program serves homeless individuals, families, youth between 18-21, and specialized population such as the mentally ill, victims of domestic violence, veterans, persons with HIV/AIDS, individuals leaving jail or prison and those with alcohol/substance abuse.

3.What geographic area does the program serve? Statewide

4.Budgetary Information '09:

Federal Allocation -	\$1,597,998
Administrative costs -	\$72,204
Total Federal Funds Used for '09 Grants -	\$1,526,088
State Allocation -	\$1,526,088

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.

Current/Future Plans: The following plan represents substance abuse programs offered by the New Jersey Department of Corrections on an on-going basis. Therefore, plans are to increase and/or augment the same when and where financially feasible and programmatically appropriate.

Treatment Information

Division of Programs and Community Services

OFFICE OF DRUG PROGRAMS

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

In the Therapeutic Community (TC) model, substance abuse/ dependence is viewed as a disorder of the whole person, one that necessitates extensive changes in lifestyle and self-identity to overcome the negative affect of chemical dependency. The treatment is designed to equip the resident with requisite coping skills and techniques 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 (TC) program. However, in some situations a resident may require a longer stay depending on their rate of treatment progress as well as other relevant factors with respect to their capacity to remain void of substances upon societal reintegration. Institutional matriculation is the first phase of the substance use disorder treatment continuum.

Service Information: This program serves incarcerated individuals who have been identified as having a substance use disorder. Recommendations for treatment placement are made based on a number of factors inclusive of (1) assessment of the offender's level of drug/alcohol abuse, (2) treatment need, (3) criminal history, and (4) other key elements that contributed to the offender's criminal deviance that led to substance abusing behavior. Offenders with the most severe addiction issues that meet the Department's treatment eligibility criteria are referred to one of the prison-based Therapeutic Community (TC) Programs.

The New Jersey Department of Corrections (NJDOC) allocates a total of 1,356 beds (1,296 male, 60 female), distributed among ten (10) programs located in six (6) correctional institutions. Five hundred four (504) allocated beds service the youth population who are between the ages of 18 to 26 years, and the remaining eight hundred

and fifty-two (852) beds service the population aged 26 and above, inclusive of the female population. Additionally, these treatment services are delivered in the following counties: Burlington, Cumberland, Essex, Hunterdon and Mercer.

Outcome Measures - outcome data is collected and reported as needed and/requested. The Office of Drug Programs receives daily and monthly bed fill statistics from the several programs and monitors bed-vacancies regularly. The complete Addiction Severity Index (ASI) assessment is administered to all residents admitted to the program at the institutional level, and random inmate urinalyses are conducted throughout the program experience. A part of this random selection includes testing of residents upon entry to and exit from program treatment. Residents receive a minimum of twenty (20) hours of treatment per week of hands on treatment during their tenure in the therapeutic community.

The NJDOC continues to engage in a formal outcome study of Therapeutic Community participation in collaboration with Rutgers, the State University of New Jersey.

The average length of time an inmate is placed on the waiting list(s) varies from institution to institution and is contingent upon the rapidity of inmate matriculation. However, conservatively it is less than six months.

Funding Amount: \$5.100 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 Living In Balance (LIB) program is a research-based program designed as a practical instructional system for conducting sessions on drugs and the disease of addiction from an educational perspective with individuals who abuse or are addicted to alcohol and other drugs of abuse. The LIB Component serves as an alternative to the traditional Therapeutic Community (TC) concept and is designed to provide addiction education and relapse prevention techniques that address the disease of addiction and further supports the recovery process. Specifically, LIB targets that segment of the inmate population determined to be ineligible for TC treatment placement based on the department's established criteria.

The Living in Balance program is delivered through a variety of interactive client worksheets in which each client worksheet constitutes a living in balance program session. The programmatic design is structured in a manner that requires the reading and subsequent retaining of information that is evidenced via written exercises geared toward retention and reinforcement of education, skills, techniques and preventive measures.

The LIB schematic structure is divided into twelve (12) core client worksheet sets, representing twelve (12) core client sessions. These sessions encompass basic addiction

terminology, substances of abuse, triggers and relapse prevention techniques, the correlation between sex and substances of abuse, as well as emotional components associated with addiction and recovery. Also, there are twenty-one (21) supplemental components that focus on self-help and twelve-step program facilitation, stress reduction techniques, social and family issues, compulsive sexual behaviors, grief and loss, as well as other topics that impact and/or influence abusive or relapse behavior. Upon completion of the LIB Program, participants are issued a certificate program completion, and a centralized file is maintained of all participants completing the program. The pilot program was implemented at Northern State Prison in Newark, New Jersey and currently is on-going at Bayside State Prison, the Central Reception and Assignment Facility (CRAF), East Jersey State Prison, Edna Mahan Correctional Facility for Women, Mid State Correctional Facility, and New Jersey State Prison.

Plans are to implement the LIB program throughout our correctional institutions to the inmate population identified as having a substance use disorder, but are ineligible for the traditional therapeutic community construct. Additionally, it is critically important to implement this program at those institutions that do not house a therapeutic community or offer any other type of substance abuse programming. The LIB program is a unique means that can be offered to those offenders found guilty of violating the Department's zero-tolerance policy. To this end, the LIB Program has a strong message regarding relapse education and prevention and as such will afford this category of inmate the opportunity to address their drug behavior and subsequent criminal lifestyles.

The duration of the LIB Program is twelve weeks and the waiting list varies based on inmate application and time eligibility.

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) is a formal cooperative agreement between the New Jersey Department of Corrections (NJDOC) and the Department of Human Services (DHS) that offers substance abuse services via state-licensed, residential community-based agencies throughout New Jersey for inmates assigned to the same. Currently, the Mutual Agreement Program contracts with four (4) community-based substance abuse treatment facilities.

In order to receive inmates for treatment placement under the the Mutual Agreement Program, these agencies must hold the requisite licensure granted by the Department of Human Services and must comply with the conditions established by the New Jersey Department of Corrections and the Department of Human Services.

Service Information: Inmates who participate in MAP must be approved for community release by meeting departmental requirements as follows: be in full minimum custody status, obtain medical and psychological clearance and cannot have any non-

permissible warrants, detainers or open charges. Additionally, MAP placements are usually of six month duration, and upon completion further treatment is provided in a residential halfway house facility or the inmate is paroled.

Conceivably, the predominant MAP client- population is male; however, females from the women's institution are also eligible for participation. MAP contract agencies are located in Essex, Mercer and Passaic counties. Program duration is 180 days/6 months. Current total bed capacity is forty (40).

Outcome Measures - the Department will examine the effectiveness of all Mutual Agreement Programs by data collection indicators such as recidivism, relapse and employment of program graduates. Program evaluation and assessment of activities to ascertain adherence to stated policies as well as the accomplishment of goals is facilitated through the submittal of required reports received from the contract agency.

Funding Amount: \$1 million

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 2,720 beds in 24 residential community release programs throughout the State. Many of these programs provide substance abuse awareness and relapse prevention services, while others provide employment and/or educational services. These programs espouse a structure of strict discipline while designed to focus on preparing the offender to re-enter society. Of necessity, they are closely supervised so as to assure the highest levels of security and accountability by and for the offender population.

Service Information: Candidates eligible for participation in Residential Community Programs-Halfway House and substance abuse support facilities are inmates who are approved for community release and have successfully completed the assessment process. Additionally, they must be of full minimum custody status, have medical clearance, receive a favorable psychological evaluation, satisfactory institutional adjustment, and have less than 18 months remaining toward the completion of their maximum sentence or parole eligibility. 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 continuum step-down as well as Assessment Center exposure.

The population served is predominantly male (2,401 male, 319 female for a total complement of 2,720 beds). The average program duration is approximately seven (7) months. The programs are located in Burlington, Camden, Essex, Hudson, Hunterdon, Mercer, Middlesex, Passaic and Union counties.

Outcome Measures - the Office of Drug Programs, in consort with other relevant Departmental offices, develops appropriate training for facility staff on an ongoing/as needed basis in areas of drug/alcohol treatment, inmate accountability and urine monitoring. To this end, an examination of the effectiveness of Halfway House programs is conducted via a number of mechanisms. Most significant to the measurement of program effectiveness is data collection with respect to recidivism, relapse and employment of program graduates. In addition, on-site program observation and monitoring is on-going in order to assure programmatic compliance as mandated by Department of Corrections' policies and procedures, rules and regulations.

The number of inmates on the waiting list varies from month to month based on the classification process, but is minimal.

Funding Amount: \$25 million

Funding Source: State of New Jersey

NJ DEPARTMENT OF CORRECTIONS COMMUNITY BASED PROGRAMS - ASSESSEMENT CENTERS

All male and female inmates, once approved for community release, must matriculate through the Assessment Center prior to assignment to a Halfway House. These Centers conduct a comprehensive battery of risk/ need assessments to determine community readiness, community placement, and to substantiate continued substance use disorder treatment needs or support services initially identified by prison-based treatment professionals. In the furtherance of service-need identification, the centers also administer various tests and/or evaluations to ascertain offender social service needs (education, employment, housing and medical).

Service Information: The offender must meet the requirements for community release as established by the Department of Corrections in order to move from the institution to the Assessment Center. These requirements are consistent with and the same as those required for halfway house consideration. For those inmates identified as having a significant substance use disorder, this assignment designed to build on the prison-based Therapeutic Community continuum experience so as to further prepare the offender for community reintegration, represents the second phase of substance use disorder continuum.

This program serves 722 males and 77 females (capacity) from two locations and the duration is one (1) to three (3) months. Inmates who remain less than three months are usually those who are paroled prior to the three month completion requirement.

Outcome Measures - the Department is planning to examine the effectiveness of both Assessment Centers by reviewing indicators such as recidivism, relapse and employment of program graduates. In addition, an ongoing assessment will be conducted through the review of required programmatic reports submitted by the contract vendor to determine whether stated goals are accomplished.

The number of inmates on the waiting list varies from month to month based on the classification process, but is minimal.

Funding Amount: \$21 million

Funding Source: State of New Jersey

NEW JERSEY DEPARTMENT OF CORRECTIONS ALTERNATIVE PROGRAMMING SUBSTANCE ABUSE AWARENESS AND EDUCATION PROGRAM -

PROJECT INSIDE - SUBSTANCE ABUSE EDUCATION AWARENESS AND INFORMATION INITIATIVE

The Project Inside Substance Abuse Education Awareness and Information Initiative is a collaborative between the Offices of Drug Programs and Educational Services. It is a college-level program that specifically targets offenders twenty six years (26 yrs.)* of age and under. The pilot was implemented in January, 2007 at the Garden State Youth Correctional Facility. It is a college level program that is structured into three components as follows: Component I Addiction - Identification and Definition; Component II - Commonly Used Street Drugs (especially those prevalent in New Jersey); Component III - Drugs and the Brain. This is a thirty-six hour presentation of six week duration, two hours (2 hrs.) per week, twelve hours (12 hrs.) of independent study and homework assignments, and twelve hours of Journal documentation.

*Effective January 2010 the age of acceptance into the Project Inside Program will change from 26 years and under to 18 - 35 years of age.

Service Information: The program is geared toward the youthful offender (26 years and under) enrolled in the Project Inside College Program. Moreover, it is designed to provide preventive education and information so as to circumvent future drug involvement whether usage or sales that further gravitates into criminality.

Upon completion of the program, the inmate is presented a Certificate of Completion. The goal of this initiative is to impart research-based educational information with respect to the negative affects of drugs and addiction to the youthful offender so as to plant preventive concepts that might attenuate any future substance abusing behavior that leads to criminal behavior. Additionally, it is the aim of the Office of Drug Programs to provide a diversity of programming for inmates who do not meet criteria for the traditional therapeutic community constructs. In this regard, the Substance Abuse Education Awareness and Information Initiative is viewed as beneficial toward institutional/community release requirements of program participation. It is also an alternative method of offering preventive education to those offenders found guilty of violating the Department's zero-tolerance policy. The Substance Abuse Education Awareness and Information Initiative is on-going at Garden State and Albert C. Wagner Youth Correctional Facilities.

Outcome Measures - the Office of Drug Programs is maintaining a current list of program completions for follow-up comparative analysis as these inmates are released to determine the existence of recidivism.

At this juncture there is no waiting list as inmates are selected based on their matriculation in the Project Inside College level program.

Funding Amount: \$3,000 and operating with existing staff resources

Funding Source: Federal and State of New Jersey Resources

ENGAGING THE FAMILIES - (Parenting and Substance Abuse Initiative)

The New Jersey Department of Corrections was one of a few states selected by the U.S. Department of Health and Human Services' to participate in a pilot that seeks to promote healthy marriages and responsible fatherhood. Hence, the grant awarded will support the project entitled "Engaging the Family in the Recovery Process - An Innovative Approach for the Max-Out Offender." The program focuses on underserved population, specifically those who will max-out (complete their sentence) while still incarcerated. This initial pilot construct was designed to reconnect and strengthen families upon the offender's reintegration into society.

Service Information: The program is designed to engage the spouse and/or children of offenders in dialogue and activities geared toward ending the criminal and subsequent addictive lifestyle of the offender and their loved ones. The overall goal of the program are threefold: (1) to strengthen marriage and family relationships of the incarcerated offender, (2) enhance the well-being of children of incarcerated fathers and (3) motivate and prepare incarcerated fathers to maintain a lifestyle abstinent of drugs so as to attenuate further gravitation toward criminality. To this end, case managers will develop treatment goals and a treatment plan with the offender prior to release.

The uniqueness of this initiative is centered on integrating the constructs of drug treatment, specifically the Living in the Balance Program (LIB) into parenting workshops. Utilizing research-based education and information, the offender and family is exposed to a reinforcement of parenting skills, knowledge and techniques geared toward strengthening the family bond. This exposure culminates with the case manager establishing specific links to social and drug treatment services in preparation for release. Additionally, the case manager will continue to be a resource to the ex-offender and the family upon societal reintegration as it relates to referral and networking resources.

Outcome Measures - As part of the grant, the N.J.D.O.C. has contracted with the College of New Jersey to conduct process and outcome evaluations. The New Jersey project was also selected to be part of a national outcome evaluation. To this end, the Office of Drug Programs will maintain requisite data with respect to those offenders participating in the program, completing the programs and co-relate this information with those who recidivate. Additionally, ODP will work in consort with relevant agencies both internal and external to the Department, to ascertain the offender's success as it relates to maintaining family ties as well as to abstain from subsequent drug involvement.

The Engaging the Family Program has been in existence three years operating under a five year grant allocation. Upon entering its fourth year the program is ongoing at four institutional sites, Northern State Prison, Southwoods State Prison, Garden State Youth Correctional Facility and Mid State Correctional Facility. The current program duration consists of six month cycles. However, four month cycles are being considered as this would allow for the implementation of more programs and thereby allowing the same to a larger complement of inmate-participants and their families.

Recruitment of program participants is on-going, and as such a waiting list is maintained. While many of the inmates seeking to participate in the program are not time eligible (must be within six months of maxing out); they are added into the program as they meet eligibility criteria

Funding Amount: \$394, 000

Funding Source: Federal and State of New Jersey Resources

Community Based Relapse Prevention

Service Information: The Relapse Prevention Program is designed for inmates returned from community-based agencies for the use of drugs and/or violation of Departmental rules and regulations with respect to drug involvement. The Program affords inmates the opportunity to address issues of relapse and/or continue in the recovery path. To this end, the program seeks to impart skills and tools so as to empower them to recognize triggers that lead to use.

Although, the program is facilitated under the auspices of the C4 Committee, and managed by the Office of Drug Programs, the physical location and subsequent operation is carried out in the Assessment Centers. The C4 Committee interviews inmates returned from Community-based facilities for drug-related offenses. This Committee further determines the appropriate reassignment based on the offense that occasioned the return consistent with their current custody level. A representative from the Office of Drug Programs is present to assure that inmates returned from drug-related offenses (i.e., 204a, 552a or zero-tolerance) are referred to the Relapse Prevention Program at the Assessment Center. There are two Assessment Centers used by the Department - Talbot Hall and Bo Robinson. The female inmates are assigned to Bo Robinson, and the male inmates are assigned to both.

There is no waiting list since inmates are referred to the Relapse Prevention Program upon being seen by the C4 Committee and meet custody requirements for matriculation in the community.

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

Funding Sources: 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 (Title IV-A of the No Child Left Behind Act), a total of \$5.5 million dollars was provided through the New Jersey Department of Education (NJDOE) to local school districts for this purpose in 2008-2009. While the NJDOE was able to leverage carry-forward funds for a 7% increase in the total amount provided to LEAs in 2007-2008, the Federal allocation represented a 36% reduction in Federal funding provided under the SDFSCA for the 2006-2007 school years and a 43% reduction from the allocation in the 2003-2004 school years. This funding decrease dramatically reduced the fiscal resources available to schools and the NJDOE for responding to substance abuse and other school safety and security needs.

Funding for the SDFSCA program is proposed for elimination in the 2010-2011 school year. The elimination of Federal SDFSCA funds will severely compromise the capacity of school districts to plan and deliver comprehensive substance abuse prevention programs, services and activities.

Since 1987, the SDFSCA has been the NJDOE's sole source of funding dedicated to 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 these formula 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 1,048,807 (458,316 ages 12 and under and 590,491 between 13 and 19 years of age), in 21 counties*.

*Indicates services provided in FY08. All Nonpublic students (111,848) reported in category "ages 12 and under."

Funding Amount: \$5,520,628 (includes \$356,748 in Carry Forward Funds)

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 participating high schools and student bullying, harassment and intimidation in 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, initiated in the 2005-2006 school year, provided a fourth year of services in the in the 2008-2009 school year.

Service Information: In the 2008-2009 school year, 6 high schools and 7 middle schools, representing all three regions (i.e., north, central, south) of the state and diverse settings (i.e., urban, suburban, rural), received services and participated in the Social Norms Project. All schools will benefit from the dissemination of project findings at the conclusion of the project.

Funding Amount: \$250,000

Funding Source: Federal

DEVELOPING SAFE AND CIVIL SCHOOLS: A COORDINATED APPROACH FOR SOCIAL-EMOTIONAL AND CHARACTER DEVELOPMENT

Reports of the research literature document 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.

Participating school districts and schools received assistance in selecting, developing and implementing projects based on findings derived from a needs assessment. The intent is to reduce at-risk student behavior, develop positive learning climates and improve academic performance among students in participating schools. The project was initiated in the 2005-2006 school year and continued through the 2008-2009 school year.

Service Information: The target population was all school districts, but priority was given to schools identified for corrective or other action through the NJDOE's Collaborative Assessment for Planning and Achievement (CAPA) because the findings from the CAPA process indicate applicable educational vulnerabilities. By 2008-2009, working relationships had been established among 204 participating school districts and their school staff, experts from the national Collaborative for Academic Social and Emotional Learning and New Jersey experts with demonstrated experience in creating well-coordinated and effective SEL conditions in schools to support project initiatives.

Funding Amount: \$369,422 (September 1, 2008 through June 30, 2009)

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 Unsafe School Choice Option (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 USCO Policy. The project was initiated in the 2005-2006 school year and continued through the 2008-2009 school year.

The project reviewed all school districts harassment, intimidation and bullying policies in 2008-2009. Training and technical assistance to school district staff on compliance with statutes and regulations and best practices was initiated in 2009.

Service Information: All school districts and nonpublic schools that accepted or benefited from Title IV-A funds and schools identified under the USCO Policy as either persistently dangerous or in early warning status and NJDOE staff who provided support to schools for Title IV-A and the USCO Policy.

Funding Amount: \$249,513 (November 1, 2008 through June 30, 2009)

Funding Source: Federal

TRUANCY REDUCTION PILOT PROJECT

The project is a collaborative initiative among the Office of the Attorney General (OAG), the New Jersey Juvenile Justice Commission (NJJJJC), the Administrative Office of the Courts, the Department of Children and Families, the Department of State and the NJDOE under the Prevention Strategy of the New Jersey Governor's Strategy for Safe Streets and Neighborhoods for keeping young people in school and engaged. The State's overall truancy initiative is being led by the Office of Attorney General in close partnership with the agencies identified above and with the teams of school and community stakeholders in each of the pilot cities (Asbury Park, Camden, Newark, Paterson, Trenton and Vineland) formed under the direction of the OAG.

The general services provided to the six pilot cities, in collaboration with the State agency partners, feature intensive local needs assessment and planning, training, ongoing technical support, materials development, assistance in the implementation of evidence-based truancy prevention and intervention programs, taking into consideration current local resources and programming for truancy prevention and intervention, and project evaluation.

Service Information: The schools and communities of Asbury Park, Camden, Newark, Paterson, Trenton and Vineland

Funding Amount: \$104,800

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 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 and again in April 2007. 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 re-adoption of N.J.A.C. 6A:16, Programs to Support Student Development.

Service Information: The target population was 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 current guidelines can be found at:

<http://www.state.nj.us/njded/students/safety/violence.htm>.

Service Information: The target population was 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, beginning in September 2004. The current guidelines can be found at the following website:

<http://www.state.nj.us/njded/students/safety/violence.htm>.

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

Funding Amount: Not available

Funding Source: State

PARTNERSHIPS IN CHARACTER EDUCATION PROGRAM

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 created the New Jersey Center for Social and Character Development (formally the New Jersey Center for Character Education) at the Center for Applied Psychology in the Graduate School of Applied and Professional Psychology at Rutgers, The State University. The creation of the New Jersey Center for Social and Character Development (NJCSCD) provided the leadership necessary to maximize New Jersey's ability to guide schools in adopting evidence-based programs and strategies.

The NJCSCD continued to serve as a primary partner in the provision of technical assistance, services and resources to schools in support of social and character development under the 2006-2010 Federal Partnerships in Character Education Program (PCEP) grant. This four-year, \$2.7 million grant program enables 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 social-emotional and character development programs in the context of current state reform efforts; and 2) evaluating the impact of social-emotional and character development programs on the social inclusion of students with disabilities, a population of students that previous efforts have not adequately addressed.

Service Information: The target population includes all public school districts on an ongoing basis, and targeted school districts involved in the pilot and evaluation projects; ten (10) and twelve (12) schools respectively.

Funding Amount: \$622,149

Funding Source: Federal

MEMORANDUM OF AGREEMENT BETWEEN EDUCATION AND LAW ENFORCEMENT OFFICIALS

As set forth in the regulations on Law Enforcement Operations for Substances, Weapons and Safety (N.J.A.C. 6A:16-6), school districts are required to establish memorandums of agreement with local law enforcement authorities. The agreements, which are reviewed and signed annually by local education and law enforcement officials, form the basis for sharing information between education and law enforcement representatives and sets parameters for law enforcement investigations on school grounds. The agreements must be consistent with the format and content established by the Attorney General and the Commissioner of Education, known as the Uniform State Memorandum of Agreement between Education and Law Enforcement Officials (MOA).

In November 2007, the Attorney General and the Commissioner of Education issued a revised MOA, which includes new information on school safety and security, including information on school security plans and training; gang threats, recruitment and information sharing; harassment, intimidation and bullying, offenses involving computers, hazing, reports of child abuse or neglect, law enforcement units, inquiries regarding law enforcement operations, stationhouse adjustments, notification of arrests or charges filed against school personnel, notification of emergencies and School Violence Awareness Week. The current model MOA can be found at: <http://www.state.nj.us/education/schools/security/regs/agree.doc>.

Service Information: The target population was 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 first 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. Some questions are asked every other survey administration.

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 Web site. The spring 2009 survey of the NJSHS was administered to a random sample of 1,757 students in grades 9-12 in 34 high schools. The results of the 2009 survey will be available in winter 2010. For middle school data, the NJDOE refers to the 2007 Middle School Risk and Protective Factors Survey, a report on environmental influences of at-risk behavior, which is available on the Web site of the Division of Addictions Services, New Jersey Department of Human Services. For data on tobacco use for middle and high school students, the NJDOE refers to the Youth Tobacco Survey Report, the most recent issue due to be released by the New Jersey Department of Health and Senior Services in the fall 2009.

Service Information: The target 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 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, pursuant to N.J.S.A. 18A:36-5.1.

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 as well as on-line reports of school, district and state summary data from the EVVRS are available at <http://www.state.nj.us/njded/schools/vandv/index.html>.

Since the 1999-2000 school year, school districts have been recording their incidents of violence, vandalism and substance abuse over the Internet on the Electronic Violence and Vandalism Reporting System (EVVRS), which is accessible through <http://homerom.state.nj.us/>. To promote consistency in reporting, the NJDOE, in conjunction with the New Jersey Network (NJN), produced a program in DVD format that assists in bringing districts in line with one another in their interpretations of incident definitions (i.e., in what to report over the EVVRS). The 17-minute program explains the purpose and operation of the EVVRS and dramatizes the kinds of incidents that should be reported on the system. Together with a revised set of incident definitions and scenarios, the video encourages uniformity in the application of standards for reporting. Regional training is provided by NJDOE to all EVVRS account users.

Service Information: The target populations reported were: 1) student offenders of violence, vandalism or substance abuse; and 2) victims (staff and students). The materials were designed for use by all school staff.

Funding Amount: Not available

Funding Source: Federal

CHIEF OF STAFF

SCHOOL SAFETY AND SECURITY - The NJDOE's School Security Unit, in accordance with N.J.S.A. 52:17B-4.7, provided gang education seminars for school administrators, in collaboration with the Attorney General's Office. The training seminars focused on teaching school administrators to recognize signs of gang involvement or activity. To date, 1,790 participants completed this training. Mandated by statute, the seminars will continue to be offered annually in each county, updating school administrators on new and emerging information on gangs and their impact on schools and the community.

In support of the Governor's Internet Safety Initiative, the NJDOE partnered with the Attorney General's Office to design and provide enhanced Internet Safety training to teachers and school administrators. This comprehensive one-day training created and prepared a cadre of trainers to provide effective Internet Safety presentations to students, parents, teachers and civic organizations. Six train-the-trainer sessions offered statewide covered the topics of cyber bullying; the potential dangers of social networking sites and gambling sites; the behavioral traits of sexual predators and the methods they use to lure potential victims. Upon completion of this initiative, over 800 participants were trained. All participants were provided with resources which will enable them to provide trainings to parent groups, students and school personnel in their communities. Additionally, School Security Unit personnel conducted several "Surf's Up: Internet Safety" presentations, which focused on the risks posed to young people on the Internet, and offered tips on how to make important Internet safety decisions.

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

Funding Amount: Not available
Funding Source: State and Federal

GOVERNOR'S STRATEGY FOR SAFE STREETS AND NEIGHBORHOODS - PREVENTION SUB-COMMITTEE

The NJDOE is assisting in the development and implementation of the Governor's Safe Streets and Neighborhoods Plan by participating on the Prevention Coordinating Council, the Coordination of Resources Subcommittee, and the Empowering Communities Subcommittee. This multi-level, multi-agency initiative has identified prevention, intervention, enforcement and re-entry mechanisms, best practices and resources to help reduce the criminal behavior of youth, including gang-related activities. As a part of this comprehensive initiative, the NJDOE coordinated with the Juvenile Justice Commission, the Administrative Office of the Courts, the Department of Children and Families and the Department of State to implement a truancy prevention and intervention initiative in the 2008-2009 school year; and to implement a assist with a dropout prevention initiative in 2007-2008 and 2008-2009.

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

Funding Amount: Not available
Funding Source: State and Federal

Division of Educational Standards and Programs

CORE CURRICULUM CONTENT STANDARDS

The New Jersey State Board of Education adopted revised Core Curriculum Content Standards (CCCS) in Comprehensive Health and Physical Education (CHPE) on June 17, 2009. The revised standards contain specific indicators under Standards 2.3 (Drugs and Medicines), 2.1 (Wellness), 2.2 (Integrated Skills) and 2.4 (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 standards can be accessed at <http://www.nj.gov/education/cccs/2009/final.htm>, with additional support materials, known as the Standards Clarification Document, found at <http://www.nj.gov/education/aps/cccs/chpe/njscp.htm>.

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. While the activities in the Framework are aligned to the original 1996 standards, the document remains a valuable resource for teachers. Additional resources, including sample lesson and unit plans and classroom application documents, are in development and will be made available on the NJDOE's website in December 2009.

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

Funding Amount: Not available

Funding Source: State

OFFICE OF STATE BUDGET AND ACCOUNTING

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 seventh year of services for the 2008-2009 school year.

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

Funding Amount: \$375,000

Funding Source: State

Intervention & Referral Information

DIVISION OF STUDENT SERVICES

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 NJDOE 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. Approximately 1,354 building-based teams have been trained since April 2000, including 510 teams trained (1,530 school staff) in the 2008-2009 school year. Approximately 133 school staff who were added to their school's I&RS teams also were provided training in the 2008-2009 school year. In addition to providing annual training in I&RS team practices, the NJDOE has provided supplemental training programs to 573 I&RS team members since 2005-2006, with 343 being trained in 2008-2009, in response to the results of a professional development needs survey conducted in the spring of 2006. A four-part series in video and DVD formats (available at <http://www.ettc.net/Intervention/inrsVideo/index.html>) and accompanying flyer was disseminated to all school districts in 2005-2006.

Service Information: The target population was I&RS team members in grades K-12 served.

Funding Amount: \$125,000

Funding Source: Federal

INTERVENTION AND REFERRAL SERVICES TECHNICAL ASSISTANCE PROJECT

This cooperative initiative between the NJDOE and The Richard Stockton College of New Jersey is designed to assist the NJDOE in increasing its capacity to provide technical assistance, consultation, professional development, networking and materials development and dissemination services to support school building and school district staff in the effective implementation of N.J.A.C. 6A:16-8, Intervention and Referral Services (I&RS) and the NJDOE's best practices in support of N.J.A.C. 6A:16-8.

Service Information: The target population was all school staff in grades K-12.

Funding Amount: \$400,000

Funding Source: Federal

INTERVENTION AND REFERRAL SERVICES DATA COLLECTION PROJECT

The NJDOE collaborated with the Kean University (KU) to assist the NJDOE in carrying out a data and other information collection project designed to gather facts from public school districts and school buildings on the degree, quality and effects of the implementation of the regulations at N.J.A.C. 6A:16-8, Intervention and Referral Services and the NJDOE's best practices model for implementing the I&RS regulations. The project was designed to provide the NJDOE with information for planning programs, services, materials and other activities to support each public school building in New Jersey in establishing and maintaining an effective coordinated system, using a multidisciplinary team approach, for the planning and delivery of intervention and referral services to assist students who experience learning, behavior or health difficulties and to assist staff who experience difficulties in addressing student's learning, behavior or health needs, in accordance with the regulations at N.J.A.C. 6A:16-8.

Service Information: All schools with staff who participated in the NJDOE's I&RS training program (approximately 720 schools statewide), and a statewide sample of elementary schools, middle schools and high schools whose staff did not participate in the NJDOE's I&RS training program.

Funding Amount: \$75,000

Funding Source: Federal

RANDOM TESTING OF ALCOHOL AND CONTROLLED DANGEROUS SUBSTANCES

Pursuant to N.J.S.A. 18A:40A-25, the New Jersey State Board of Education adopted regulations at N.J.A.C. 6A:16-4.4, Voluntary policy for random testing of student alcohol or other drug use, in November 2007. The regulations apply only to districts that choose to adopt a policy for the random testing of alcohol and controlled dangerous substances of the district's students in grades nine through twelve, who participate in

extracurricular activities or who possess parking permits. These rules implement the Governor's and Legislature's desire for establishing parameters for implementing random drug testing as a means to deter drug use and for the early detection of student's with drug problems so that counseling and rehabilitative services may be offered.

Service Information: The target population was schools with students in grades nine through twelve.

Funding Amount: Not available

Funding Source: State

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 the State Board of Education in June 2003 and reissued in July 2009. All local educational agencies must comply with the provisions of the policy, as appropriate.

Service Information: The target population was 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 with grades K-12.

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	\$ 973,362
	State	\$ 498,830
	HIP Federal	\$ 232,300
	State	\$ 201,500

Division of Family Health Services

PERINATAL ADDICTION PREVENTION

The six Maternal and Child Health Consortia are funded to provide regional risk reduction coordination for women of childbearing age. The major objectives of the Perinatal Addictions Prevention Project include providing professional and public education, encouraging all prenatal providers to screen their patients for substance use/abuse and developing a network of available resources to aid pregnant substance abusing women.

The risk-reduction coordinators in each of the consortia provide these services. They also provide information, training, advocacy and support for programs that serve families of children adversely affected by prenatal alcohol and drug exposure. The

Coordinators work with staff from the six Centers of Excellence throughout the State. Children who have been affected by drugs and/or alcohol are referred to these Centers for appropriate services.

Service Information: During the 2009 grant year, over 28% of the pregnant women throughout the state were screened for alcohol, tobacco, and/or drug use during their pregnancy. The majority of these screenings were done in hospital clinics. The results of these screenings show that 13.2% of the pregnant women say that they consumed alcohol in the month before they knew that they were pregnant. Because most women do not know they are pregnant during the first month, those babies were exposed to alcohol. Similarly, when women were asked if they had smoked cigarettes in the month before they knew they were pregnant, over 15% responded that they had smoked. This is an increase compared to the women who had been screened during the previous year. If a screening reveals risk behavior, it results in the women receiving prevention education, being referred for a substance abuse assessment or entering treatment when appropriate.

Programs designed to educate the general public about the risks of substance use during pregnancy have reached 15,900 women and men during 355 offerings. There were 200 programs offered to raise awareness of the treating professionals and encourage their participation in the universal screening project.

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. The funding utilized to provide these TB testing materials are provided by the state, but recordkeeping does not exist to determine the value of the TB testing materials supplied to Alcohol and Drug Abuse Treatment Centers. If latent TB infection is detected through these screening activities, referrals may be made to TB clinics funded by the Program. These clinics are funded by both state and federal sources, but there is no mechanism to determine the costs associated with services provided specifically for referrals from Alcohol and Drug Abuse Treatment Centers.

Funding Amount: Undetermined

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 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 34 programs during this past fiscal year was approximately 800 consumers and professionals. Staff from the Diagnostic Centers participated in the fall conference titled Women's Health-Addiction, Trauma and Hope through the FAS Task Force. In addition representatives from the Centers are participating in the development of a statewide media campaign focused on prevention and the development of a web site www.bein.theknownj.org.

Service Information: During Fiscal Year 2008, 7,000 children were screened for FAS, 71 were identified with FAS and 69 have been identified with FASD. To date, 21,000 children have been screened for FAS through the Diagnostic Centers. 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. During this year, 206 children have received complete evaluations. 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 delete previous two words insert developed have resulted in 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. The funding for these field services is often provided by health service grants funded by both fed-

eral and state sources. It is not possible to determine the amount of funding that is used specifically to provide services for individuals also served by Alcohol and Drug Abuse Treatment Centers.

Funding Amount: Undetermined

TB ADMINISTRATION

Technical assistance is provided and policies and procedures regarding TB control activities are developed. These services are provided by TB Program staff funded by both state and federal sources. It is not possible to determine the time and effort of these employees specifically for Alcohol and Drug Treatment Centers.

Funding Amount: Undetermined

Division of Family Health Services

Comprehensive Tobacco Control Program (CTCP)

The New Jersey CTCP was established in 2000 to address the following goals:

- Increase cessation
- Reduce tobacco acceptability
- Decrease tobacco-related disparities
- Decrease involuntary exposure to second-hand smoke

The information provided in this report cover the year 2009, which includes programmatic and budgetary changes.

1. Community Partnerships, Treatment and Cessation:

This unit is responsible to manage two components of CTCP:

- **Community Partnerships programs:** manages the Community Partnerships for a Tobacco Free New Jersey (CPTFNJ) located within all 21 counties in NJ. Additionally, it also administers the NJ GASP, Mom's Quit Connection from the Southern New Jersey Perinatal Cooperative, the American Cancer Society and the City of Vineland Health Department-Outreach Mobile project.

Total Funding Amount for Community Partnerships: \$2,048,000

Funding Source:

Federal:	\$ 680,000
State Tax Excise	\$1,368,000

- **Treatment and Cessation:**

New Jersey Quitline, a toll-free (1-866-NJSTOPS) telephone based counseling service offering services from brief advice to extensive one-on-one telephone counseling.

NJ Quitnet, a free web-based resource that offers a wide variety of online resources.

NJ Quitcenters provides comprehensive individual assessments in a face-to-face counseling environment. There are 7 (seven) currently funded Quitcenters:

- Virtua Hospital (Burlington County)
 - UMDNJ - New Brunswick (Middlesex County)
 - Shore Memorial Hospital (Atlantic County)
 - UMDNJ-Mercer/Trenton (Mercer County)
 - Saint Barnabas-South (Ocean County)
 - Saint Barnabas-North (Essex County)
- **Tobacco Dependence Program** provides tobacco training and related services to providers and the public in general.

Funding Amount: \$1,428,200

Funding Source: State Tax Excise

2. Youth/School and Tobacco Age of Sale Enforcement

This unit is responsible to manage two main components of CTCP:

○ **Youth and Schools Programs:**

Reaching Everyone By Exposing Lies (REBEL), a youth activism program working with a total of 255 High Schools located. The primary goal is the implementation of 100% comprehensive school policies within participating REBEL schools. A total of 21 tobacco grantees/partners work to promote and facilitate the adoption and/or implementation of effective tobacco-free school policies.

REBEL 2, a tobacco awareness program for middle school students (6th and 8th grades) whom turn-key the curriculum based lessons to elementary school students (grades 4 and 5) through interactive presentations. The program is currently working with 105 middle schools throughout the 21 counties.

Youth Cessation: a curriculum based, 10 week voluntary youth cessation program, currently being implemented in 21 high schools.

- **Tobacco Age of Sale Enforcement Program (TASE):** this program is responsible to perform tobacco inspections to retailers in order to test the law of non-selling tobacco to minors less than 19 years of age. The main goal is to reach non-compliance violation rate of less than 20% as mandated by the federal Center for Substance Abuse Prevention and Treatment (SAPT). TASE Tobacco Inspectors and student associates perform year-round inspections to retailers selected through a random sampling.

Total Funding Amount for Youth programs: \$ 2,000,000

Funding Source: State Tax Excise

Total Funding Amount for TASE program \$ 500,000

Funding Source: State

Projected revenues from the license tobacco fees collected by the Division of Taxation.

3. Health Communication

Due to a drastic reduction in the media budget, the CTCP health communication program focuses on internet (NJ Quitnet) advertising to promote the New Jersey Quitline.

Total Funding Amount: \$120,000

Funding Source: Federal funding

4. Research and Evaluation

The Unit is responsible for statewide surveillance and program evaluation. Surveillance of tobacco trends in all population continues to be extremely important to monitor prevalence and trends in use of all tobacco products. Program evaluation measures the effectiveness of the programs and activities that CTCP provides state-wide. The CTCP continues to work with the University of Medicine and Dentistry - School of Public Health, Tobacco Surveillance and Evaluation Research Program as the external evaluator to the program.

Funding Amount: \$977,250

Funding Source: State Tax Excise

DEPARTMENT OF HUMAN SERVICES

Department/Agency Mission Statement: The Department of Human Services is dedicated to providing quality services that consistently meet or exceed expectations with the goal to protect, assist and empower economically disadvantaged individuals and families, and people with disabilities to achieve their maximum potential. We strive to ensure a seamless array of services through partnerships and collaborations with communities statewide. We seek to promote accountability, transparency and quality in all that we do.

Core Functions

- Serve as a safety net for low income people through the TANF, GA, Food Stamps, child support and emergency shelter programs. Help people transition toward greater independence and self sufficiency.
- Provide health care coverage for low income, aged, blind and disabled people.
- Operate state institutions and provide residential and community based supports and/or treatment to people with developmental disabilities, mental illness and substance abuse so they can live in the most independent situation possible and achieve quality of life, wellness and recovery.
- Communicate effectively with the public, the media, consumers of Human Services and DHS staff. Provide equal access to public information within the purview of this department to all interested citizens.
- Effectively manage the Human Services' budget, maximize revenue, ensure fiscal integrity and maintain the public trust.
- Assure a sufficient workforce that is competent and diverse in both state and contracted services.
- Develop and formulate public policy related to human services in collaboration with community partners, stakeholders and government leaders to address identified local and state issues and priorities.
- Ensure that all Department services are carried out with quality, efficiency, safety, fiscal integrity and dignity for the people we serve.

Prevention Information

Division of Addiction Services

THROUGH THE MEDIA

The Partnership for a Drug-Free New Jersey develops large-scale prevention media campaigns to impact communities, schools, families and workplaces.

Service Information: Services include information dissemination to youth, parents, educators, the media, prevention, and education and other activities that also relate to their "Drug Free Workplace Programs. Recent initiatives focused on medication abuse and underage drinking. Partnership messages go beyond "traditional" media. Their anti-drug messages can be found on PATH and New Jersey Transit trains and buses. More messages are placed in the Bell Atlantic Yellow Pages, in Motor Vehicle Commission registration renewal notifications, milk cartons, shopping bags, car litter bags, and many other venues.

Funding Amount and Source: \$1,056,000 (State)

SPORTS, VIOLENCE AND ADDICTIONS "PARENTING AN ATHLETE"-

This is a project with the Institute for Prevention at St. Barnabas Healthcare to reach parents of middle and high school athletes regarding youth sports, leadership, personal development, and prevention

Service Information: Prevention education was provided to 112 parents and 42 Parent Coaches.

Funding Amount and Source: \$182,500 (Federal)

RUTGERS AND WILLIAM PATERSON UNIVERSITIES - RECOVERY SUPPORT AND ENVIRONMENTAL PREVENTION STRATEGIES ON CAMPUS

This initiative that began in the fall of 2008 provides funding to two New Jersey universities - Rutgers (at both the New Brunswick and Newark campuses) and William Paterson, in Wayne, to enable them to provide recovery and substance-free housing to students in recovery, students at risk of a SUD, and students not in recovery who choose not to misuse alcohol and illicit drugs, with a supportive community that promotes physical, psychological, social, and spiritual health. By providing this support, it is easier for a student that is in recovery to thrive in the college setting and work toward their academic goals. It also provides comfort to families who have to deal with the fears and reservations of letting their recovering loved one enter an environment that is well-known for drinking and partying.

The colleges also utilize environmental strategies to reduce the supply of and demand for alcohol and other drugs by making them less available and their use less acceptable. The strategies require the leadership of college administrators in collaboration with government agencies, campus task forces, and community coalitions (and

includes public safety officials, students, high school- and college personnel, policy-makers, and community members) to reduce alcohol and other drug - related problems and to promote academic achievement. The strategies also seek to offer alcohol and other drug-free social and recreational options, to establish health-promoting normative environments, to restrict marketing of alcohol, and to increase enforcement of alcohol and other drug laws and policies (on and off college campuses

Funding Amount and Source: \$490,000(State and Federal)

COMMUNITY BASED PRIMARY PREVENTION GRANTS

In response to the Unification Plan developed with each county in 2007, 50 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 during the county planning process. Additionally, agencies provided intensive services in high-need communities to indicated populations such as at-risk youth, children of substance abusers and/or special populations, such as older adults or court adjudicated youth.

Service Information: Prevention services were provided to 104,787 members of the targeted populations in all 21 counties. Services included prevention education, environmental strategies, alternative activities, parenting classes, hotline services, and other activities. Performance indicators varied depending on individual contract objectives.

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: Twenty-one community-based agencies have provided this program to over 1,200 families statewide for SFY 2009. This skill development program is offered in seventeen New Jersey counties to target populations such as DYFS involved families, court involved families, school-based families, and indicated high risk families.

Funding Amount and Source: \$5,800,000 (Federal)

SERVICES TO FAMILIES OF MILITARY VETERANS

Working with the New Jersey National Guard Family Program and its eight Family Assistance Centers based at armories around the state, the New Jersey Prevention Network is funded to provide programs to serve returning military personnel and their families through two evidence-based programs, Coping with Work and Family Stress and the Strengthening Families Program. Both programs are designed to enhance protective factors to support military members and their families in making responsible parenting and individual choices in regards to drug and alcohol use.

Funding Amount and Source: \$325,000 (Federal)

SERVICES TO GAY, LESBIAN, BISEXUAL, TRANSGENDERED, AND QUESTIONING YOUTH

The odds of substance use for gay, lesbian bisexual, transgendered and questioning (GLBTQ) youth are on average 190 percent higher than for heterosexual youth, according to a study by University of Pittsburgh researchers published in the March 2008 issue of Addiction. What's more, for some sub-populations of GLBTQ youth, the odds were substantially higher, including 340 percent for bisexual youth and 400 percent for lesbians, researchers found.

DAS awarded funding to the North Jersey Community Research Initiative to expand their existing programs for high-risk GLBTQ youth of color by using a prevention model developed by the Centers for Disease Control, early intervention services, social marketing, and structured recreational activities.

Funding Amount and Source: \$225,000 (Federal)

PROGRAMMING TO ASSURE THE DELIVERY OF CULTURALLY AND LINGUISTICALLY-COMPETENT PREVENTION SERVICES IN NEW JERSEY

To ensure access to quality services by diverse populations, DAS awarded funding to PROCEED to develop new and/or enhance existing systems for assuring the provision of culturally and linguistically competent prevention services among DAS-funded providers throughout New Jersey. Training and technical assistance services are individualized for each prevention provider and based upon the results of an extensive assessment of the provider's needs and capacity.

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

PRIMARY PREVENTION RESOURCE CENTERS

New Jersey Prevention Network member agencies receive funding to offer programs and services that have a common goal of reducing the incidence and prevalence of alcoholism, addiction and related problems through primary prevention efforts. The network refers those needing and requesting help for their own or another individual's problems related to use and abuse of alcohol, tobacco and other drugs to an appropriate established organization or center that most closely meets their needs.

Additionally, NJPN is funded to organize and convenes an annual statewide conference that provides programming and information to drug and alcohol professionals, law enforcement and the community-at-large.

Service Information: 59,544 New Jersey residents from all 21 New Jersey counties were served by county-based resource centers. Services provided included information dissemination, prevention education and other activities as needed. Over 600,000 pieces of printed educational materials were distributed.

Funding Amount and Source: \$2,400,000(Federal)

WISE

The WISE Program is a wellness and prevention program targeting older adults, which is designed to help them celebrate healthy aging, make healthy lifestyle choices and avoid substance abuse. It provides educational services to older adults on topics including nutrition and exercise, medication use, stress management, depression and substance abuse.

Service Information: WISE promotes health through education concerning high-risk behaviors in older adults. Since the program was launched in 1996, prevention programs presented by WISE Volunteers have reached over 62,000 individuals.

Funding Amount and Source: \$235,000 (Federal)

STIGMA REDUCTION

The many New Jersey residents with an alcohol or drug addiction, as well as those who are in recovery from this disease, routinely encounter stigma and discrimination. Existing policies, laws, practices and misplaced perceptions undermine acceptance of addiction as a treatable disease and health condition and restrict access to appropriate health care, employment, housing, and public benefits. NCADD- New Jersey provides extensive education and public information to help reduce the incidence of stigma related to alcoholism or drug addiction.

Funding Amount: \$624,000 (Federal)

CHILDHOOD DRINKING

This is a statewide initiative that includes a coalition of key stakeholders who focus on reducing underage and childhood drinking. All 21 New Jersey counties have developed 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 2100 students and 1000 parents. Over 150 Town Hall meetings were held along with 21 county meetings to increase community awareness of the problem. Over 8000 people were in attendance.

Funding Amount and Source: \$1,030,000 (State)

STRATEGIC PREVENTION FRAMEWORK STATE INCENTIVE GRANT

The Strategic Prevention Framework (SPF) changes the approach to prevention, and helps move the vision of a healthier US to state and community-based action. The SPF is built on a community-based risk and protective factors approach to prevention and a series of guiding principles that can be utilized at the federal, State/tribal and community levels.

The SPF requires States and communities to systematically:

1. Assess their prevention needs based on epidemiological data,
2. Build their prevention capacity,
3. Develop a strategic plan,
4. Implement effective community prevention programs, policies and practices, and
5. Evaluate their efforts for outcomes.

DAS has funded eleven communities to adopt and implement the SPF to deliver and sustain effective substance abuse prevention and mental health promotion programs in their communities by institutionalizing a data-driven planning process to decrease both underage drinking and the harmful consequences of alcohol and drug use among 18 to 25 year olds at the community level. The NJ SPF is a public health, outcomes-based prevention approach that uses data to drive prevention decision-making. The goals and objectives of the NJ SPF are being achieved through strong collaborations among State, community, and academic partners, who work together to implement the NJ SPF, and develop prevention expertise and infrastructure to sustain the process in selected communities.

Funding Amount and Source: \$2,100,000 (Federal)

COMPULSIVE GAMBLING

This contract provides statewide assessment, treatment, prevention and hotline services through the Council on Compulsive Gambling. The Council offers counseling services provided by certified treatment providers and offers 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 at-risk populations and gambling such as women, older adults and adolescents.

Service Information: The hotline received approximately 20,000 calls and the website generates 80,000 hits monthly. The Council delivered 65 presentations to schools and colleges, and 378 people received treatment.

Funding Amount and Source: \$970,000 (State)

WORKFORCE DEVELOPMENT

In order to ensure the quality, the effectiveness, and the availability of prevention and treatment services, a workforce development and training initiative was established by DAS in September 2006 to increase and enhance the addiction workforce in the State of New Jersey. The New Jersey Prevention Network (NJPN) was awarded the three year contract beginning in September 2006. The contract was renewed for an additional year beginning July 2009 through June 30, 2010. Through this project, scholarships to attend Certified Alcohol and Drug Counselor (CADC) training for staff working in addiction treatment agencies are offered at 12 geographically diverse

sites throughout New Jersey. Instructors are master's level clinicians who teach courses approved by the Addiction Professionals Certification Board of New Jersey (APCBNJ). In addition, scholarships were offered for CADCs and LCADCs for intensive and specialized trainings covering topics such as cultural diversity, co-occurring disorders, and ethical and legal standards. NJPN also offers course work to obtain the Certified Clinical Supervisor (CCS) and the Certified Prevention Specialist (CPS).

Service Information: For the contract year 2007-2008, NJPN provided 507 CADC training classes for 716 unduplicated students. Fifty-six students have completed all 270 hours of the educational requirement for the CADC in New Jersey and a total of 16 students have become fully licensed.

Funding Amount and Source: \$1,030,000 (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 and partial hospital 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 Family Care 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 HMOs also produce educational materials about the hazards of second-hand smoke inhalation.

Office for Prevention of Mental Retardation and Developmental Disabilities

PREVENTION OF FETAL ALCOHOL SPECTRUM DISORDERS AND OTHER PERINATAL ADDICTIONS EDUCATIONAL GRANTS PROGRAM

Service Information: The Office for Prevention of Mental Retardation and Developmental Disabilities (OPMRDD) funds grants to educate the community about the effects of prenatal exposure to alcohol, drugs and nicotine upon developing fetuses. These funds are also used to support Pregnant Pause events in every county annually. Targeted educational programs focus on specific audiences, including high school students, pregnant women, and staff and clients of substance addiction treatment centers. An estimated 500,000 persons receive information about perinatal addictions annually through these grants.

Funding Amount and Source: Grants totaling approximately \$200,000 are implemented annually. (State funds)

FETAL ALCOHOL SPECTRUM DISORDERS TASK FORCE

Service Information: The Fetal Alcohol Spectrum Disorders (FASD) and other Perinatal Addictions Task Force, a committee of the Governor's Council on the Prevention of Mental Retardation and Developmental Disabilities, is an interagency body composed of representatives of state agencies, the University of Medicine and Dentistry of New Jersey, the Perinatal Addictions Program Coordinators, the FASD Diagnostic Centers, and community agencies. The Task Force is responsible for producing and disseminating a five year plan to educate and prevent perinatal addictions. The Task Force has implemented a three year media campaign, Be in the kNOw, to educate New Jersey citizens about not drinking, smoking or taking drugs during pregnancy. The Task Force has implemented an interactive website, beintheknownj.org, which provides information about perinatal addictions and direct links to treatment services and the FASD Diagnostic Centers.

Funding Amount and Source: \$60,000 of state funds are used to support the FASD Task Force activities.

[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. The hotline provides 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. DAS plans in SFY 2009 to expand our Information and Referral Hotline services to one that can provide pre-treatment screening, motivational counseling and case management/care coordination which can better engage and support individuals who reach out in search of help.

Funding Amount and Source: \$195,000 (State and Federal)

Treatment

Division of Addiction Services

DRUG COURT

Drug Court is a cooperative initiative between the Administrative Office of the Courts (AOC) and DAS which commenced in 2002. This agreement allows the AOC to transfer treatment funding to DAS who then secures and implements a complete continuum of care for Drug Court offenders sentenced in New Jersey Superior Court. Drug Court participation is voluntary and clinically driven. Fifteen vicinage Drug Courts function within the existing Superior Court structure to provide treatment along the full continuum of care and diversion opportunities for offenders who otherwise may be incarcerated in State prisons for drug related offenses. Research shows there is only 14% recidivism after 5 years in this program.

Service Information: In SFY 2009, New Jersey Drug Court had 297 pre-paid long term (6 months) slotted beds with 9 residential treatment providers. These beds were assigned to each of the 15 vicinages at a cost of \$24,353 per bed per year. Drug Court also has over 120 Fee-for-Service providers in their network with modalities including short term residential, halfway house, medication assisted treatment, IOP, partial hospitalization and outpatient treatment. In SFY 2009, approximately \$24 million was dedicated for treatment through the Drug Court program as a jail diversion strategy.

Funding Amount and Source: \$24,482,000

MUTUAL AGREEMENT PROGRAM (MAP)

In SFY 2009, DHS/DAS continued to oversee the Mutual Agreement Program (MAP), an

Inmate/Parolee Substance Abuse Treatment Project implemented through Memorandums of Agreement between the Division of Addiction Services and the Department of Corrections (DOC), and the State Parole Board (SPB). This funding is a combination of direct appropriations to DAS and funds transferred from the DOC and SPB. These funds support an initiative which funds a fee for service network which offers long term and short term residential, halfway house and outpatient treatment for SPB parolees. Funding for long term residential is available for DOC inmates pending parole.

Funding Amount and Source: \$ 4,423,000 (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 48 out of the 56 residential adolescent substance abuse treatment beds. The remaining eight (8) beds were supported by a transfer of funds from the JJC. DAS will allow discretion to the providers to utilize JJC beds for juveniles involved in the criminal justice system or court involved; however, JJC youth shall have priority. JJC shall maintain responsibility for placing JJC juveniles in funded beds.

Funding Amount and Source: \$1,948,000 (State)

SUBSTANCE ABUSE TREATMENT AND REHABILITATION SERVICES

DAS strives to ensure equitable client access to drug and alcohol treatment services and engagement in appropriate Levels of Care (LOC) as determined by the ASAM PPC-2R guidelines. Comprehensive substance abuse treatment services are provided statewide through contracts with licensed facilities.

Service Information: DAS' substance abuse treatment service continuum of care for adults and adolescents is structured according to four major phases of treatment: I. Inpatient Treatment, II. Outpatient Treatment, III. Pre-Treatment Recovery Support, and IV. Post Treatment Recovery Support. Many providers offer specialized programs for women, children and adolescents, which are consistent with the LOC classification but include additional services appropriate to these populations.

- I. DAS' inpatient treatment services include six levels of care of varying intensity
 - 1) Sub-Acute Detoxification (ASAM PPC-2R level III.7 D)
 - 2) Sub-Acute Enhanced Medically Managed Detoxification (ASAM PPC-2R level III.7 D), this level include the ability to treat the following:
 - a) individuals with co-occurring disorders
 - b) pregnant women
 - c) poly-addicted persons including those addicted to benzodiazepines
 - d) individuals who may or may not be on opiate replacement therapy

- e) clients with non-life-threatening medical condition(s)
 - 3) Short-Term Residential (ASAM PPC-2R level III.7)
 - 4) Long-Term Residential Treatment (ASAM PPC-2R level III.5)
 - 5) Halfway House Services (ASAM PPC-2R Level III.1)
 - 6) Residentially Assisted Day Treatment (ASAM PPC-2R Level III.1)
- II. DAS' outpatient treatment service includes six levels of care of varying intensity:
 - 1) Early Intervention (ASAM PPC-2R level 0.5)
 - 2) Outpatient (ASAM PPC-2R level I)
 - 3a) Intensive Outpatient (IOP) (ASAM PPC-2R level II.1)
 - 3b) Methadone Intensive Outpatient (MIOP) (ASAM PPC-2R level II.1)
 - 4) Day Treatment/Partial Hospitalization (ASAM PPC-2R level II.5)
 - 5) Ambulatory Detoxification (ASAM PPC-2R level II.D)
 - 6) Opioid Maintenance Therapy (OMT) (ASAM PPC-2R level I)
- III. Pre-treatment Recovery Support - See under Intervention section

IV. Post-treatment Recovery Support is the coordination of personal, family, and community resources to achieve the best possible quality of life. It can range from Oxford Houses, which are peer-led group recovery homes, to low level contact such as quarterly telephone conversations to high level contact such as coaching, depending on support needed. Support for involvement of recovering persons in self-help groups such as Alcohol Anonymous and Narcotics Anonymous is also routinely provided as part of recovery planning, beginning in treatment and continuing upon discharge.

Funding Amount and Source: \$43,894,000 (Federal and State)

Needle Exchange Treatment Initiative (NETI)

Through funding legislated through the Bloodborne Disease Harm Reduction Act, DAS has developed the NETI. This initiative includes mobile medication units with corresponding outreach, office based services and case management, as well as supportive housing, sub-acute enhanced medically managed detoxification, vouchers for other treatment services, and an evaluation of the project.

In SFY 2008, DAS purchased five mobile medication units through a competitive bidding process. The mobile units are being utilized by contracted agencies to provide methadone maintenance, suboxone detoxification, induction and maintenance and corresponding office based services for intravenous drug users. The mobile medication units prioritize the provision of pharmacological treatment to individuals in cities and towns that have no access and/or limited access to methadone and suboxone treatment, and to clients referred through the Sterile Syringe Exchange Programs.

The NETI includes a pilot housing first program. This supportive housing program provides supportive housing services for 62 people (31 at each location) with substance abuse problems who are homeless or at risk of becoming homeless, and includes rental subsidies and support services. Two agencies were contracted through a competitive bidding process in SFY 2008 to begin providing these services.

Ten sub-acute enhanced medically managed detoxification beds were developed via an RFP in SFY 2008. Two providers were awarded contracts to develop these beds for priority use of clients involved in the mobile medication units.

On October 1, 2008, DAS entered into a contract with the National Center on Addiction and Substance Abuse (CASA) at Columbia University to undertake an independent scientific evaluation of the NETI. The contract with CASA was awarded by means of an open bid solicitation process.

Funding Amount and Source: \$ 10,000,000 (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. This funding is provided only for the maintenance of the 70 existing homes in New Jersey.

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: \$158,000 (Federal)

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 and deliver comprehensive addiction services based on county-identified need. These dedicated funds are annually 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 dedicated funds to the counties for expanded treatment and rehabilitation services, aftercare services, linkage services, and detoxification services.

Funding Amount and Source: \$16,241,000 (State)

CHILD WELFARE/ADOLESCENT TREATMENT

The 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. Forty eight (48) 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 seventy six (176) slots are available to adolescents needing variable levels of care in outpatient settings. In SFY 09, again was an expansion of Child Welfare (CW) treatment services of 19 intensive outpatient slots for adolescents (male/female). 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: \$3,256,000 (State)

TREATMENT SERVICES FOR ADOLESCENTS

The Division funds 212 long-term residential treatment beds, nine (9) short-term treatment beds and 31 partial care beds for adolescents in licensed facilities. Of these, 56 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 structured environment for a minimum of 30 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.

Funding Amount and Source: \$8,965,000 (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 level of care services. Programs are required to provide gender specific services that are family centered and addresses the full range of women's needs ranging from clinical treatment, clinical support and community support services.

Specialized services include primary medical care for women, referrals for prenatal care; primary pediatric care i.e., immunizations for their children; trauma informed and trauma responsive treatment using the "Seeking Safety" program; therapeutic interventions for women to 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; case management, transportation and child care to ensure that women and their children have access to these services. Additional services include aftercare, linkages, assistance with housing, and recovery management.

Funding Amount and Source: \$9,112,000 (Federal)

CHILD WELFARE/WOMEN WITH CHILDREN INITIATIVE

The Child Welfare/Women with Children Initiative provides substance abuse treatment services to women and children under the supervision of DYFS. Services include residential treatment (a minimum of six (6) months to include a woman with an average of two (2) children), halfway house, intensive outpatient and methadone intensive outpatient 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-responsive using the "Seeking Safety" program. 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, linkages, referrals to services in the community as well as recovery supports and management. DYFS keeps all cases that are participating in this initiative open for the duration of treatment, with the ultimate goal of family reunification.

Funding Amount and Source: \$6,663,000 (State)

CHILD WELFARE/FATHERS WITH CHILDREN INITIATIVE

An expansion of the Child Welfare programs in 2008 included new services for fathers with children under the supervision of DYFS. Four licensed substance abuse treatment providers in Camden, Essex and Ocean counties provide intensive outpatient level of care treatment and methadone intensive outpatient treatment to fathers with dependent children. Referrals are made by the CPSAI drug counselor located in the DYFS local offices following established protocol. Services are reflective of the specialized needs of fathers and their dependent children. Services include substance abuse treatment that are family centered and other therapeutic interventions i.e., individual, family and group counseling, flexible evening and weekend treatment

services to accommodate work schedules, parenting classes, Strengthening Families Program, vocational and education services, therapeutic interventions for children in custody of fathers that can address developmental needs, sexual and physical abuse and neglect. These services are enhanced with case management, transportation, linkages, referral to services in the community as well as recovery supports and management. DYFS keeps all cases open for the duration of treatment with the ultimate goal of family reunification.

Funding Amount and Source: \$957,000 (State)

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

This funding provides for prevention, education, treatment, intervention, communication accessibility, and advocacy services for the population of individuals who are Deaf, hard of hearing, and disabled.

Service Information: Communication accessibility is coordinated to provide interpreters or Computer Assisted Real-Time Translation (CART) for individuals who are Deaf or hard of hearing seeking substance abuse treatment at any level of care. Funding is provided for assessment, case management, mobile counseling, outpatient treatment, housing placement and outreach via culturally Deaf staff for this population of individuals in need of substance abuse treatment. Funding is also provided for case management and outpatient substance abuse treatment services, focusing on recovery for individuals who may have physical, cognitive or developmental disabilities, including but not limited to traumatic brain injury, fetal alcohol syndrome, epilepsy, and other physical, cognitive or developmental disabilities. Other funding currently goes to offer prevention and education regarding substance abuse risk factors, early intervention, advocacy and referral resources for disability service providers, substance abuse treatment agencies, disability service consumers, and substance abuse treatment clients.

Funding Amount and Source: \$214,000 (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, detoxification, residential, halfway house, and outpatient treatment services.

Service Information: During SFY 2009, 1,989 individuals (ages 13-24) were serviced by the initiative. Sixty-nine percent (69%) of the funds were used for residential services for adolescents and young adults, thirty-one percent (31%) was used for outpatient services.

Funding Amount and Source: \$3,813,000 (State)

CO-OCCURRING SERVICES- JOINT INITIATIVES

A variety of 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).

1) The Detoxification Initiative is a contract wherein DAS and DMHS provide funding to four (4) licensed residential subacute detoxification facilities located throughout the state. These funds provide 14 bed slots for persons with co-occurring disorders referred through designated DMHS screening centers.

Funding Amount and Source: \$530,502 from DAS, \$530,502 from DMHS (State)

2) DMHS funds Maryville Alcoholism Rehabilitation Center to provide residential substance abuse treatment to clients referred from Ancora and Trenton Psychiatric Hospitals.

Funding Amount and Source: \$190,123 (State). Also reported in DMHS section.

CO-OCCURRING SERVICES NETWORK

In July 2008, DAS initiated its Co-Occurring Services Network (COSN), following consultation and technical assistance from SAMHSA'S Co-Occurring Center for Excellence (COCE). The COSN is designed to enhance COD treatment in a group of highly-qualified DAS-licensed treatment providers. Agencies accepted into the COSN had been evaluated as to their capacity to provide COD treatment. The COSN operates on a fee-for-service basis. In 2009, in cooperation with DMHS, DAS redirected funds (previously dedicated to other COD-related programs) to the COSN.

Funding Amount and Source: \$1,300,000

HIV/AIDS SERVICES

The Division funds for Early Intervention Services (EIS) and HIV Specialist positions at 17 substance abuse treatment providers statewide. Services are available in areas of the state that have the greatest need for these services.

Service Information: In SFY 2009, HIV/AIDS services are available at 17 substance abuse treatment agencies throughout the state providing outpatient treatment to include on-site intensive medical care, counseling, case management, referral, and drug treatment services. Services for HIV disease at these sites include pre- and post-test counseling, as well as the availability of HIV testing for all clients. Additional funding dedicated goes both toward the implementation of rapid HIV testing at the abovementioned 17 DAS-funded substance abuse treatment agencies as well as approximately 20 other DAS-licensed agencies serving high-risk populations. Other

set-aside funding is allocated to the Public Health and Environmental Laboratories (PHEL) to ensure that continued HIV testing and other laboratory support services are provided to the participating HIV EIS clinics.

Funding Amount and Source: \$ 2,347,000 (Federal)

DRIVING UNDER THE INFLUENCE (DUI) INITIATIVE

New Jersey has set aside \$7.5 million to support the treatment of financially 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 throughout the state, became available in November 2005. Financially indigent drunk drivers can receive the appropriate level and duration of treatment warranted, thus reducing the incidence of recidivism and ultimately creating safer highways. There are over 150 DAS licensed sites in the DULL network providing all levels of treatment services. From November 2005 through September, 2009 there were approximately 10,000 intoxicated drivers served under this initiative.

Funding Amount and Source: \$7,500,000 (State)

Division of Medical Assistance and Health Services

Medicaid reimburses for drug and alcohol treatment for both inpatient and outpatient hospital services and services provided at independent clinics, as well as other non-clinical, non-hospital services.

Within this report we expanded drug and alcoholism abuse diagnosis coverage to include secondary, as well as primary diagnoses. For this reason, the numbers of recipients and payments for their services have increased over the previous fiscal years' figures.

INDEPENDENT CLINIC SUBSTANCE ABUSE SERVICES

Service Information: The population served was 19,302. It included three (3) groups: 1) children 21 and under (2,670); 2) adults 22-64 (16,498); and 3) adults 65 and over (134). 1,857 of these children were female; 813 were males. 9,607 of the adults in the 22-64 age grouping were females; 6,891 were males. In the 65 and over age group, 43 were females; 74 were males. The largest racial group in each of the three (3) population groups is African-American.

Funding Amount and Source: \$31,138,330.64 (Federal and State)

INPATIENT HOSPITAL ALCOHOL AND DRUG DEPENDENCE TREATMENT SERVICES

Inpatient substance abuse services are combined both for alcohol and drug dependence.

Service Information: A total of 16,149 people were served. Of these, 5,133 were children 21 and under; 10,934 were adults 22-64; and 82 were adults 65 and over. The number of female children, 21 and under, who received services was 3,309 and the number of male children serviced was 1,824. Within the 22-64 age grouping, 7,468 females and 3,466 males received services. 32 females and 50 males received services in the 65 and over age group. The largest racial group in each of the three (3) population groups was Caucasian.

Funding Amount and Source: \$9,880,751.43 (Federal and State)

OUTPATIENT HOSPITAL ALCOHOL TREATMENT AND OUTPATIENT HOSPITAL DRUG TREATMENT

This program offers outpatient hospital treatment services for alcohol and drug abuse. Data for these services are combined.

Service Information: A total population of 8,390 received services. Children, 21 and under, serviced, totaled 641. Within the adult age groups, 3,534 adults 22-64 and 35 adults 65 and over received services. 50% of the children serviced were female and 50% were male. 1,872 adult females and 1,662 adult males received the services within the 22-64 age grouping. Within the adult age group 65 and over, 14 females and 26 males received services. The largest racial group in each of the three (3) population groups follows: 1) Caucasian; 2) Caucasian; and 3) African-American, respectively.

Funding Amount and Source: \$33,514,248.37 (Federal and State)

NON-CLINICAL AND NON-HOSPITAL SERVICES

This program includes but is not limited to: ambulance transportation, physician visits, and psychotherapy services.

Service Information: The number of people served was 60,432. Services were provided to 3,887 children ages 21 and under; 22,527 adults ages 22-64; and 1,391 adults ages 65 and over. 2,799 of the children who received services were female; 1,088 were male. Within the adult 22-64 age group, 13,677 recipients were female; 11,876 were male. 673 of the adults in the 65 and over group were female; 879 were male. The largest racial group in each of the three (3) populations serviced was 1) African-American; 2) Caucasian; and 3) Caucasian, respectively.

Funding Amount and Source: \$16,224,747.18 (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 was under contract to provide 20 beds to DMHS agencies for individuals with severe and persistent mental illness and substance use disorders in FY 2009. The program moved from the former site in Verona and provided services to the DMHS population at St Clare's in Boonton. This contract was terminated as of June 30, 2009.

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: Both are 28-day alcohol and drug rehabilitation centers.

Funding Amount and Source: Turning Point: \$1,335,239 State; Maryville: \$191,123 (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.

Funding Amount: Included within \$18.3 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.

Funding Amount and Source: \$824,685 (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.

Funding Amount: Included within the \$46.9 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: \$188,732 (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: \$530,502 from DAS, \$530,502 from DMHS (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.

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. In FY 2009, DMHS budgeted \$2.96 million for the implementation of IOP programs.

Funding Amount: Included within the \$56.3 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.

Funding Amount: Included within the \$23.5 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 Division of Family Development (DFD), Division of Addiction Services (DAS) and Division of 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 Assessment and Case Management services, and (2) prior authorization fee-for-service treatment offered by providers in the SAI Provider Network.

As part of an ongoing collaboration with the Department of Children and Families Division of Youth and Family Services, DFD has partially funded 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 2009: (1) unduplicated (initial) referrals, completed assessments and treatment entries were 5,229, 4,664 and 3,779 respectively; and (2) duplicated numbers (e.g., volume of clients) for the same categories were 10,283, 7,753 and 6,252. The average episodes of care per client is three (3) to four (4), but the range is between one (1) and ten (10) episodes.

The Division of Family Development has partnered with researchers from The National Center of Addiction and Substance Abuse at Columbia University (CASA) to independently evaluate the SAI Intensive Case Management (ICM) model for TANF clients. The research evaluation will assess clients' employment and recovery outcomes along with the economic and health costs to state. It is anticipated that the findings will guide DHS and national policy on implementing cost-effective best practices which ensure fiscal and clinical integrity and help families/clients transition toward greater independence and self-sufficiency.

The SFY 2009 total DFD funding (combined State and Federal funds) for substance abuse was \$33,132,000; \$6.3 million for the expanded CPSAI; \$8.1 million for SAI Care Coordination and Intensive Case Management services; \$18,732,000 million for SAI treatment services.

DEPARTMENT OF LAW AND PUBLIC SAFETY

PREVENTION INFORMATION

DIVISION OF ALCOHOLIC BEVERAGE CONTROL

DANGERS OF UNDERAGE DRINKING" 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

DANGERS OF UNDERAGE DRINKING" RADIO PUBLIC SERVICE ANNOUNCEMENT

In response to increasing concerns about alcohol use among middle school students and the critical role parents play in helping to combat underage drinking at this age, this initiative educates both students and parents about the dangers of underage drinking. Specifically, middle school students throughout the State will be asked to create written 30 second radio public service announcements that "talk" directly to parents about the role they play in preventing underage alcohol use.

Funding Amount: \$20,000

Funding Source: Federal

COPS IN SHOPS/UNDERCOVER OPERATIONS

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 Undercover Operations, police officers working undercover as patrons in retail consumption establishments, conduct operations identifying underage purchasers as well as those who serve them.

Funding Amount: \$162,500

Funding Source: Federal

COLLEGE SUMMIT ON UNDERAGE DRINKING

The main purpose of this program is to host an annual Statewide conference for representatives from New Jersey colleges and universities to discuss the pervasive problems related to underage drinking in the college environment and to develop strategies best suited to each college community. Most recently in the spring of 2009, the one-day conference highlighted the collaboration of community and collegiate

practitioners, as they worked together to prevent underage drinking.

Funding Amount: \$50,000

Funding Source: Federal

LOCAL COMMUNITY-BASED EFFORT TO PREVENT UNDERAGE DRINKING

The Local Community-Based Effort to Prevent Underage Drinking program will seek to address the issue of underage drinking through a community effort involving parents, including PTA/PTO groups, youth, including SADD or other similar organizations, educators and community members, through the use of town hall meetings, parental programs and peer leadership groups.

Funding Amount: \$40,000

Funding Source: Federal

LOLLANOBOOZA

Lollanobooza provides college students with a chance to engage in alcohol-free activities and programs. This event provides a social outlet that does not support the consumption of alcohol, while reinforcing the positive messages given to students during their orientation week and throughout their college years, regarding underage drinking.

Funding Amount: \$10,000

Funding Source: Federal

FATAL VISION GOGGLES

The Fatal Vision Goggles program is designed to inform young people about the dangers of alcohol and the effects on perception and body control. Specifically, Fatal Vision goggles give young people the opportunity to experience firsthand the potentially fatal consequences of alcohol impairment. These goggles serve as a critical tool for schools and substance abuse organizations to use when addressing the issues of underage drinking and driving.

Funding Amount: \$26,000

Funding Source: Federal

TELEVISION PUBLIC SERVICE ANNOUNCEMENTS

The Division will run its, "Down the Shore" PSA during the 2010 summer months. The PSA was designed to inform young people of both the consequences and dangers of underage drinking and that underage drinking will not be tolerated in New Jersey. The 30-second TV announcement will run during shows that typically attract a younger viewing audience.

Funding Amount: \$15,000

Funding Source: Federal

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 or personal problems that affect work performance. The program provides training, prevention information, confidential professional assistance and subsequent referral services. The total budget for the EAP program is \$652,100. The amount below is the amount spent on Prevention Information. There is also 10% of the budget allocated for Intervention and Referral Information.

Funding Amount: \$65,000

Funding Source: 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 participant's= 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

The "Over the Limit, Under Arrest" crackdown was conducted on December 8, 2008 - January 2, 2009 and again from August 21 - September 7, 2009 to raise public awareness about the danger of impaired driving through increased enforcement and media activities. While the Division invited all 490 police agencies to participate in the initial campaign, 92 departments were awarded overtime grants. The remaining agencies were asked to support the crackdown with their own resources. In addition to the enforcement effort, the Division used earned media to deliver the message. A Statewide press release was issued to print and broadcast media and police department grantees were also asked to engage their local media in reporting the initiative. Both activities generated strong newspaper and radio coverage around the State. The crackdown resulted in 1,909 DWI arrests. Police agency participation was also strong with 424 taking part in the campaign. In addition, the participating police departments issued 12,734 and 5,199 speeding and seat belt summonses respectively. While the crackdown=s focus was on impaired driving, motorists were also reminded of the State=s commitment to proper restraint and observing posted speed limits.

The third "Over the Limit, Under Arrest" driving campaign was conducted from August 21 B September 7, 2009. The law enforcement community conducted high-visibility checkpoints and roving patrols during the campaign. Media events were conducted to raise awareness of the campaign. Highlights of the two-week campaign included participation by over 400 police agencies and over 1,500 DWI arrests were made.

Funding Amount: \$1,876,000

Funding Source: Federal Funds

A cooperative law enforcement effort was implemented in five towns in Northern Burlington County to combat drunk driving. The first of its kind effort allowed five towns (Bordentown Township and City, Mansfield Township, Chesterfield Township and North Hanover Township) to share law enforcement resources for drunk driving saturation patrols. Under this initiative, officers from all five jurisdictions patrolled across

municipal lines to stop and arrest drunk drivers. The cooperative program enhances the efforts of smaller towns to apprehend drunk drivers by increasing law enforcement visibility. Forty-two drunk driving arrests were made in the five participating towns.

Funding Amount: \$37,000

Funding Source: Federal

TRAINING

The Alcohol/Drug Test Unit (ADTU) coordinators continued to train new breathalyzer operators at five-day Breathalyzer Operator Courses in 2009. There are currently over 10,000 certified breathalyzer operators in the State. The ADTU coordinators re-certified breathalyzer operators, conducting one-day re-certification classes. ADTU coordinators also trained police officers in DWI identification, apprehension, processing and prosecution at the Standardized Field Sobriety classes. Additionally, the ADTU re-certified officers at one-day Standardized Field Sobriety Test refresher courses.

The ADTU coordinated the Drug Evaluation Classification/Drug Recognition Expert training program. This training enabled 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.

Funding Amount: \$534,838

Funding Source: Federal Funds

COLLEGE/HIGH SCHOOL PROGRAMS

The College of New Jersey hosted its 8th Statewide Peer Institute in 2009. The event serves to train peer educators and leaders from New Jersey colleges and the tri-state area to become peer educators on their respective campuses. Programs were also developed with the campus police force and Ewing Township Police Department to address alcohol and other drug related issues. Police from both agencies worked collaboratively to patrol off-campus housing areas and popular student gathering spots.

Stockton College sponsored alcohol/drug education workshops on campus emphasizing risks associated with alcohol/drug abuse and driving. In addition, personnel from local taverns and restaurants were trained on how to prevent drunk driving by student customers. The prevention program included an intensive three-hour training session leading to certification from Stockton College and regular communication with local restaurants and taverns to offer confidential counseling programs to students that are experiencing problems with drinking and driving.

Funds were provided to New Jersey City University to address the link between substance abuse, irresponsible behavior and highway safety among university and high school students in the Jersey City area. The program focused on strengthening the relationship between university and inner city high school students through interactive role modeling exercises and a peer education training program. A highway safety

outreach program on the New Jersey City University campus, consisting of presentations, information tables with resources on substance abuse and highway safety and a peer mentoring high school program was developed. Peer educators were used to reach student groups in elementary, middle and senior high schools as well as to conduct community outreach with local social service agencies.

The Rutgers Comprehensive Alcohol and Traffic Education and Enforcement Program focused on helping to reduce the number of people killed or seriously injured in crashes caused by impaired drivers. The program combined community prevention efforts in law enforcement with innovative educational and community outreach activities on campus. A series of supplemental enforcement programs were scheduled, which included DWI stops and the comprehensive Check for 21 Program. The education component provided training resources for police officers to disseminate materials throughout the Rutgers community. Rutgers police officers also received training on alcohol and drug abuse prevention training techniques. Police officers served as mentors and conducted drug and alcohol abuse education programs for the campus population.

Funding Amount: \$166,266

Funding Source: Federal Funds

COMMUNITY OUTREACH PROGRAM

Funds were provided to develop and deliver a teen driving community outreach program for Hispanic youth, 17-20 years of age. Two agencies, FOCUS Hispanic Community Center in Newark and the Puerto Rican Action Committee of Southern NJ located in Penns Grove, received awards that were used to develop, script, produce, and distribute public service announcements aimed at Hispanic young drivers. Spanish language billboards were placed in Newark promoting the dangers of drinking and driving. Simulation goggles which demonstrate to teens the impact alcohol has on driving were used to initiate outreach efforts throughout Salem and Cumberland Counties.

Funding Amount: \$87,000

Funding Source: Federal

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 \$4.1 million was made available to law enforcement agencies during State Fiscal Year 2009(July 1, 2008 B June 30, 2009) in an effort to reduce alcohol-related fatalities and crashes.

Funding Amount: \$4.1 million

Funding Source: Dedicated

JUVENILE JUSTICE COMMISSION

FATAL VISION GOGGLES

The Juvenile Justice Commission participates in the AEnforcing the Underage Drinking Laws Grant Program@ through the use of Fatal Vision Goggles. This program increases the knowledge and understanding of youth both in correctional and non-correctional settings, about the laws, consequences and experience of being under the influence of alcohol using simulator goggles and supportive classroom materials.

Funding Amount: \$13,000 FY 2007

\$13,000 FY 2008

Funding Source: The Division of Alcohol Beverage and Control subgrants the Federal monies to Juvenile Justice Commission.

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 or personal problems that affect work performance. The program provides training, prevention information, confidential professional assistance and subsequent referral services. The total budget for the EAP program is \$652,100. The amount below is the amount spent on Intervention and Referral Information.

Funding Amount: \$65,000

Funding Source: DSS - State

TREATMENT INFORMATION

NEW JERSEY RACING COMMISSION

ON-SITE ALCOHOL AND OTHER DRUG COUNSELING

The Backstretch Benevolent Fund provides funding, on occasion, to support salaries of an on-site (racetrack) alcohol and other drug counselor for an expanded group of backstretch personnel. The funding amount varies.

Funding Amount: Variable

Funding Source: Dedicated (Assessed to Racing Industry)

DIVISION OF CRIMINAL JUSTICE

RESIDENTIAL SUBSTANCE ABUSE TREATMENT (RSAT) FOR STATE PRISONERS GRANT PROGRAM - NO RETURN

The Department of Corrections utilizes these funds to support a 160 bed therapeutic community treatment program located at the Garden State Youth Correctional Facility. This program is designed to address the treatment needs of the State's youthful offender.

Funding Amount and Source: \$75,377 (Federal), \$25,126 (State)

RESIDENTIAL SUBSTANCE ABUSE TREATMENT (RSAT) - CUMBERLAND COUNTY LOCAL JAIL-BASED TREATMENT PROGRAM

The Cumberland County Alcohol and Drug Abuse Services will implement a jail-based RSAT program for inmates housed within the Cumberland County Department of Corrections. There will be four 12 week cycles providing substance abuse treatment to approximately 96 inmates per year. The program will provide alcohol and drug related education; relapse prevention sessions; group therapy and other services.

Funding Amount and Source: \$43,703 (Federal), \$14,568 (County)

DEVELOPING OPPORTUNITIES AND VALUES THROUGH EDUCATION AND SUBSTANCE ABUSE TREATMENT (D.O.V.E.S)

The Juvenile Justice Commission utilizes these funds to support a 17 bed Residential Therapeutic Community; two beds are designated for Arelapse intervention@. Substance abuse counselors provide assessment, case management, counseling, aftercare referral and follow up.

Funding Amount and Source: The Division of Criminal Justice subgrants funds to JJC: \$68,703 (Federal), \$22,901 (State)

JUVENILE JUSTICE COMMISSION

JUVENILE ACCOUNTABILITY BLOCK GRANT (JABG)

The purpose of the JAIBG Program is to provide states and units of local government with funds to develop programs to promote greater accountability in the juvenile justice system. Funds are available for 17 purpose areas, one of which is substance abuse.

**Funding Amount and Source: \$99,972 FFY 2008 Federal
 \$100,614 FY 2007 State**

COMPREHENSIVE SUBSTANCE ABUSE ASSESSMENTS

Comprehensive substance abuse assessments are conducted on youth entering the Juvenile Justice Commission. The Commission has contracted with the Mercer Council on Alcohol and Drug Addiction for the services of two Certified Alcohol and Drug Counselors. Information compiled through the use of customized assessments is correlated with the American Society of Addiction Medicine=s Adolescent Patient Placement Criteria (ASAM-PPC-2R) for use in determining level of care.

**Funding Amount: \$133,417
Funding Source: State**

ALPHA META

The JJC Residential Substance Abuse Program at New Jersey Training School for Boys, Jamesburg (NJTSB) provides treatment, placement, aftercare referral and evaluation to participants of this 52 bed, residential Therapeutic Community. An administrator coordinates all aspects of substance abuse treatment. Substance abuse counselors provide case management, counseling, aftercare referral and follow up. The Office of Substance Abuse Administration interfaces with NJTSB classification to ensure proper referrals to the Substance Abuse Programs, coordinates transfers to programs in the community and provides follow up case management for all juveniles placed in community programs and aftercare services. Drug testing is done two times per month on all residents on a routine basis in order to maintain a drug free environment.

**Funding Amount: \$325,820
Funding Source: State**

NJ DEPARTMENT OF HEALTH AND SENIOR SERVICES-CONTRACTED BEDS

Through a memorandum of Agreement (MOA) between the Department of Health (DOH) and the Juvenile Justice Commission (JJC), the Division of Addiction Services (DAS) provides residential substance abuse treatment to juveniles under the custody and care of the JJC. The JJC has the use of 67 beds and reimburses the DHS for eight beds via the MOA. The following DAS programs are utilized by the JJC: Integrity

Newark, Integrity Secaucus, New Hope Secaucus, New Hope Marlboro, and Newark Renaissance.

Funding Amount: \$233,816

Funding Source: Grants-in-Aid

JJC RESIDENTIAL COMMUNITY HOME (RCH): CAMPUS RCH

Campus RCH, located in Camden County, is the Commission's original substance abuse treatment program which serves up to 40 male residents. It utilizes the principle of rational emotive behavioral therapy supported by a customized social learning curriculum within a Therapeutic Community milieu.

Funding Amount: \$1,262,000

Funding Source: State

JJC RESIDENTIAL COMMUNITY HOME (RCH): OCEAN RCH

Ocean RCH, located in Ocean County, serves up to 40 male residents. It utilizes the principle of rational emotive behavioral therapy supported by a customized social learning curriculum within a Therapeutic Community milieu.

Funding Amount: \$1,151,000

Funding Source: State

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.

Intervention & Referral Information

WORKFORCE DEVELOPMENT

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: In Fiscal Year 2009, 5,575 participants in this program were identified as having a primary or secondary substance abuse related disabilities.

Correction of Fiscal Year 2008 Information: In Fiscal Year 2008, 5,698 participants were identified as having a primary or secondary substance abuse related disabilities. This is a significant increase from the previously submitted information for FY 2008 and is due to improved data collection methods.

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.

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 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.

Drug Demand Reduction Program Information

New Jersey National Guard

RED RIBBON CAMPAIGN

The New Jersey National Guard is actively involved in the Aviation Role Model Program, an initiative in which Army National Guard pilots educate students on the benefits of a drug free life style and promote healthy life choices.

Service Information: The New Jersey National Guard, DEA and the New Jersey Prevention Network distributed an estimated 30,000 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 5,000 students in grades 5-12 located in 21 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: 65,000

Funding Source: Federal

YOUTH CAMPS - NJ NATIONAL GUARD - COUNTERDRUG 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 are 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: 50,000

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: 140,000
Funding Source: Federal

STAY ON TRACK

The New Jersey National Guard provides the Stay on Track program to Middle School students, their teachers, and their families. The primary focus of the Stay on Track program is to provide a curriculum of materials and supplemental products to reduce future substance abuse by reinforcing the drug-free commitment of America's youth through Cognitive Development, Social Skills Development, and Emotional Development.

Service Information: The New Jersey National Guard implemented the Stay on Track program in 2009 for Sussex county and will implement the program for Burlington county in the Spring of 2009. The program will serve 600 children in grades 6th, 7th, and 8th through 12/45-minute lessons in school classrooms, after-school settings and other school and youth-organization settings. The Stay on Track program contributes directly to Middle Level National Learning Standards for students in Health, Life Sciences and Language Arts. The program uses instruction and assessment to enhance optimal physical, mental, social, and emotional development of students necessary for lifelong health and learning.

Funding Amount: 150,000
Funding Source: Federal

NEW JERSEY MUNICIPAL ALLIANCE PROGRAM

The Governor's Council on Alcoholism and Drug Abuse (GCADA) funds the New Jersey Municipal Alliance Program to Prevent Alcoholism and Drug Abuse, which was established by state statute in 1989. The Municipal Alliance Program is a network comprised of 529 of the state's 566 municipalities dedicated to a comprehensive and coordinated effort against alcoholism and drug abuse. The Municipal Alliance Program is a mechanism both for implementing policies to reduce alcoholism and drug abuse at the municipal level, and for providing funds to support appropriate county and municipal based alcohol and drug abuse education and public awareness efforts.

The Drug Enforcement Demand Reduction (DEDR) Fund collects funds from convicted drug offenders and provides for the operations of the GCADA and the grants to the 21 counties for the Municipal Alliance Program. In 2009, \$9.5 million in DEDR funds were granted to the counties by a funding formula established by the GCADA, were disbursed to their municipal alliances and supported more than 3,500 community based programs. The Alliances marshaled nearly 10,000 volunteers, engaged more than 700,000 participants in their programs and provided public awareness messages reaching millions of residents.

The following 2009 information is provided to give readers a snap shot of the efforts of the Municipal Alliance Program by County and municipality.

County Funding by CSAP Strategy for Grant Year 2009

Union

Alliance Name	Consortium	Legislative District	Total Funding	Alternatives	Collaboration	Communications	Early Intervention	Education	Enforcement	Policy
Berkeley Heights		21	\$11,453.00	\$1,487.00	\$0.00	\$2,093.00	\$0.00	\$7,873.00	\$0.00	\$0.00
Clark		22	\$18,654.00	\$2,954.00	\$203.00	\$4,998.00	\$0.00	\$10,499.00	\$0.00	\$0.00
County Coordination			\$79,631.00	\$0.00	\$0.00	\$79,631.00	\$0.00	\$0.00	\$0.00	\$0.00
Countywide Project			\$3,911.00	\$0.00	\$0.00	\$3,911.00	\$0.00	\$0.00	\$0.00	\$0.00
Cranford		21	\$26,518.00	\$12,264.00	\$0.00	\$6,092.00	\$0.00	\$8,162.00	\$0.00	\$0.00
Elizabeth		20	\$82,881.00	\$9,600.00	\$0.00	\$23,801.00	\$0.00	\$49,480.00	\$0.00	\$0.00
Garwood		21	\$14,405.00	\$5,026.00	\$0.00	\$2,161.00	\$0.00	\$7,218.00	\$0.00	\$0.00
Hillside		29	\$16,354.00	\$4,538.00	\$0.00	\$4,203.00	\$0.00	\$7,613.00	\$0.00	\$0.00
Kenilworth		20	\$17,744.00	\$4,895.00	\$2,662.00	\$0.00	\$7,187.00	\$3,000.00	\$0.00	\$0.00
Linden		22	\$38,987.00	\$8,624.00	\$268.00	\$5,848.00	\$0.00	\$24,247.00	\$0.00	\$0.00
Mountainside		21	\$15,769.00	\$3,925.00	\$150.00	\$2,365.00	\$250.00	\$9,079.00	\$0.00	\$0.00
New Providence		21	\$17,583.00	\$2,500.00	\$2,835.00	\$3,853.00	\$0.00	\$8,395.00	\$0.00	\$0.00
Plainfield		22	\$39,285.00	\$10,447.00	\$6,093.00	\$2,000.00	\$0.00	\$20,745.00	\$0.00	\$0.00
Rahway		22	\$32,928.00	\$0.00	\$3,144.00	\$9,982.00	\$0.00	\$19,802.00	\$0.00	\$0.00
Roselle		20	\$16,498.00	\$1,520.00	\$0.00	\$2,675.00	\$0.00	\$12,303.00	\$0.00	\$0.00
Roselle Park		21	\$31,438.00	\$1,620.00	\$4,866.00	\$9,860.00	\$0.00	\$15,092.00	\$0.00	\$0.00
Scotch Plains/Fanwood	Y	22	\$33,979.00	\$3,400.00	\$2,732.00	\$150.00	\$2,900.00	\$22,297.00	\$0.00	\$2,500.00
Springfield		21	\$26,289.00	\$1,800.00	\$7,109.00	\$0.00	\$0.00	\$17,380.00	\$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	\$29,527.00	\$0.00	\$7,018.00	\$8,970.00	\$1,288.00	\$12,251.00	\$0.00	\$0.00
Westfield		21	\$28,376.00	\$1,954.00	\$0.00	\$0.00	\$0.00	\$26,422.00	\$0.00	\$0.00
Totals			\$613,770.00	\$78,554.00	\$37,080.00	\$180,559.00	\$11,625.00	\$303,452.00	\$0.00	\$2,500.00
Percentages				12.8%	6.0%	29.4%	1.9%	49.4%	0.0%	0.4%

County Funding by CSAP Strategy for Grant Year 2009

Atlantic

Alliance Name	Consortium	Legislative District	Total Funding	Alternatives	Collaboration	Communications	Early Intervention	Education	Enforcement	Policy
Absecon		2	\$9,800.00	\$1,095.00	\$0.00	\$3,500.00	\$0.00	\$5,205.00	\$0.00	\$0.00
Atlantic City		2	\$21,601.00	\$7,625.00	\$5,000.00	\$0.00	\$4,391.00	\$4,585.00	\$0.00	\$0.00
Brigantine		2	\$12,104.00	\$5,900.00	\$250.00	\$1,754.00	\$0.00	\$4,200.00	\$0.00	\$0.00
Buena Vista/Buena/Weymouth	Y	1	\$12,410.00	\$0.00	\$1,000.00	\$1,445.00	\$0.00	\$9,965.00	\$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			\$14,099.00	\$0.00	\$9,599.00	\$4,500.00	\$0.00	\$0.00	\$0.00	\$0.00
Egg Harbor City		2	\$22,725.00	\$500.00	\$4,950.00	\$600.00	\$3,500.00	\$13,175.00	\$0.00	\$0.00
Egg Harbor Township		2	\$23,570.00	\$2,114.00	\$8,988.50	\$0.00	\$0.00	\$12,467.50	\$0.00	\$0.00
Folsom		9	\$13,010.00	\$3,169.00	\$0.00	\$832.00	\$1,000.00	\$8,009.00	\$0.00	\$0.00
Galloway Township		2	\$34,340.00	\$5,700.00	\$2,700.00	\$0.00	\$0.00	\$25,940.00	\$0.00	\$0.00
Hamilton/Estell Manor	Y	2	\$24,840.00	\$8,320.00	\$2,000.00	\$0.00	\$0.00	\$14,520.00	\$0.00	\$0.00
Hammonton		9	\$13,568.00	\$0.00	\$500.00	\$3,000.00	\$0.00	\$10,068.00	\$0.00	\$0.00
Linwood		2	\$11,470.00	\$3,255.00	\$1,000.00	\$0.00	\$0.00	\$7,215.00	\$0.00	\$0.00
Margate/Longport	Y	2	\$20,125.00	\$11,385.00	\$0.00	\$0.00	\$1,734.00	\$7,006.00	\$0.00	\$0.00
Mullica		2	\$11,860.00	\$10,485.00	\$375.00	\$0.00	\$0.00	\$1,000.00	\$0.00	\$0.00
Northfield		2	\$13,145.00	\$2,000.00	\$3,600.00	\$0.00	\$0.00	\$7,545.00	\$0.00	\$0.00
Pleasantville		2	\$18,375.00	\$2,050.00	\$7,906.89	\$0.00	\$0.00	\$8,418.11	\$0.00	\$0.00
Port Republic		2	\$9,840.00	\$1,780.00	\$3,260.00	\$0.00	\$0.00	\$4,800.00	\$0.00	\$0.00
Somers Point		1	\$14,355.00	\$3,000.00	\$0.00	\$1,200.00	\$0.00	\$10,155.00	\$0.00	\$0.00
Ventnor		2	\$13,470.00	\$6,854.37	\$0.00	\$4,550.00	\$0.00	\$2,065.63	\$0.00	\$0.00
Totals			\$359,707.00	\$75,232.37	\$51,129.39	\$66,381.00	\$10,625.00	\$156,339.24	\$0.00	\$0.00
Percentages				20.9%	14.2%	18.5%	3.0%	43.5%	0.0%	0.0%

County Funding by CSAP Strategy for Grant Year 2009

Bergen

Alliance Name	Consortium	Legislative District	Total Funding	Alternatives	Collaboration	Communications	Early Intervention	Education	Enforcement	Policy
Allendale		39	\$11,017.00	\$0.00	\$0.00	\$525.00	\$0.00	\$10,492.00	\$0.00	\$0.00
Alpine		39	\$10,000.00	\$1,500.00	\$0.00	\$1,000.00	\$0.00	\$7,500.00	\$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	\$10,967.00	\$3,850.00	\$0.00	\$4,387.00	\$500.00	\$2,230.00	\$0.00	\$0.00
Carlstadt		36	\$11,017.00	\$0.00	\$0.00	\$0.00	\$0.00	\$11,017.00	\$0.00	\$0.00
Cliffside Park		38	\$12,933.00	\$3,233.25	\$1,940.00	\$0.00	\$0.00	\$7,759.75	\$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			\$19,500.00	\$0.00	\$0.00	\$19,500.00	\$0.00	\$0.00	\$0.00	\$0.00
Countywide Special Projects			\$91,599.74	\$0.00	\$0.00	\$91,599.74	\$0.00	\$0.00	\$0.00	\$0.00
Cresskill		39	\$11,500.00	\$5,150.00	\$0.00	\$0.00	\$0.00	\$6,350.00	\$0.00	\$0.00
Demarest		39	\$10,000.00	\$1,000.00	\$0.00	\$2,300.00	\$1,000.00	\$5,700.00	\$0.00	\$0.00
Dumont		39	\$12,932.00	\$2,966.00	\$0.00	\$0.00	\$0.00	\$9,966.00	\$0.00	\$0.00
East Rutherford		36	\$10,725.50	\$0.00	\$0.00	\$0.00	\$0.00	\$10,725.50	\$0.00	\$0.00
Edgewater		38	\$10,767.00	\$3,500.00	\$1,400.00	\$1,100.00	\$1,517.00	\$3,250.00	\$0.00	\$0.00
Elmwood Park		38	\$12,933.00	\$2,758.00	\$1,900.00	\$0.00	\$0.00	\$8,275.00	\$0.00	\$0.00
Emerson		39	\$11,017.00	\$0.00	\$3,453.00	\$0.00	\$0.00	\$7,564.00	\$0.00	\$0.00
Englewood		37	\$16,765.00	\$4,191.25	\$0.00	\$4,191.25	\$4,191.25	\$4,191.25	\$0.00	\$0.00
Englewood Cliffs		37	\$11,017.00	\$2,755.00	\$0.00	\$0.00	\$0.00	\$8,262.00	\$0.00	\$0.00
Fair Lawn		38	\$10,500.00	\$4,250.00	\$2,500.00	\$0.00	\$0.00	\$3,300.00	\$450.00	\$0.00
Fairview		32	\$11,017.00	\$0.00	\$0.00	\$0.00	\$0.00	\$11,017.00	\$0.00	\$0.00
Fort Lee		38	\$14,250.00	\$3,562.50	\$1,425.00	\$0.00	\$2,137.50	\$7,125.00	\$0.00	\$0.00
Franklin Lakes		40	\$11,017.00	\$0.00	\$0.00	\$1,101.00	\$0.00	\$9,916.00	\$0.00	\$0.00
Garfield		36	\$16,765.00	\$3,615.00	\$1,450.00	\$1,600.00	\$200.00	\$9,900.00	\$0.00	\$0.00
Glen Rock		35	\$12,467.00	\$1,450.00	\$0.00	\$0.00	\$1,650.00	\$9,367.00	\$0.00	\$0.00
Hackensack		37	\$16,365.25	\$0.00	\$3,200.00	\$0.00	\$0.00	\$12,165.25	\$1,000.00	\$0.00
Harrington Park		39	\$10,000.00	\$4,000.00	\$0.00	\$1,000.00	\$0.00	\$5,000.00	\$0.00	\$0.00
Hasbrouck Heights		38	\$11,017.00	\$3,225.00	\$0.00	\$1,102.00	\$0.00	\$6,690.00	\$0.00	\$0.00
Haworth		39	\$9,000.00	\$1,000.00	\$0.00	\$0.00	\$0.00	\$8,000.00	\$0.00	\$0.00
Hillsdale		39	\$11,017.00	\$1,725.00	\$0.00	\$871.00	\$0.00	\$8,421.00	\$0.00	\$0.00
Ho-Ho-Kus		39	\$9,500.00	\$2,500.00	\$0.00	\$0.00	\$0.00	\$7,000.00	\$0.00	\$0.00
Leonia		37	\$9,364.45	\$0.00	\$0.00	\$2,003.11	\$750.00	\$6,611.34	\$0.00	\$0.00
Little Ferry		38	\$11,017.00	\$0.00	\$1,652.55	\$0.00	\$0.00	\$9,364.45	\$0.00	\$0.00
Lodi		38	\$12,933.00	\$0.00	\$0.00	\$0.00	\$0.00	\$9,699.75	\$3,233.25	\$0.00
Lyndhurst			\$12,933.00	\$2,000.00	\$0.00	\$0.00	\$3,500.00	\$6,433.00	\$1,000.00	\$0.00
Mahwah		40	\$12,933.00	\$0.00	\$0.00	\$0.00	\$1,000.00	\$11,933.00	\$0.00	\$0.00

Bergen

Alliance Name	Consortium	Legislative	Total	Alternatives	Collaboration	Communications	Early	Education	Enforcement	Policy
		District	Funding				Intervention			
Midland Park		40	\$11,017.00	\$0.00	\$0.00	\$4,254.25	\$1,000.00	\$5,762.75	\$0.00	\$0.00
Montvale		39	\$8,517.00	\$0.00	\$2,258.50	\$0.00	\$0.00	\$6,258.50	\$0.00	\$0.00
Moonachie		36	\$10,000.00	\$2,500.00	\$0.00	\$1,500.00	\$0.00	\$6,000.00	\$0.00	\$0.00
New Milford		39	\$12,933.00	\$2,983.00	\$0.00	\$1,125.00	\$0.00	\$8,825.00	\$0.00	\$0.00
North Arlington		36	\$12,933.00	\$1,808.00	\$0.00	\$1,300.00	\$0.00	\$9,825.00	\$0.00	\$0.00
Northvale		39	\$10,800.00	\$2,500.00	\$801.00	\$0.00	\$1,500.00	\$5,499.00	\$500.00	\$0.00
Norwood		39	\$11,017.00	\$0.00	\$0.00	\$0.00	\$0.00	\$11,017.00	\$0.00	\$0.00
Oakland		40	\$9,325.00	\$2,325.00	\$0.00	\$0.00	\$0.00	\$7,000.00	\$0.00	\$0.00
Old Tappan		39	\$11,017.00	\$3,254.00	\$2,851.50	\$0.00	\$0.00	\$4,911.50	\$0.00	\$0.00
Oradell		39	\$12,762.25	\$2,754.25	\$0.00	\$0.00	\$0.00	\$10,008.00	\$0.00	\$0.00
Palisades Park		37	\$12,933.00	\$0.00	\$0.00	\$2,567.15	\$0.00	\$9,265.85	\$1,100.00	\$0.00
Paramus		38	\$12,750.00	\$0.00	\$0.00	\$0.00	\$0.00	\$12,750.00	\$0.00	\$0.00
Park Ridge		39	\$8,517.00	\$4,250.00	\$0.00	\$0.00	\$1,017.00	\$3,250.00	\$0.00	\$0.00
Ramsey		39	\$6,317.00	\$0.00	\$0.00	\$0.00	\$0.00	\$6,317.00	\$0.00	\$0.00
Ridgefield		38	\$11,017.00	\$2,784.00	\$0.00	\$0.00	\$0.00	\$8,233.00	\$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	\$12,960.00	\$2,444.00	\$0.00	\$0.00	\$0.00	\$10,516.00	\$0.00	\$0.00
River Edge		39	\$11,017.00	\$2,000.00	\$2,000.00	\$0.00	\$2,163.00	\$4,854.00	\$0.00	\$0.00
River Vale		39	\$10,017.00	\$1,500.00	\$0.00	\$0.00	\$0.00	\$8,517.00	\$0.00	\$0.00
Rochelle Park		37	\$11,016.75	\$1,101.00	\$0.00	\$1,601.70	\$0.00	\$8,314.05	\$0.00	\$0.00
Rutherford		36	\$10,673.00	\$3,940.00	\$500.00	\$0.00	\$3,233.00	\$3,000.00	\$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	\$2,500.00	\$0.00	\$0.00	\$7,500.00	\$0.00	\$0.00
Teaneck		37	\$16,765.00	\$2,400.00	\$0.00	\$800.00	\$0.00	\$13,565.00	\$0.00	\$0.00
Tenafly		37	\$11,708.00	\$1,725.00	\$0.00	\$3,191.00	\$0.00	\$6,792.00	\$0.00	\$0.00
Upper Saddle River		39	\$11,067.00	\$1,650.00	\$1,000.00	\$500.00	\$0.00	\$7,917.00	\$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	\$6,608.00	\$0.00	\$742.00	\$1,400.00	\$2,750.00	\$0.00	\$0.00
Washington Township		39	\$11,017.00	\$0.00	\$0.00	\$0.00	\$0.00	\$11,017.00	\$0.00	\$0.00
Westwood		39	\$11,017.00	\$1,653.00	\$0.00	\$1,101.25	\$0.00	\$8,262.75	\$0.00	\$0.00
Wood-Ridge		36	\$11,017.00	\$0.00	\$0.00	\$0.00	\$0.00	\$11,017.00	\$0.00	\$0.00
Woodcliff Lake		39	\$10,617.00	\$5,406.80	\$0.00	\$0.00	\$0.00	\$5,210.20	\$0.00	\$0.00
Wyckoff		40	\$12,932.00	\$0.00	\$0.00	\$3,233.00	\$0.00	\$9,699.00	\$0.00	\$0.00
Totals			\$960,464.94	\$126,242.05	\$33,581.55	\$244,945.45	\$27,058.75	\$521,353.89	\$7,283.25	\$0.00
Percentages				13.1%	3.5%	25.5%	2.8%	54.3%	0.8%	0.0%

County Funding by CSAP Strategy for Grant Year 2009

Burlington

Alliance Name	Consortium	Legislative District	Total Funding	Alternatives	Collaboration	Communications	Early Intervention	Education	Enforcement	Policy
Bass River		9	\$12,000.00	\$10,350.00	\$0.00	\$1,400.00	\$0.00	\$250.00	\$0.00	\$0.00
Beverly			\$5,000.00	\$0.00	\$0.00	\$0.00	\$0.00	\$5,000.00	\$0.00	\$0.00
Bordentown		30	\$22,900.00	\$3,500.00	\$0.00	\$5,200.00	\$0.00	\$14,200.00	\$0.00	\$0.00
Burlington City		7	\$20,200.00	\$2,300.00	\$2,000.00	\$2,100.00	\$0.00	\$13,800.00	\$0.00	\$0.00
Burlington Township		7	\$16,650.00	\$7,500.00	\$0.00	\$1,500.00	\$2,000.00	\$5,650.00	\$0.00	\$0.00
Chesterfield		30	\$15,000.00	\$8,100.00	\$0.00	\$500.00	\$4,000.00	\$2,400.00	\$0.00	\$0.00
Cinnaminson		7	\$21,800.00	\$6,500.00	\$0.00	\$3,000.00	\$0.00	\$12,300.00	\$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			\$23,757.00	\$0.00	\$0.00	\$18,757.00	\$0.00	\$5,000.00	\$0.00	\$0.00
Delran		7	\$33,600.00	\$3,140.00	\$0.00	\$0.00	\$0.00	\$30,460.00	\$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
Evesham		8	\$25,000.00	\$9,500.00	\$0.00	\$3,300.00	\$0.00	\$12,200.00	\$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	\$30,200.00	\$4,000.00	\$0.00	\$12,500.00	\$0.00	\$13,700.00	\$0.00	\$0.00
Medford Lakes		8	\$11,600.00	\$2,500.00	\$0.00	\$2,950.00	\$0.00	\$6,150.00	\$0.00	\$0.00
Medford Township		8	\$20,000.00	\$7,750.00	\$0.00	\$600.00	\$1,000.00	\$10,650.00	\$0.00	\$0.00
Moorestown		8	\$19,000.00	\$2,200.00	\$6,500.00	\$0.00	\$1,000.00	\$9,300.00	\$0.00	\$0.00
Mt. Laurel		8	\$28,000.00	\$0.00	\$9,500.00	\$0.00	\$2,500.00	\$16,000.00	\$0.00	\$0.00
New Hanover/Wrightstown		30	\$24,737.00	\$10,042.00	\$690.00	\$1,850.00	\$6,395.00	\$5,760.00	\$0.00	\$0.00
North Hanover		30	\$11,500.00	\$6,970.00	\$0.00	\$1,030.00	\$0.00	\$3,500.00	\$0.00	\$0.00
Palmyra		7	\$17,200.00	\$7,300.00	\$0.00	\$4,200.00	\$2,000.00	\$3,700.00	\$0.00	\$0.00
Pemberton Borough		8	\$9,500.00	\$4,500.00	\$0.00	\$2,000.00	\$1,500.00	\$1,500.00	\$0.00	\$0.00
Pemberton Township		8	\$21,000.00	\$11,650.00	\$0.00	\$2,750.00	\$3,600.00	\$3,000.00	\$0.00	\$0.00
RCASA/Mt. Holly, Lumberton, Hain		7	\$43,000.00	\$6,000.00	\$0.00	\$6,400.00	\$0.00	\$30,600.00	\$0.00	\$0.00
Riverside/Delanco		7	\$19,000.00	\$1,000.00	\$0.00	\$5,500.00	\$0.00	\$12,500.00	\$0.00	\$0.00
Shamong		8	\$20,300.00	\$8,000.00	\$0.00	\$0.00	\$2,000.00	\$10,300.00	\$0.00	\$0.00
Southampton		8	\$14,000.00	\$5,800.00	\$0.00	\$800.00	\$0.00	\$6,700.00	\$700.00	\$0.00
Springfield		8	\$12,800.00	\$0.00	\$0.00	\$0.00	\$0.00	\$12,800.00	\$0.00	\$0.00
Tabernacle		8	\$14,080.00	\$6,080.00	\$1,280.00	\$3,000.00	\$800.00	\$2,920.00	\$0.00	\$0.00
Washington		9	\$5,400.00	\$1,300.00	\$1,500.00	\$0.00	\$800.00	\$1,800.00	\$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			\$624,513.06	\$136,782.00	\$21,470.00	\$87,087.00	\$27,595.00	\$350,879.06	\$700.00	\$0.00
Percentages				21.9%	3.4%	13.9%	4.4%	56.2%	0.1%	0.0%

County Funding by CSAP Strategy for Grant Year 2009

Camden

Alliance Name	Consortium	Legislative District	Total Funding	Alternatives	Collaboration	Communications	Early Intervention	Education	Enforcement	Policy
Audubon, Audubon Park, Emphrain	Y	6	\$27,076.00	\$5,376.00	\$0.00	\$2,000.00	\$8,000.00	\$11,700.00	\$0.00	\$0.00
Barrington		5	\$10,975.00	\$5,470.00	\$0.00	\$0.00	\$0.00	\$5,505.00	\$0.00	\$0.00
Bellmawr		5	\$15,243.00	\$3,000.00	\$0.00	\$2,000.00	\$0.00	\$10,243.00	\$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		5	\$7,850.00	\$1,000.00	\$0.00	\$0.00	\$0.00	\$6,850.00	\$0.00	\$0.00
Camden		5	\$61,961.00	\$0.00	\$0.00	\$0.00	\$30,980.00	\$30,981.00	\$0.00	\$0.00
Cherry Hill		6	\$56,268.00	\$17,950.00	\$1,300.00	\$2,500.00	\$16,500.00	\$18,018.00	\$0.00	\$0.00
Chesilhurst		6	\$8,565.00	\$0.00	\$1,900.00	\$0.00	\$0.00	\$6,665.00	\$0.00	\$0.00
Clementon		6	\$10,246.00	\$5,146.00	\$0.00	\$0.00	\$1,100.00	\$4,000.00	\$0.00	\$0.00
Collingswood		6	\$16,525.00	\$9,800.00	\$1,000.00	\$0.00	\$0.00	\$5,725.00	\$0.00	\$0.00
Coordination			\$63,843.93	\$0.00	\$63,843.93	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Countywide Training			\$27,563.93	\$0.00	\$0.00	\$0.00	\$0.00	\$27,563.93	\$0.00	\$0.00
Gloucester City		5	\$15,141.00	\$0.00	\$3,233.00	\$1,404.00	\$10,504.00	\$0.00	\$0.00	\$0.00
Gloucester Twp`		4	\$46,784.00	\$17,626.00	\$6,233.00	\$0.00	\$4,000.00	\$18,925.00	\$0.00	\$0.00
Haddon Heights		5	\$11,574.00	\$4,800.00	\$0.00	\$0.00	\$6,774.00	\$0.00	\$0.00	\$0.00
Haddon Twp		6	\$13,813.00	\$0.00	\$0.00	\$0.00	\$5,500.00	\$8,313.00	\$0.00	\$0.00
haddonfield		6	\$14,226.00	\$2,000.00	\$500.00	\$500.00	\$750.00	\$10,476.00	\$0.00	\$0.00
Lawnside		5	\$8,087.00	\$500.00	\$0.00	\$3,587.00	\$0.00	\$4,000.00	\$0.00	\$0.00
Lindenwold		4	\$17,764.00	\$12,500.00	\$1,000.00	\$0.00	\$500.00	\$3,764.00	\$0.00	\$0.00
Magnolia		5	\$9,326.00	\$3,526.00	\$4,000.00	\$0.00	\$600.00	\$1,200.00	\$0.00	\$0.00
Merchantville		7	\$8,713.00	\$4,213.00	\$0.00	\$0.00	\$0.00	\$4,500.00	\$0.00	\$0.00
Oaklyn		6	\$8,995.00	\$8,640.00	\$0.00	\$0.00	\$0.00	\$355.00	\$0.00	\$0.00
Pennsauken		7	\$29,528.00	\$5,000.00	\$18,028.00	\$1,400.00	\$0.00	\$5,100.00	\$0.00	\$0.00
Pine Hill		6	\$11,761.00	\$3,000.00	\$0.00	\$3,200.00	\$0.00	\$5,561.00	\$0.00	\$0.00
Runnemede		5	\$11,375.00	\$4,950.00	\$0.00	\$0.00	\$0.00	\$6,425.00	\$0.00	\$0.00
Strafford, Laurel Springs, HiNella, E	Y	5	\$33,728.00	\$2,000.00	\$2,500.00	\$0.00	\$5,500.00	\$23,728.00	\$0.00	\$0.00
Voorhees, Berlin Boro, Gibbsboroc	Y	6	\$38,090.00	\$7,900.00	\$5,495.00	\$0.00	\$3,260.00	\$21,435.00	\$0.00	\$0.00
Waterford		6	\$14,176.00	\$2,400.00	\$0.00	\$0.00	\$1,956.00	\$9,820.00	\$0.00	\$0.00
Winslow		6	\$23,137.00	\$13,902.00	\$2,000.00	\$0.00	\$0.00	\$7,235.00	\$0.00	\$0.00
Woodlynne		5	\$7,784.00	\$2,260.00	\$0.00	\$0.00	\$0.00	\$5,524.00	\$0.00	\$0.00
Totals			\$639,049.86	\$142,959.00	\$113,178.93	\$16,591.00	\$95,924.00	\$270,396.93	\$0.00	\$0.00
Percentages				22.4%	17.7%	2.6%	15.0%	42.3%	0.0%	0.0%

County Funding by CSAP Strategy for Grant Year 2009

Cape May

Alliance Name	Consortium	Legislative District	Total Funding	Alternatives	Collaboration	Communications	Early Intervention	Education	Enforcement	Policy
County Coordination			\$45,000.00	\$0.00	\$0.00	\$0.00	\$0.00	\$45,000.00	\$0.00	\$0.00
Countywide Project			\$8,223.00	\$0.00	\$0.00	\$3,223.00	\$0.00	\$5,000.00	\$0.00	\$0.00
Dennis Township		1	\$7,500.00	\$2,135.00	\$400.00	\$0.00	\$0.00	\$4,965.00	\$0.00	\$0.00
Greater Wildwood (No. Wildwood, \	Y	1	\$23,372.00	\$2,400.00	\$2,207.00	\$3,505.00	\$0.00	\$15,260.00	\$0.00	\$0.00
Lower Cape		1	\$33,497.00	\$13,725.00	\$0.00	\$0.00	\$7,997.00	\$11,775.00	\$0.00	\$0.00
Middle Township		1	\$13,749.00	\$5,637.00	\$0.00	\$1,875.00	\$0.00	\$6,237.00	\$0.00	\$0.00
Sea Isle City		1	\$7,500.00	\$3,375.00	\$0.00	\$900.00	\$500.00	\$2,725.00	\$0.00	\$0.00
Upper Township/Ocean City	Y	1	\$27,469.00	\$7,348.65	\$2,400.00	\$6,820.35	\$1,165.00	\$9,735.00	\$0.00	\$0.00
Woodbine		1	\$7,000.00	\$1,025.00	\$0.00	\$0.00	\$0.00	\$5,975.00	\$0.00	\$0.00
Totals			\$173,310.00	\$35,645.65	\$5,007.00	\$16,323.35	\$9,662.00	\$106,672.00	\$0.00	\$0.00
Percentages				20.6%	2.9%	9.4%	5.6%	61.5%	0.0%	0.0%

County Funding by CSAP Strategy for Grant Year 2009

Cumberland

Alliance Name	Consortium	Legislative District	Total Funding	Alternatives	Collaboration	Communications	Early Intervention	Education	Enforcement	Policy
Alliance for Substance Abuse Prev		3	\$37,300.00	\$8,600.00	\$4,200.00	\$0.00	\$12,200.00	\$12,300.00	\$0.00	\$0.00
Bridgeton		3	\$53,424.66	\$25,818.33	\$0.00	\$0.00	\$8,939.00	\$18,667.33	\$0.00	\$0.00
Commerical Twp.		3	\$5,000.00	\$5,000.00	\$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			\$4,477.58	\$0.00	\$0.00	\$0.00	\$0.00	\$4,477.58	\$0.00	\$0.00
Lawrence/Downe Twp.	Y	3	\$8,596.00	\$3,828.00	\$2,384.00	\$0.00	\$0.00	\$2,384.00	\$0.00	\$0.00
Maurice River Twp.		1	\$4,200.00	\$2,850.00	\$0.00	\$0.00	\$0.00	\$1,350.00	\$0.00	\$0.00
Millville		1	\$33,700.00	\$11,390.00	\$11,915.00	\$0.00	\$6,145.00	\$4,250.00	\$0.00	\$0.00
Vineland		1	\$50,286.00	\$14,276.00	\$0.00	\$9,700.00	\$0.00	\$26,310.00	\$0.00	\$0.00
Totals			\$241,984.24	\$71,762.33	\$18,499.00	\$9,700.00	\$27,284.00	\$114,738.91	\$0.00	\$0.00
Percentages				29.7%	7.6%	4.0%	11.3%	47.4%	0.0%	0.0%

County Funding by CSAP Strategy for Grant Year 2009

Essex

Alliance Name	Consortium	Legislative District	Total Funding	Alternatives	Collaboration	Communications	Early Intervention	Education	Enforcement	Policy
Belleville		28	\$39,000.00	\$5,850.00	\$0.00	\$0.00	\$0.00	\$33,150.00	\$0.00	\$0.00
Bloomfield		28	\$36,000.00	\$9,000.00	\$0.00	\$1,000.00	\$0.00	\$26,000.00	\$0.00	\$0.00
Caldwell/West Caldwell	Y	27	\$28,500.00	\$0.00	\$375.00	\$5,625.00	\$13,370.00	\$9,130.00	\$0.00	\$0.00
Cedar Grove		40	\$24,109.00	\$10,739.00	\$0.00	\$3,750.00	\$0.00	\$9,620.00	\$0.00	\$0.00
Coordination			\$85,000.00	\$0.00	\$0.00	\$0.00	\$0.00	\$85,000.00	\$0.00	\$0.00
East Orange		34	\$25,000.00	\$6,250.00	\$0.00	\$18,750.00	\$0.00	\$0.00	\$0.00	\$0.00
Essex Fells		27	\$14,000.00	\$0.00	\$0.00	\$0.00	\$10,500.00	\$3,500.00	\$0.00	\$0.00
Fairfield		27	\$56,000.00	\$0.00	\$0.00	\$24,745.00	\$0.00	\$31,255.00	\$0.00	\$0.00
Glen Ridge		34	\$37,550.00	\$2,500.00	\$1,500.00	\$1,650.00	\$0.00	\$31,900.00	\$0.00	\$0.00
Irvington		28	\$45,623.00	\$0.00	\$8,500.00	\$6,393.00	\$9,230.00	\$21,500.00	\$0.00	\$0.00
Livingston		27	\$62,314.00	\$0.00	\$0.00	\$14,000.00	\$150.00	\$48,164.00	\$0.00	\$0.00
Maplewood		27	\$27,700.00	\$14,500.00	\$4,155.00	\$0.00	\$0.00	\$9,045.00	\$0.00	\$0.00
Millburn		21	\$59,999.22	\$12,500.00	\$2,215.22	\$734.00	\$0.00	\$44,550.00	\$0.00	\$0.00
Montclair		34	\$51,600.00	\$17,750.00	\$0.00	\$14,400.00	\$4,200.00	\$15,250.00	\$0.00	\$0.00
Municipal Alliance Countywide Trai			\$1,000.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,000.00	\$0.00	\$0.00
Newark		27	\$97,000.00	\$0.00	\$17,000.00	\$0.00	\$53,750.00	\$26,250.00	\$0.00	\$0.00
North Caldwell		27	\$19,000.00	\$1,175.00	\$0.00	\$4,750.00	\$2,275.00	\$10,800.00	\$0.00	\$0.00
Nutley		36	\$23,800.00	\$1,500.00	\$0.00	\$0.00	\$0.00	\$22,300.00	\$0.00	\$0.00
Orange		27	\$85,000.00	\$4,500.00	\$0.00	\$23,500.00	\$0.00	\$57,000.00	\$0.00	\$0.00
Roseland		27	\$5,900.00	\$2,480.00	\$0.00	\$2,240.00	\$0.00	\$1,180.00	\$0.00	\$0.00
South Orange		27	\$26,750.00	\$4,000.00	\$0.00	\$3,850.00	\$0.00	\$18,900.00	\$0.00	\$0.00
Verona		40	\$36,389.00	\$6,200.00	\$0.00	\$0.00	\$8,450.00	\$21,739.00	\$0.00	\$0.00
West Orange		27	\$59,800.00	\$6,100.00	\$0.00	\$5,700.00	\$20,400.00	\$27,600.00	\$0.00	\$0.00
Totals			\$947,034.22	\$105,044.00	\$33,745.22	\$131,087.00	\$122,325.00	\$554,833.00	\$0.00	\$0.00
Percentages				11.1%	3.6%	13.8%	12.9%	58.6%	0.0%	0.0%

County Funding by CSAP Strategy for Grant Year 2009

Gloucester

Alliance Name	Consortium	Legislative District	Total Funding	Alternatives	Collaboration	Communications	Early Intervention	Education	Enforcement	Policy
Clayton		3	\$10,122.00	\$5,959.00	\$0.00	\$2,345.00	\$0.00	\$1,818.00	\$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			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Deptford		5	\$21,144.00	\$7,900.00	\$0.00	\$1,200.00	\$0.00	\$12,044.00	\$0.00	\$0.00
East Greenwich		3	\$9,717.00	\$2,600.00	\$0.00	\$3,117.00	\$0.00	\$4,000.00	\$0.00	\$0.00
Franklin/Elk	Y	3	\$20,364.00	\$2,000.00	\$2,300.00	\$0.00	\$0.00	\$16,064.00	\$0.00	\$0.00
Glassboro		4	\$16,341.00	\$2,500.00	\$0.00	\$600.00	\$9,941.00	\$3,300.00	\$0.00	\$0.00
Greenwich Township		3	\$7,740.00	\$2,400.00	\$1,050.00	\$1,457.00	\$0.00	\$2,833.00	\$0.00	\$0.00
Logan		3	\$9,965.00	\$1,000.00	\$3,800.00	\$0.00	\$0.00	\$5,165.00	\$0.00	\$0.00
Mantua/Harrison	Y	3	\$18,353.00	\$1,577.00	\$3,976.00	\$0.00	\$5,300.00	\$7,500.00	\$0.00	\$0.00
Monroe		4	\$23,460.00	\$2,500.00	\$4,650.00	\$1,900.00	\$0.00	\$14,410.00	\$0.00	\$0.00
National Park		3	\$8,608.00	\$3,000.00	\$1,000.00	\$500.00	\$0.00	\$4,108.00	\$0.00	\$0.00
Newfield		4	\$6,298.00	\$378.00	\$194.00	\$1,175.00	\$0.00	\$4,551.00	\$0.00	\$0.00
Paulsboro		3	\$11,354.00	\$4,000.00	\$3,025.00	\$0.00	\$0.00	\$4,329.00	\$0.00	\$0.00
Pitman		4	\$10,200.00	\$2,700.00	\$1,400.00	\$400.00	\$0.00	\$5,700.00	\$0.00	\$0.00
So Harrison		3	\$90,424.00	\$2,400.00	\$0.00	\$800.00	\$0.00	\$87,224.00	\$0.00	\$0.00
Swedesboro/Woolwich	Y	3	\$12,238.00	\$3,500.00	\$2,000.00	\$388.00	\$0.00	\$6,350.00	\$0.00	\$0.00
Washington Twp		4	\$30,380.00	\$9,600.00	\$0.00	\$6,780.00	\$3,500.00	\$10,500.00	\$0.00	\$0.00
Wenonah		3	\$8,011.00	\$3,003.00	\$1,000.00	\$0.00	\$0.00	\$4,008.00	\$0.00	\$0.00
West Deptford		3	\$14,675.00	\$3,700.00	\$4,500.00	\$1,475.00	\$0.00	\$5,000.00	\$0.00	\$0.00
West Deptford Township		3	\$16,920.00	\$5,945.00	\$4,500.00	\$1,475.00	\$0.00	\$5,000.00	\$0.00	\$0.00
Westville		5	\$9,486.00	\$2,984.00	\$1,000.00	\$0.00	\$0.00	\$5,502.00	\$0.00	\$0.00
Woodbury		5	\$19,591.00	\$8,575.00	\$0.00	\$1,500.00	\$1,742.00	\$7,774.00	\$0.00	\$0.00
Woodbury Hts		5	\$9,571.00	\$2,697.00	\$1,000.00	\$0.00	\$0.00	\$5,874.00	\$0.00	\$0.00
Totals			\$429,962.00	\$80,918.00	\$35,395.00	\$25,112.00	\$20,483.00	\$268,054.00	\$0.00	\$0.00
Percentages				18.8%	8.2%	5.8%	4.8%	62.3%	0.0%	0.0%

County Funding by CSAP Strategy for Grant Year 2009

Hudson

Alliance Name	Consortium	Legislative District	Total Funding	Alternatives	Collaboration	Communications	Early Intervention	Education	Enforcement	Policy
Bayonne		31	\$63,526.00	\$13,713.00	\$0.00	\$9,500.00	\$0.00	\$40,313.00	\$0.00	\$0.00
County Coordination			\$54,101.00	\$0.00	\$0.00	\$54,101.00	\$0.00	\$0.00	\$0.00	\$0.00
Countywide Project			\$6,000.00	\$0.00	\$0.00	\$6,000.00	\$0.00	\$0.00	\$0.00	\$0.00
Guttenberg		33	\$12,491.00	\$3,000.00	\$0.00	\$1,874.00	\$0.00	\$7,617.00	\$0.00	\$0.00
Harrison/East Newark	Y	32	\$18,485.00	\$2,387.00	\$0.00	\$4,388.00	\$3,905.00	\$7,805.00	\$0.00	\$0.00
Hoboken		33	\$40,261.00	\$15,000.00	\$0.00	\$3,134.00	\$0.00	\$22,127.00	\$0.00	\$0.00
Jersey City		31	\$241,739.00	\$0.00	\$0.00	\$36,260.00	\$0.00	\$205,479.00	\$0.00	\$0.00
Kearny		32	\$42,197.00	\$11,790.00	\$0.00	\$4,237.00	\$0.00	\$26,170.00	\$0.00	\$0.00
North Bergen		32	\$59,776.00	\$5,500.00	\$0.00	\$300.00	\$5,700.00	\$48,276.00	\$0.00	\$0.00
Secaucus		32	\$17,615.00	\$3,500.00	\$2,800.00	\$2,500.00	\$8,815.00	\$0.00	\$0.00	\$0.00
Union City		33	\$68,772.00	\$18,000.00	\$0.00	\$6,500.00	\$0.00	\$44,272.00	\$0.00	\$0.00
Weehawken		33	\$15,185.00	\$11,388.00	\$0.00	\$0.00	\$0.00	\$3,797.00	\$0.00	\$0.00
West New York		33	\$47,452.00	\$6,000.00	\$0.00	\$5,000.00	\$0.00	\$36,452.00	\$0.00	\$0.00
Totals			\$687,600.00	\$90,278.00	\$2,800.00	\$133,794.00	\$18,420.00	\$442,308.00	\$0.00	\$0.00
Percentages				13.1%	0.4%	19.5%	2.7%	64.3%	0.0%	0.0%

County Funding by CSAP Strategy for Grant Year 2009

Hunterdon

Alliance Name	Consortium	Legislative District	Total Funding	Alternatives	Collaboration	Communications	Early Intervention	Education	Enforcement	Policy
Central Hunterdon	Y	23	\$31,400.00	\$6,200.00	\$0.00	\$0.00	\$10,600.00	\$14,600.00	\$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	Y	23	\$18,400.00	\$500.00	\$0.00	\$1,920.00	\$8,000.00	\$7,980.00	\$0.00	\$0.00
North Hunterdon	Y	23	\$23,800.00	\$2,200.00	\$0.00	\$0.00	\$6,900.00	\$14,700.00	\$0.00	\$0.00
South Hunterdon	Y	23	\$14,700.00	\$920.00	\$0.00	\$0.00	\$0.00	\$13,780.00	\$0.00	\$0.00
Voorhees	Y	23	\$20,300.00	\$1,200.00	\$0.00	\$1,000.00	\$5,000.00	\$13,100.00	\$0.00	\$0.00
Totals			\$173,082.45	\$11,020.00	\$0.00	\$2,920.00	\$30,500.00	\$128,642.45	\$0.00	\$0.00
Percentages				6.4%	0.0%	1.7%	17.6%	74.3%	0.0%	0.0%

County Funding by CSAP Strategy for Grant Year 2009

Mercer

Alliance Name	Consortium	Legislative District	Total Funding	Alternatives	Collaboration	Communications	Early Intervention	Education	Enforcement	Policy
Coordination			\$64,879.00	\$0.00	\$0.00	\$0.00	\$0.00	\$64,879.00	\$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		12	\$22,078.00	\$1,000.00	\$0.00	\$0.00	\$0.00	\$21,078.00	\$0.00	\$0.00
Ewing		15	\$31,190.00	\$0.00	\$0.00	\$4,000.00	\$0.00	\$27,190.00	\$0.00	\$0.00
Hamilton		14	\$78,731.00	\$7,500.00	\$21,903.00	\$7,140.00	\$0.00	\$42,188.00	\$0.00	\$0.00
Hopewell Valley		15	\$18,512.00	\$2,000.00	\$6,912.00	\$0.00	\$0.00	\$9,600.00	\$0.00	\$0.00
Lawrence		15	\$21,682.00	\$4,300.00	\$3,332.00	\$772.00	\$0.00	\$13,278.00	\$0.00	\$0.00
Princeton		15	\$28,020.00	\$3,935.00	\$0.00	\$750.00	\$0.00	\$23,335.00	\$0.00	\$0.00
Trenton		15	\$126,273.00	\$2,500.00	\$19,021.00	\$0.00	\$0.00	\$104,752.00	\$0.00	\$0.00
West Windsor/Plainsboro		14	\$22,959.00	\$6,800.00	\$0.00	\$2,600.00	\$0.00	\$13,559.00	\$0.00	\$0.00
Totals			\$420,126.00	\$28,035.00	\$51,168.00	\$15,262.00	\$0.00	\$325,661.00	\$0.00	\$0.00
Percentages				6.7%	12.2%	3.6%	0.0%	77.5%	0.0%	0.0%

County Funding by CSAP Strategy for Grant Year 2009

Middlesex

Alliance Name	Consortium	Legislative District	Total Funding	Alternatives	Collaboration	Communications	Early Intervention	Education	Enforcement	Policy
Carteret		19	\$20,149.00	\$1,500.00	\$0.00	\$0.00	\$0.00	\$18,649.00	\$0.00	\$0.00
Coordination			\$102,216.04	\$0.00	\$0.00	\$0.00	\$0.00	\$102,216.04	\$0.00	\$0.00
Countywide Training			\$38,664.63	\$0.00	\$0.00	\$0.00	\$0.00	\$38,664.63	\$0.00	\$0.00
Cranbury		14	\$5,416.00	\$2,124.90	\$0.00	\$0.00	\$1,483.00	\$1,808.10	\$0.00	\$0.00
Dunellen		22	\$8,244.00	\$670.00	\$2,929.00	\$0.00	\$1,825.00	\$2,820.00	\$0.00	\$0.00
East Brunswick		18	\$41,454.41	\$7,000.00	\$0.00	\$790.00	\$0.00	\$33,664.41	\$0.00	\$0.00
Edison		18	\$84,064.00	\$10,750.00	\$0.00	\$11,800.00	\$8,760.00	\$52,754.00	\$0.00	\$0.00
Helmetta		18	\$4,183.00	\$1,048.00	\$0.00	\$1,045.00	\$0.00	\$2,090.00	\$0.00	\$0.00
Highland Park		17	\$14,510.00	\$3,833.00	\$0.00	\$0.00	\$2,784.00	\$7,893.00	\$0.00	\$0.00
Jamesburg		14	\$9,017.00	\$0.00	\$0.00	\$0.00	\$0.00	\$9,017.00	\$0.00	\$0.00
Metuchen		18	\$13,257.00	\$6,793.00	\$0.00	\$0.00	\$0.00	\$6,464.00	\$0.00	\$0.00
Middlesex		22	\$13,884.00	\$0.00	\$0.00	\$0.00	\$3,421.00	\$10,463.00	\$0.00	\$0.00
Milltown		17	\$8,244.00	\$0.00	\$0.00	\$0.00	\$2,128.00	\$6,116.00	\$0.00	\$0.00
Monroe		14	\$25,789.00	\$1,000.00	\$0.00	\$0.00	\$0.00	\$24,789.00	\$0.00	\$0.00
New Brunswick		17	\$43,334.00	\$0.00	\$4,473.00	\$8,500.00	\$6,761.00	\$23,600.00	\$0.00	\$0.00
North Brunswick		17	\$32,682.00	\$6,000.00	\$0.00	\$0.00	\$2,500.00	\$24,182.00	\$0.00	\$0.00
Old Bridge		13	\$52,731.30	\$4,250.00	\$2,000.00	\$9,773.30	\$0.00	\$35,683.00	\$0.00	\$1,025.00
Perth Amboy		19	\$42,081.00	\$0.00	\$5,500.00	\$9,601.00	\$16,500.00	\$10,480.00	\$0.00	\$0.00
Piscataway		17	\$44,587.00	\$2,364.15	\$0.00	\$17,232.82	\$0.00	\$24,990.03	\$0.00	\$0.00
Sayreville		19	\$36,442.00	\$1,440.00	\$1,140.00	\$3,516.00	\$1,600.00	\$28,746.00	\$0.00	\$0.00
South Amboy		19	\$9,099.00	\$0.00	\$0.00	\$1,000.00	\$3,474.00	\$4,625.00	\$0.00	\$0.00
South Brunswick		14	\$33,935.00	\$0.00	\$0.00	\$0.00	\$0.00	\$33,935.00	\$0.00	\$0.00
South Plainfield		18	\$20,777.00	\$0.00	\$0.00	\$0.00	\$0.00	\$20,777.00	\$0.00	\$0.00
South River		18	\$15,137.00	\$3,625.00	\$2,270.00	\$637.00	\$0.00	\$8,605.00	\$0.00	\$0.00
Spotswood		18	\$9,099.00	\$909.90	\$0.00	\$0.00	\$2,729.70	\$5,459.40	\$0.00	\$0.00
Woodbridge		18	\$83,437.00	\$6,500.00	\$0.00	\$29,500.00	\$0.00	\$47,437.00	\$0.00	\$0.00
Totals			\$812,433.38	\$59,807.95	\$18,312.00	\$93,395.12	\$53,965.70	\$585,927.61	\$0.00	\$1,025.00
Percentages				7.4%	2.3%	11.5%	6.6%	72.1%	0.0%	0.1%

County Funding by CSAP Strategy for Grant Year 2009

Monmouth

Alliance Name	Consortium	Legislative District	Total Funding	Alternatives	Collaboration	Communications	Early Intervention	Education	Enforcement	Policy
Atlantic Highlands	Y	11	\$28,021.00	\$0.00	\$1,987.00	\$7,934.00	\$0.00	\$18,100.00	\$0.00	\$0.00
Bradley Beach		11	\$10,637.75	\$0.00	\$1,171.25	\$2,787.25	\$0.00	\$6,679.25	\$0.00	\$0.00
Colts Neck		12	\$10,663.00	\$0.00	\$0.00	\$600.00	\$1,200.00	\$8,863.00	\$0.00	\$0.00
County Coordination			\$98,024.00	\$0.00	\$0.00	\$98,024.00	\$0.00	\$0.00	\$0.00	\$0.00
Countywide Project			\$21,741.57	\$0.00	\$21,741.57	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Eatontown		11	\$25,983.00	\$2,725.00	\$0.00	\$0.00	\$0.00	\$23,258.00	\$0.00	\$0.00
Freehold		12	\$45,835.00	\$0.00	\$0.00	\$14,752.00	\$1,585.00	\$29,498.00	\$0.00	\$0.00
Hazlet		13	\$32,692.00	\$0.00	\$3,450.00	\$4,903.00	\$0.00	\$23,339.00	\$0.00	\$1,000.00
Holmdel		13	\$23,533.00	\$0.00	\$0.00	\$5,883.00	\$1,800.00	\$14,350.00	\$0.00	\$1,500.00
Howell		30	\$55,822.00	\$4,750.00	\$3,500.00	\$1,300.00	\$42,772.00	\$3,500.00	\$0.00	\$0.00
Keansburg		13	\$35,640.00	\$0.00	\$0.00	\$11,555.00	\$0.00	\$24,085.00	\$0.00	\$0.00
Keyport		13	\$26,704.00	\$343.00	\$0.00	\$4,000.00	\$0.00	\$20,861.00	\$0.00	\$1,500.00
Long Branch	Y	11	\$30,472.00	\$500.00	\$0.00	\$4,500.00	\$0.00	\$25,472.00	\$0.00	\$0.00
Manalapan	Y	12	\$22,181.25	\$0.00	\$0.00	\$3,294.00	\$9,830.25	\$9,057.00	\$0.00	\$0.00
Manasquan	Y	11	\$46,651.63	\$6,958.35	\$9,528.76	\$6,937.00	\$8,195.38	\$15,032.14	\$0.00	\$0.00
Marlboro		12	\$28,547.00	\$0.00	\$0.00	\$10,886.00	\$0.00	\$17,661.00	\$0.00	\$0.00
Middletown		13	\$26,836.00	\$0.00	\$0.00	\$10,787.00	\$13,799.00	\$2,250.00	\$0.00	\$0.00
Millstone		12	\$14,308.00	\$0.00	\$0.00	\$3,100.00	\$0.00	\$11,208.00	\$0.00	\$0.00
Neptune City		11	\$12,997.00	\$0.00	\$750.00	\$4,447.00	\$0.00	\$7,800.00	\$0.00	\$0.00
Neptune Township		11	\$41,074.00	\$0.00	\$0.00	\$6,000.00	\$0.00	\$35,074.00	\$0.00	\$0.00
Ocean Township		11	\$24,086.00	\$0.00	\$6,000.00	\$3,600.00	\$6,000.00	\$6,000.00	\$0.00	\$2,486.00
Upper Freehold	Y	30	\$39,694.00	\$0.00	\$0.00	\$14,869.00	\$1,697.00	\$23,128.00	\$0.00	\$0.00
Wall		11	\$20,485.00	\$5,488.00	\$0.00	\$5,316.00	\$2,389.00	\$7,292.00	\$0.00	\$0.00
Totals			\$722,628.20	\$20,764.35	\$48,128.58	\$225,474.25	\$89,267.63	\$332,507.39	\$0.00	\$6,486.00
Percentages				2.9%	6.7%	31.2%	12.4%	46.0%	0.0%	0.9%

County Funding by CSAP Strategy for Grant Year 2009

Morris

Alliance Name	Consortium	Legislative District	Total Funding	Alternatives	Collaboration	Communications	Early Intervention	Education	Enforcement	Policy
Boonton		25	\$11,535.00	\$2,769.00	\$0.00	\$0.00	\$0.00	\$8,766.00	\$0.00	\$0.00
Boonton Township		25	\$7,533.00	\$3,013.50	\$0.00	\$753.00	\$0.00	\$3,766.50	\$0.00	\$0.00
Butler		26	\$9,057.00	\$996.00	\$1,000.00	\$1,000.00	\$0.00	\$6,061.00	\$0.00	\$0.00
Chatham	Y	21	\$15,942.00	\$1,375.00	\$0.00	\$1,150.00	\$0.00	\$13,417.00	\$0.00	\$0.00
Chester	Y	24	\$13,861.00	\$600.00	\$0.00	\$0.00	\$0.00	\$13,261.00	\$0.00	\$0.00
County Coordination			\$50,000.00	\$0.00	\$0.00	\$50,000.00	\$0.00	\$0.00	\$0.00	\$0.00
Countywide Project			\$14,265.00	\$0.00	\$2,250.00	\$0.00	\$0.00	\$12,015.00	\$0.00	\$0.00
Denville		25	\$13,062.00	\$2,575.00	\$0.00	\$375.00	\$0.00	\$10,112.00	\$0.00	\$0.00
Dover		25	\$28,161.00	\$11,000.00	\$0.00	\$0.00	\$2,300.00	\$14,861.00	\$0.00	\$0.00
East Hanover		26	\$10,878.00	\$4,587.00	\$2,719.00	\$0.00	\$0.00	\$3,572.00	\$0.00	\$0.00
Florham Park		26	\$9,613.00	\$4,500.00	\$0.00	\$0.00	\$0.00	\$5,113.00	\$0.00	\$0.00
Hanover		26	\$10,715.00	\$5,422.00	\$0.00	\$0.00	\$0.00	\$5,293.00	\$0.00	\$0.00
Harding		21	\$6,746.00	\$440.00	\$0.00	\$0.00	\$0.00	\$6,306.00	\$0.00	\$0.00
Jefferson		25	\$15,587.00	\$3,800.00	\$2,000.00	\$500.00	\$3,400.00	\$5,887.00	\$0.00	\$0.00
Kinnelon		26	\$9,492.00	\$800.00	\$0.00	\$0.00	\$0.00	\$8,692.00	\$0.00	\$0.00
Lincoln Park		26	\$11,064.00	\$1,000.00	\$0.00	\$0.00	\$0.00	\$10,064.00	\$0.00	\$0.00
Long Hill		21	\$8,519.00	\$0.00	\$0.00	\$800.00	\$2,750.00	\$4,969.00	\$0.00	\$0.00
Madison		21	\$11,774.00	\$2,700.00	\$0.00	\$974.00	\$2,700.00	\$5,400.00	\$0.00	\$0.00
Mendham	Y	25	\$14,764.00	\$0.00	\$3,089.00	\$0.00	\$0.00	\$11,675.00	\$0.00	\$0.00
Montville		26	\$14,800.00	\$6,000.00	\$0.00	\$0.00	\$0.00	\$8,800.00	\$0.00	\$0.00
Morris Plains		26	\$10,868.00	\$2,368.00	\$0.00	\$0.00	\$0.00	\$8,500.00	\$0.00	\$0.00
Morristown	Y	25	\$45,679.00	\$15,120.00	\$0.00	\$0.00	\$0.00	\$30,559.00	\$0.00	\$0.00
Mount Olive		24	\$17,728.00	\$2,593.00	\$0.00	\$2,000.00	\$0.00	\$13,135.00	\$0.00	\$0.00
Mountain Lakes		25	\$7,295.60	\$2,594.00	\$0.00	\$688.80	\$0.00	\$4,012.80	\$0.00	\$0.00
Netcong		24	\$7,395.00	\$3,149.00	\$500.00	\$1,000.00	\$0.00	\$2,746.00	\$0.00	\$0.00
Parsippany		26	\$28,901.00	\$1,680.00	\$0.00	\$0.00	\$6,788.00	\$20,433.00	\$0.00	\$0.00
Pequannock		26	\$12,182.00	\$3,480.00	\$2,000.00	\$0.00	\$0.00	\$6,702.00	\$0.00	\$0.00
Randolph		25	\$18,005.00	\$4,501.25	\$0.00	\$1,183.75	\$0.00	\$12,320.00	\$0.00	\$0.00
Riverdale		26	\$6,443.00	\$2,443.00	\$0.00	\$644.00	\$0.00	\$3,356.00	\$0.00	\$0.00
Rockaway Borough		25	\$12,356.00	\$4,421.00	\$1,800.75	\$1,195.25	\$0.00	\$4,939.00	\$0.00	\$0.00
Rockaway Township		25	\$17,777.00	\$4,600.00	\$0.00	\$1,800.00	\$0.00	\$11,377.00	\$0.00	\$0.00
Roxbury		25	\$16,931.00	\$3,000.00	\$0.00	\$1,690.00	\$0.00	\$12,241.00	\$0.00	\$0.00
Washington		24	\$13,103.00	\$4,108.00	\$0.00	\$3,109.00	\$1,390.00	\$4,496.00	\$0.00	\$0.00
Wharton		25	\$11,896.00	\$3,302.00	\$0.00	\$1,200.00	\$1,673.00	\$5,721.00	\$0.00	\$0.00

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Totals	\$513,927.60	\$108,936.75	\$15,358.75	\$70,062.80	\$21,001.00	\$298,568.30	\$0.00	\$0.00
Percentages		21.2%	3.0%	13.6%	4.1%	58.1%	0.0%	0.0%

County Funding by CSAP Strategy for Grant Year 2009

Ocean

Alliance Name	Consortium	Legislative District	Total Funding	Alternatives	Collaboration	Communications	Early Intervention	Education	Enforcement	Policy
Barnegat Twp		9	\$25,000.00	\$7,050.00	\$3,540.00	\$3,125.00	\$5,520.00	\$5,765.00	\$0.00	\$0.00
Beachwood Boro		9	\$15,000.00	\$6,887.00	\$0.00	\$2,863.00	\$500.00	\$4,750.00	\$0.00	\$0.00
Berkeley Twp		9	\$30,000.00	\$16,362.95	\$0.00	\$4,500.00	\$0.00	\$9,137.05	\$0.00	\$0.00
Brick Twp		10	\$48,000.00	\$11,250.00	\$0.00	\$3,000.00	\$16,575.00	\$17,175.00	\$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
Eagleswood LEH	Y	9	\$34,000.00	\$12,825.00	\$6,575.00	\$5,050.00	\$0.00	\$8,150.00	\$1,400.00	\$0.00
Island Heights Boro		10	\$4,000.00	\$0.00	\$0.00	\$1,000.00	\$1,000.00	\$2,000.00	\$0.00	\$0.00
Jackson		9	\$26,539.00	\$3,000.00	\$0.00	\$2,000.75	\$1,500.00	\$20,038.25	\$0.00	\$0.00
Lacey Twp		9	\$32,330.20	\$14,895.20	\$0.00	\$1,350.00	\$0.00	\$16,085.00	\$0.00	\$0.00
Lakehurst		9	\$5,078.00	\$2,818.00	\$0.00	\$600.00	\$0.00	\$1,660.00	\$0.00	\$0.00
Lakewood		30	\$48,000.00	\$577.00	\$0.00	\$500.00	\$23,860.00	\$23,063.00	\$0.00	\$0.00
Lavallette Boro		10	\$21,000.00	\$5,000.00	\$0.00	\$6,800.00	\$0.00	\$9,200.00	\$0.00	\$0.00
Long Beach Twp	Y	9	\$24,975.00	\$5,075.00	\$0.00	\$4,205.00	\$0.00	\$15,695.00	\$0.00	\$0.00
Manchester Twp		9	\$16,840.00	\$6,624.00	\$0.00	\$0.00	\$3,500.00	\$6,716.00	\$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		9	\$5,946.00	\$0.00	\$0.00	\$4,796.00	\$0.00	\$1,150.00	\$0.00	\$0.00
Ocean Twp		9	\$20,895.85	\$10,156.85	\$0.00	\$0.00	\$2,600.00	\$8,139.00	\$0.00	\$0.00
Pine Beach Boro		9	\$21,991.00	\$6,500.00	\$0.00	\$0.00	\$0.00	\$15,491.00	\$0.00	\$0.00
Plumsted Twp		30	\$15,740.00	\$0.00	\$3,800.00	\$500.00	\$3,000.00	\$8,440.00	\$0.00	\$0.00
Point Pleasant Beach	Y	10	\$21,809.00	\$6,750.00	\$0.00	\$865.00	\$0.00	\$14,194.00	\$0.00	\$0.00
Point Pleasant Boro		10	\$14,834.00	\$3,200.00	\$0.00	\$500.00	\$0.00	\$11,134.00	\$0.00	\$0.00
Seaside Park Boro		10	\$6,000.00	\$3,250.00	\$0.00	\$0.00	\$0.00	\$2,750.00	\$0.00	\$0.00
South Toms River Boro		10	\$20,000.00	\$7,330.00	\$0.00	\$2,000.00	\$0.00	\$10,670.00	\$0.00	\$0.00
Stafford Twp.		9	\$27,000.00	\$12,612.50	\$4,187.50	\$6,475.00	\$0.00	\$3,725.00	\$0.00	\$0.00
Toms River Twp		10	\$45,000.00	\$17,585.00	\$0.00	\$655.00	\$0.00	\$26,760.00	\$0.00	\$0.00
Totals			\$629,566.55	\$159,748.50	\$18,102.50	\$50,784.75	\$58,055.00	\$341,475.80	\$1,400.00	\$0.00
Percentages				25.4%	2.9%	8.1%	9.2%	54.2%	0.2%	0.0%

County Funding by CSAP Strategy for Grant Year 2009

Passaic

Alliance Name	Consortium	Legislative District	Total Funding	Alternatives	Collaboration	Communications	Early Intervention	Education	Enforcement	Policy
Annual Teen Summit Countywide			\$15,000.00	\$0.00	\$0.00	\$0.00	\$0.00	\$15,000.00	\$0.00	\$0.00
Bloomingtondale		26	\$22,400.00	\$10,260.00	\$0.00	\$0.00	\$0.00	\$12,140.00	\$0.00	\$0.00
Clifton		34	\$45,800.00	\$29,900.00	\$0.00	\$0.00	\$0.00	\$15,900.00	\$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
Haledon		35	\$18,075.00	\$12,000.00	\$0.00	\$0.00	\$0.00	\$6,075.00	\$0.00	\$0.00
Hawthorne		35	\$25,900.00	\$11,365.00	\$0.00	\$0.00	\$0.00	\$14,535.00	\$0.00	\$0.00
Little Falls		40	\$27,250.00	\$500.00	\$0.00	\$1,500.00	\$6,000.00	\$19,150.00	\$100.00	\$0.00
North Haledon		35	\$18,400.00	\$1,500.00	\$0.00	\$0.00	\$0.00	\$16,900.00	\$0.00	\$0.00
Passaic		36	\$40,190.00	\$11,000.00	\$0.00	\$0.00	\$4,080.00	\$25,110.00	\$0.00	\$0.00
Paterson		35	\$42,800.00	\$12,000.00	\$0.00	\$0.00	\$0.00	\$30,800.00	\$0.00	\$0.00
Pompton Lakes		26	\$23,630.00	\$9,000.00	\$8,530.00	\$0.00	\$0.00	\$6,100.00	\$0.00	\$0.00
Prosepect Park		35	\$10,000.00	\$5,500.00	\$3,500.00	\$0.00	\$0.00	\$1,000.00	\$0.00	\$0.00
Ringwood/Wanaque	Y	40	\$64,620.00	\$1,000.00	\$11,385.00	\$0.00	\$10,594.00	\$41,641.00	\$0.00	\$0.00
Totowa		35	\$26,600.00	\$4,700.00	\$2,800.00	\$0.00	\$600.00	\$18,500.00	\$0.00	\$0.00
Volunteer Recognition			\$375.00	\$375.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Wayne		40	\$46,885.00	\$15,200.00	\$15,985.00	\$0.00	\$2,700.00	\$13,000.00	\$0.00	\$0.00
West Milford		26	\$42,472.00	\$22,922.00	\$0.00	\$0.00	\$350.00	\$19,200.00	\$0.00	\$0.00
West Paterson		34	\$28,200.00	\$12,500.00	\$0.00	\$2,600.00	\$850.00	\$12,250.00	\$0.00	\$0.00
Totals			\$617,955.93	\$159,722.00	\$42,200.00	\$4,100.00	\$25,174.00	\$386,659.93	\$100.00	\$0.00
Percentages				25.8%	6.8%	0.7%	4.1%	62.6%	0.0%	0.0%

County Funding by CSAP Strategy for Grant Year 2009

Salem

Alliance Name	Consortium	Legislative District	Total Funding	Alternatives	Collaboration	Communications	Early Intervention	Education	Enforcement	Policy
Alloway		3	\$3,899.46	\$750.00	\$0.00	\$0.00	\$0.00	\$3,149.46	\$0.00	\$0.00
Carneys Point/Penns Grove	Y	3	\$14,755.63	\$4,500.00	\$0.00	\$3,900.00	\$0.00	\$6,355.63	\$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			\$5,000.00	\$0.00	\$0.00	\$5,000.00	\$0.00	\$0.00	\$0.00	\$0.00
Elmer		3	\$4,177.54	\$0.00	\$0.00	\$0.00	\$0.00	\$4,177.54	\$0.00	\$0.00
Elsinboro		3	\$3,819.14	\$0.00	\$0.00	\$1,000.00	\$0.00	\$2,819.14	\$0.00	\$0.00
Lower Alloways Creek			\$4,559.03	\$351.34	\$0.00	\$0.00	\$0.00	\$4,207.69	\$0.00	\$0.00
Mannington		3	\$3,843.18	\$0.00	\$0.00	\$798.06	\$0.00	\$3,045.12	\$0.00	\$0.00
Oldmans		3	\$4,074.33	\$435.00	\$0.00	\$0.00	\$0.00	\$3,639.33	\$0.00	\$0.00
Pilesgrove/Woodstown	Y	3	\$10,258.32	\$3,334.83	\$0.00	\$0.00	\$0.00	\$6,923.49	\$0.00	\$0.00
Pittsgrove		3	\$6,285.61	\$0.00	\$0.00	\$200.00	\$0.00	\$6,085.61	\$0.00	\$0.00
Quinton		3	\$3,903.00	\$0.00	\$0.00	\$401.50	\$0.00	\$3,501.50	\$0.00	\$0.00
Salem City		3	\$10,136.18	\$0.00	\$1,204.05	\$1,250.43	\$0.00	\$7,681.70	\$0.00	\$0.00
Upper Pittsgrove		3	\$4,169.32	\$0.00	\$0.00	\$875.39	\$0.00	\$3,293.93	\$0.00	\$0.00
Totals			\$123,880.74	\$9,371.17	\$1,204.05	\$58,425.38	\$0.00	\$54,880.14	\$0.00	\$0.00
Percentages				7.6%	1.0%	47.2%	0.0%	44.3%	0.0%	0.0%

County Funding by CSAP Strategy for Grant Year 2009

Somerset

Alliance Name	Consortium	Legislative District	Total Funding	Alternatives	Collaboration	Communications	Early Intervention	Education	Enforcement	Policy
Bernards		16	\$20,628.00	\$2,454.00	\$1,140.00	\$5,062.00	\$0.00	\$11,972.00	\$0.00	\$0.00
Bound Brook/So. Bound Brook	Y	16	\$15,123.00	\$2,050.00	\$0.00	\$2,268.00	\$0.00	\$10,805.00	\$0.00	\$0.00
Branchburg		16	\$12,329.00	\$0.00	\$650.00	\$1,800.00	\$0.00	\$9,879.00	\$0.00	\$0.00
Bridgewater/Raritan	Y	16	\$39,673.00	\$6,481.00	\$0.00	\$0.00	\$0.00	\$33,192.00	\$0.00	\$0.00
County Coordination			\$50,000.00	\$0.00	\$0.00	\$50,000.00	\$0.00	\$0.00	\$0.00	\$0.00
Countywide Project			\$6,000.00	\$0.00	\$0.00	\$6,000.00	\$0.00	\$0.00	\$0.00	\$0.00
Franklin		17	\$43,870.00	\$1,000.00	\$0.00	\$0.00	\$0.00	\$42,870.00	\$0.00	\$0.00
Hillsborough/Millstone	Y	16	\$32,754.00	\$0.00	\$500.00	\$0.00	\$0.00	\$32,254.00	\$0.00	\$0.00
Manville		16	\$9,696.00	\$4,620.00	\$0.00	\$1,454.00	\$0.00	\$3,622.00	\$0.00	\$0.00
Montgomery/Rocky Hill	Y	16	\$20,418.00	\$200.00	\$0.00	\$4,742.00	\$0.00	\$15,476.00	\$0.00	\$0.00
North Plainfield		22	\$17,420.00	\$3,400.00	\$0.00	\$2,500.00	\$0.00	\$11,520.00	\$0.00	\$0.00
Somerset Hills	Y	16	\$21,323.00	\$4,950.00	\$0.00	\$0.00	\$0.00	\$16,373.00	\$0.00	\$0.00
Somerville		16	\$11,114.00	\$4,564.00	\$1,250.00	\$0.00	\$0.00	\$5,300.00	\$0.00	\$0.00
Watchung Hills	Y	21	\$28,590.00	\$2,718.00	\$0.00	\$4,718.00	\$5,718.00	\$15,436.00	\$0.00	\$0.00
Totals			\$328,938.00	\$32,437.00	\$3,540.00	\$78,544.00	\$5,718.00	\$208,699.00	\$0.00	\$0.00
Percentages				9.9%	1.1%	23.9%	1.7%	63.4%	0.0%	0.0%

County Funding by CSAP Strategy for Grant Year 2009

Sussex

Alliance Name	Consortium	Legislative District	Total Funding	Alternatives	Collaboration	Communications	Early Intervention	Education	Enforcement	Policy
Action	Y	24	\$20,296.00	\$1,200.00	\$0.00	\$0.00	\$3,450.00	\$15,646.00	\$0.00	\$0.00
Central	Y	24	\$10,593.00	\$4,243.00	\$0.00	\$0.00	\$0.00	\$6,350.00	\$0.00	\$0.00
County Coordination			\$50,000.00	\$0.00	\$0.00	\$50,000.00	\$0.00	\$0.00	\$0.00	\$0.00
Hamburg		24	\$3,976.00	\$392.00	\$0.00	\$0.00	\$0.00	\$3,584.00	\$0.00	\$0.00
Hardyston/Franklin		24	\$13,300.00	\$2,800.00	\$0.00	\$0.00	\$0.00	\$10,500.00	\$0.00	\$0.00
Hopatcong		24	\$14,302.00	\$4,039.00	\$0.00	\$2,218.00	\$0.00	\$8,045.00	\$0.00	\$0.00
Lenape	Y	24	\$12,319.00	\$5,100.00	\$1,000.00	\$0.00	\$0.00	\$6,219.00	\$0.00	\$0.00
Ogdensburg		24	\$2,989.00	\$0.00	\$0.00	\$0.00	\$0.00	\$2,989.00	\$0.00	\$0.00
Sandyston		24	\$7,914.00	\$1,187.00	\$0.00	\$0.00	\$0.00	\$6,727.00	\$0.00	\$0.00
Southwestern	Y	24	\$13,308.00	\$0.00	\$1,500.00	\$0.00	\$0.00	\$11,808.00	\$0.00	\$0.00
Sparta		24	\$17,203.00	\$0.00	\$0.00	\$0.00	\$0.00	\$17,203.00	\$0.00	\$0.00
Sussex/Wantage	Y	24	\$13,503.00	\$5,216.00	\$0.00	\$1,650.00	\$0.00	\$5,637.00	\$1,000.00	\$0.00
Vernon		24	\$22,316.00	\$17,758.00	\$0.00	\$0.00	\$0.00	\$4,558.00	\$0.00	\$0.00
Totals			\$202,019.00	\$41,935.00	\$2,500.00	\$53,868.00	\$3,450.00	\$99,266.00	\$1,000.00	\$0.00
Percentages				20.8%	1.2%	26.7%	1.7%	49.1%	0.5%	0.0%

County Funding by CSAP Strategy for Grant Year 2009

Warren

Alliance Name	Consortium	Legislative District	Total Funding	Alternatives	Collaboration	Communications	Early Intervention	Education	Enforcement	Policy
Blairstown		23	\$5,907.00	\$2,005.75	\$1,138.50	\$886.00	\$0.00	\$1,876.75	\$0.00	\$0.00
County Municipal Alliance Program			\$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	\$3,989.00	\$1,747.00	\$0.00	\$0.00	\$0.00	\$2,242.00	\$0.00	\$0.00
Frelinghuysen		23	\$3,548.00	\$212.00	\$0.00	\$1,058.00	\$0.00	\$2,278.00	\$0.00	\$0.00
Great Meadows	Y	23	\$9,802.00	\$0.00	\$0.00	\$0.00	\$0.00	\$9,802.00	\$0.00	\$0.00
Hackettstown		23	\$7,990.00	\$1,550.00	\$0.00	\$1,198.50	\$750.00	\$4,491.50	\$0.00	\$0.00
Hardwick Twp.		23	\$3,149.00	\$1,534.00	\$0.00	\$1,080.00	\$0.00	\$535.00	\$0.00	\$0.00
Hope Twp.		23	\$3,425.00	\$2,090.00	\$0.00	\$1,166.00	\$169.00	\$0.00	\$0.00	\$0.00
Knowlton Twp.		23	\$4,124.00	\$0.00	\$0.00	\$0.00	\$0.00	\$4,124.00	\$0.00	\$0.00
Mansfield Twp.		23	\$7,402.00	\$0.00	\$0.00	\$3,408.00	\$0.00	\$3,994.00	\$0.00	\$0.00
Oxford		23	\$3,692.00	\$839.00	\$0.00	\$923.00	\$0.00	\$1,930.00	\$0.00	\$0.00
Phillipsburg		23	\$11,968.00	\$650.00	\$0.00	\$2,400.00	\$2,760.00	\$6,158.00	\$0.00	\$0.00
Regional	Y	23	\$12,896.00	\$300.00	\$0.00	\$766.00	\$0.00	\$11,830.00	\$0.00	\$0.00
S. Warren	Y	23	\$19,147.00	\$3,000.00	\$0.00	\$0.00	\$0.00	\$16,147.00	\$0.00	\$0.00
Washington Boro		23	\$6,528.00	\$3,150.00	\$0.00	\$320.00	\$0.00	\$3,058.00	\$0.00	\$0.00
Washington Twp.		23	\$6,229.00	\$2,357.50	\$1,557.50	\$943.00	\$0.00	\$1,371.00	\$0.00	\$0.00
Totals			\$158,175.00	\$19,435.25	\$2,696.00	\$59,148.50	\$3,679.00	\$73,216.25	\$0.00	\$0.00
Percentages				12.3%	1.7%	37.4%	2.3%	46.3%	0.0%	0.0%

New Jersey Permanent Statutes

TITLE 26 HEALTH AND VITAL STATISTICS

26:2BB-2 Governor's Council on Alcoholism and Drug Abuse.

26:2BB-2 Governor's Council on Alcoholism and Drug Abuse.

2. There is created a 25-member council in, but not of, the Department of the Treasury which shall be designated as the Governor's Council on Alcoholism and Drug Abuse. For the purposes of complying with the provisions of Article V, Section IV, paragraph 1 of the New Jersey Constitution, the Governor's Council on Alcoholism and Drug Abuse is allocated to the Department of the Treasury, but, notwithstanding the allocation, the office shall be independent of any supervision or control by the department or by any board or officer thereof.

The council shall consist of 11 ex officio members and 14 public members.

a. The ex officio members of the council shall be: the Attorney General, the Commissioners of the Departments of Labor, Education, Human Services, Health, Community Affairs, Personnel and Corrections, the chair of the executive board of the New Jersey Presidents' Council, the Administrative Director of the Administrative Office of the Courts and the Adjutant General. An ex officio member may designate an officer or employee of the department or office, which he heads to serve as his alternate and exercise his functions and duties as a member of the Governor's Council on Alcoholism and Drug Abuse.

b. The 14 public members shall be residents of the State who are selected for their knowledge, competence, experience or interest in connection with alcoholism or drug abuse. They shall be appointed as follows: two shall be appointed by the President of the Senate, two shall be appointed by the Speaker of the General Assembly and 10 shall be appointed by the Governor, with the advice and consent of the Senate. At least two of the public members appointed by the Governor shall be rehabilitated alcoholics and at least two of the public members appointed by the Governor shall be rehabilitated drug abusers.

c. The term of office of each public member shall be three years; except that of the first members appointed, four shall be appointed for a term of one year, five shall be appointed for a term of two years and five shall be appointed for a term of three years. Each member shall serve until his successor has been appointed and qualified, and vacancies shall be filled in the same manner as the original appointments for the remainder of the unexpired term. A public member is eligible for reappointment to the council.

d. The chairman of the council shall be appointed by the Governor from among the public members of the council and shall serve at the pleasure of the Governor during the Governor's term of office and until the appointment and qualification of the chairman's successor. The members of the council shall elect a vice-chairman from among the members of the council. The Governor may remove any public member for cause, upon notice and opportunity to be heard.

e. The council shall meet at least monthly and at such other times as designated by the chairman. Fourteen members of the council shall constitute a quorum. The council may establish any advisory committees it deems advisable and feasible.

f. The chairman shall be the request officer for the council within the meaning of such term as defined in section 6 of article 3 of P.L.1944, c.112 (C.52:27B-15).

g. The public members of the council shall receive no compensation for their services, but shall be reimbursed for their expenses incurred in the discharge of their duties within the limits of funds appropriated or otherwise made available for this purpose.

L.1989,c.51,s.2; amended 1996,c.5.

26:2BB-3. Appointment of executive director, staff

a. The Governor's Council on Alcoholism and Drug Abuse shall be administered by an executive director who shall be appointed by the Governor, with the advice and consent of the Senate, and shall serve at the pleasure of the Governor during the Governor's term of office and until the appointment and qualification of the executive director's successor.

b. The executive director shall be a person qualified by training and experience to perform the duties of the council.

c. The executive director shall have the authority to employ a deputy executive director, who shall be in the unclassified service of the Civil Service, and such staff as are necessary to accomplish the work of the council within the limits of available appropriations. The executive director may delegate to subordinate officers or employees of the council any of his powers, which he deems desirable to be exercised under his supervision and control. All employees of the council except the executive director and the deputy executive director shall be in the career service of the Civil Service.

d. The executive director shall attend all meetings of the Governor's Council on Alcoholism and Drug Abuse.

L. 1989, c. 51, s. 3.

26:2BB-4. Authority, powers of council

The Governor's Council on Alcoholism and Drug Abuse is authorized and empowered to:

a. Review and coordinate all State departments' efforts in regard to the planning and provision of treatment, prevention, research, evaluation, and education services for, and public awareness of, alcoholism and drug abuse;

b. Prepare by July 1 of each year, the State government component of the Comprehensive Statewide Alcoholism and Drug Abuse Master Plan for the treatment, prevention, research, evaluation, education and public awareness of alcoholism and drug abuse in this State, which plan shall include an emphasis on prevention, community awareness, and family and youth services;

c. Review each County Annual Alliance Plan and the recommendations of the Division of Alcoholism and Drug Abuse in the Department of Health for awarding the Alliance grants and, by October 1 of each year, return the plan to the Local Advisory Committee on Alcoholism and Drug Abuse with the council's proposed recommendations for awarding Alliance grants;

d. Submit to the Governor and the Legislature by December 1 of each year the Comprehensive Statewide Alcoholism and Drug Abuse Master Plan which shall include recommended appropriate allocations to State departments, local governments and local agencies and service providers of all State and federal funds for the treatment, prevention, research, evaluation, education and public awareness of alcoholism and drug abuse in accordance with the regular budget cycle, and shall incorporate and unify all State, county, local and private alcohol and drug abuse initiatives;

e. Distribute grants, upon the recommendation of the executive director of the council, by August 1 of each year to counties and municipalities for alcohol and drug abuse programs established under the Alliance to Prevent Alcoholism and Drug Abuse;

f. Evaluate the existing funding mechanisms for alcoholism and drug abuse services and recommend to the Governor and the Legislature any changes which may improve the coordination of services to citizens in this State;

g. Encourage the development or expansion of employee assistance programs for employees in both government and the private sector;

h. Evaluate the need for, and feasibility of, including other addictions, such as smoking and gambling, within the scope and responsibility of the council;

i. Collect from any State, county, local governmental entity or any other appropriate source data, reports, statistics or other materials which are necessary to carry out the council's functions; and

j. Pursuant to the "Administrative Procedure Act," P.L.1968, c.410 (C.52:14B-1 et seq.), adopt rules and regulations necessary to carry out the purposes of this act.

The council shall not accept or receive moneys from any source other than moneys deposited in, and appropriated from, the "Drug Enforcement and Demand Reduction Fund" established pursuant to N.J.S.2C:35-15 and any moneys appropriated by law for operating expenses of the council or appropriated pursuant to section 19 of P.L.1989, c.51.

L. 1989, c. 51, s. 4.

26:2BB-5. Division of Alcoholism and Drug Abuse

There is established in the Department of Health a Division of Alcoholism and Drug Abuse.

The division shall be administered by a Deputy Commissioner of Health. The deputy commissioner shall be a person qualified by training and experience to perform the duties of

his office. The deputy commissioner shall be appointed by the commissioner with the approval of the Governor and shall serve at the pleasure of the commissioner during the commissioner's term of office and until the appointment and qualification of the deputy commissioner's successor. The deputy commissioner shall receive a salary which shall be provided by law.

The Commissioner of Health shall report annually to the Governor and the Legislature on the activities of the division and include in that annual report an assessment of the adequacy of the current delivery of treatment services in the State and of the need for additional treatment services.

L. 1989, c. 51, s. 5.

26:2BB-6. Transfer of functions, powers, duties

All the functions, powers and duties of the Director of the Division of Alcoholism and the Director of the Division of Narcotic and Drug Abuse Control are transferred to and vested in the Deputy Commissioner of Health for the Division of Alcoholism and Drug Abuse, pursuant to the "State Agency Transfer Act," P.L.1971, c.375 (C.52:14D-1 et seq.).

L. 1989, c. 51, s. 6.

26:2BB-7. Alliance to Prevent Alcoholism and Drug Abuse

7. a. There is created an Alliance to Prevent Alcoholism and Drug Abuse, hereinafter referred to as the "Alliance," in the Governor's Council on Alcoholism and Drug Abuse. The purpose of the Alliance is to create a network comprised of all the communities in New Jersey, which is dedicated to a comprehensive and coordinated effort against alcoholism and drug abuse. The Alliance shall be a mechanism both for implementing policies to reduce alcoholism and drug abuse at the municipal level, and for providing funds, including moneys from mandatory penalties on drug offenders, to member communities to support appropriate county and municipal-based alcohol and drug abuse education and public awareness activities.

b. The Governor's Council on Alcoholism and Drug Abuse shall adopt rules and regulations for participation in, and the operation of, the Alliance and for the awarding of grants to municipalities and counties from funds appropriated for such purposes pursuant to P.L.1989, c.51 (C.26:2BB-1 et al.), section 5 of P.L.1993, c.216 (C.54:43-1.3) and funds derived from the "Drug Enforcement and Demand Reduction Fund" established pursuant to N.J.S.2C:35-15, for the purpose of developing:

(1) Organized and coordinated efforts involving schools, law enforcement, business groups and other community organizations for the purpose of reducing alcoholism and drug abuse;

(2) In cooperation with local school districts, comprehensive and effective alcoholism and drug abuse education programs in grades kindergarten through 12;

(3) In cooperation with local school districts, procedures for the intervention, treatment and discipline of students abusing alcohol or drugs;

(4) Comprehensive alcoholism and drug abuse education, support and outreach efforts for parents in the community; and

(5) Comprehensive alcoholism and drug abuse community awareness programs.

c. Funds disbursed under this section shall not supplant local funds that would have otherwise been made available for alcoholism and drug abuse initiatives. Communities shall provide matching funds when and to the extent required by the regulations adopted pursuant to this section.

d. The county agency or individual designated by the governing body of each county pursuant to subsection a. of section 4 of P.L.1983, c.531 (C.26:2B-33), is authorized to receive from the Governor's Council on Alcoholism and Drug Abuse moneys made available pursuant to this section. The designated county agency or individual shall establish a separate fund for the receipt and disbursement of these moneys.

L.1989,c.51,s.7; amended 1993,c.216,s.4.

26:2BB-8. County Alliance Steering Subcommittee; functions and powers; review and revision of plan

a. Each Local Advisory Committee on Alcoholism and Drug Abuse, established pursuant to section 4 of P.L.1983, c.531 (C.26:2B-33), shall establish a County Alliance Steering Subcommittee in conjunction with regulations adopted by the Governor's Council on Alcoholism and Drug Abuse. The members of the subcommittee shall include, but not be limited to, private citizens and representatives of the:

- (1) Local Advisory Committee on Alcoholism and Drug Abuse;
- (2) County Human Services Advisory Council;
- (3) County Superintendent of Schools;
- (4) Existing county council on alcoholism, if any;
- (5) County Prosecutor's office;
- (6) Family part of the Chancery Division of the Superior Court;
- (7) Youth Services Commission;
- (8) County School Board Association;
- (9) County health agency;
- (10) County mental health agency;
- (11) Local businesses;
- (12) County affiliate of the New Jersey Education Association; and
- (13) Other service providers.

b. The functions of the County Alliance Steering Subcommittee shall include:

(1) Development and submission of a County Annual Alliance Plan for the expenditure of funds derived from the "Drug Enforcement and Demand Reduction Fund," N.J.S. 2C:35-15;

(2) Development of programs and fiscal guidelines consistent with directives of the Governor's Council on Alcoholism and Drug Abuse for the awarding of funds to counties and municipalities for drug and alcohol Alliance activities;

(3) Identification of a network of community leadership for the expansion, replication and development of successful community model programs throughout the county; and

(4) Coordination of projects among and within municipalities to assure cost effectiveness and avoid fragmentation and duplication.

c. The County Alliance Steering Subcommittee shall ensure that the funds dedicated to education pursuant to section 2 of P.L.1983, c.531 (C.54:32C-3.1) do not duplicate the Alliance effort.

d. The Local Advisory Committee on Alcoholism and Drug Abuse shall review and approve the County Annual Alliance Plan and submit this plan by July 1 of each year to the Division of Alcoholism and Drug Abuse in the Department of Health and to the Governor's Council on Alcoholism and Drug Abuse.

e. After the County Annual Alliance Plan is returned by the Governor's Council on Alcoholism and Drug Abuse to the Local Advisory Committee on Alcoholism and Drug Abuse with the council's proposed recommendations for awarding the Alliance grants, pursuant to subsection c. of section 4 of this amendatory and supplementary act, the committee, in conjunction with the council, may revise its plan in accordance with the council's proposed recommendations.

The revised plan shall be completed in such time that it can be included in the council's recommendations to the Governor and the Legislature that are due on December 1 of each year.

L. 1989, c. 51, s. 8.

26:2BB-9. Municipal Alliance Committee

The governing body of each municipality may appoint a Municipal Alliance Committee, or join with one or more municipalities to appoint a Municipal Alliance Committee. Membership on the Municipal Alliance Committee may include the chief of police; the president of the school board; the superintendent of schools; a student assistance coordinator; a representative of the parent-teacher association; a representative of the local bargaining unit for teachers; a representative of the Chamber of Commerce; a municipal court judge; representatives of local civic associations; representatives of local religious groups; and private citizens.

The Municipal Alliance Committee, in consultation with the Local Advisory Committee on Alcoholism and Drug Abuse, shall identify alcoholism and drug prevention, education and community needs. The committee also shall implement the Alliance programs formulated pursuant to section 8 of P.L.1989, c.51 (C.26:2BB-8). The governing body of a municipality may match any funds it receives from the Alliance.

L. 1989, c. 51, s. 9.

26:2BB-10. Rules, regulations

Pursuant to the "Administrative Procedure Act," P.L.1968, c.410 (C.52:14B-1 et seq.), the Commissioner of Health shall adopt rules and regulations necessary to establish the Division of Alcoholism and Drug Abuse pursuant to this act.

L. 1989, c. 51, s. 10.

26:2BB-11. Advisory commission abolished

The advisory commission to the Alcohol Education, Rehabilitation and Enforcement Fund, established pursuant to section 3 of P.L.1983, c.531 (C.26:2B-32), is abolished.

L. 1989, c. 51, s. 11.

26:2BB-12. Supersedure, repeal of inconsistent acts

All acts and parts of acts inconsistent with any of the provisions of this amendatory and supplementary act are, to the extent of such inconsistency, superseded and repealed.

L. 1989, c. 51, s. 12.

26:2BB-13. Evaluation

Two years after the date of enactment of this amendatory and supplementary act, the Governor shall contract with an independent evaluator who shall review and evaluate the effectiveness of the Governor's Council on Alcoholism and Drug Abuse in, but not of, the Department of the Treasury and the Division on Alcoholism and Drug Abuse in the Department of Health. Within one year after being appointed, the evaluator shall make recommendations to the Governor and the Legislature regarding the continuation of the council and the organization of the division as they are structured pursuant to P.L.1989, c.51 (C. 26:2BB-1 et al.).

L. 1989, c. 51, s. 17.

26:2BB-14. Continuation of funding

The funding mechanisms, including the awarding of grants for drug abuse services by the Department of Health, that are in effect on the date of enactment of P.L.1989, c.51 (C.26:2BB-1 et al.) for alcoholism services and drug abuse services, exclusively, shall continue until such time as recommendations of the Governor's Council on Alcoholism and Drug Abuse pursuant to P.L.1989, c.51 (C.26:2BB-1 et al.) are approved by the Commissioner of Health and enacted into law.

BY-LAWS
OF THE GOVERNOR'S COUNCIL ON ALCOHOLISM AND DRUG ABUSE

Amended August 16, 2005

ARTICLE I: COMPOSITION AND FUNCTIONS

1. The Governor's Council on Alcoholism and Drug Abuse (the "Council") is established pursuant to P.L. 1989, c. 51 (N.J.S.A. 26:2BB-1 et seq.).
2. The primary mission of the Governor's Council on Alcoholism and Drug Abuse is to coordinate all state efforts in this field. Its first major function is to prepare an annual Comprehensive Statewide Alcoholism, Tobacco and Drug Abuse Master Plan (Master Plan) addressing all aspects of substance abuse incorporating state, county and local efforts and emphasizing prevention, treatment, community awareness, and family and youth services. In fulfilling this function, emphasis shall be placed upon cooperation of the various state departments affected by the Statewide Master Plan. As a corollary to this function, the Council shall review the budget requests of state departments with respect to those programs and services related to the Governor's statewide plan and comment to the Governor and Legislature on the suitability of those budgets.
3. The second major function of the Council is to allocate to members of the Alliance to Prevent Alcoholism and Drug Abuse, money derived from mandatory penalties assessed on drug offenders in an effort to spark community based, grassroots efforts throughout New Jersey.
4. In addition, the Council is authorized and empowered to:
 - A. review and coordinate all state departments' efforts in regard to the planning and provision of treatment, prevention, research, evaluation, and education services for, and public awareness of, alcoholism and other drug abuse;
 - B. prepare by July 1 of each year, the state government component of the Master Plan for the treatment, prevention, research, evaluation, education and public awareness of alcoholism and drug abuse in this state, which plan shall include an emphasis on prevention, community awareness, and family and youth services;

- C. review each County Annual Plan and the recommendations of the Division of Addiction Services in the Department of Health and Senior Services for awarding the Alliance grants and, by October 1 of each year, return the plan to the Local Advisory Committee on Alcoholism and Drug Abuse with the Council's proposed recommendations for awarding Alliance grants;
- D. submit to the Governor and Legislature by December 1 of each year the Master Plan which shall include recommended appropriate allocations to state departments, local governments and local agencies and service providers of all state and federal funds for treatment, prevention, research, evaluation, education and public awareness of alcoholism and other drug abuse in accordance with the regular budget cycle, and shall incorporate and unify all state, county, local and private alcohol and other drug abuse initiatives;
- E. distribute grants, upon the recommendation of the Executive Director of the Council, by August 1 of each year to counties and municipalities for alcohol and drug abuse programs established under the Alliance to Prevent Alcoholism and Drug Abuse;
- F. evaluate the existing funding mechanisms for alcoholism and other drug abuse services and recommend to the Governor and the Legislature any changes which may improve the coordination of services to citizens in this state;
- G. encourage the development or expansion of employee assistance programs for employees in both government and the private sector;
- H. evaluate the need for, and feasibility for including other addictions, such as gambling, within the scope and responsibility of the Council; and
- I. collect from any state, county, local governmental entity, or any other appropriate source, data, reports, statistics or other materials that are necessary to carry out the Council's functions.

ARTICLE II: MEMBERSHIP AND TERM

1. There is created in, but not of, the Department of the Treasury, a Governor's Council on Alcoholism and Drug Abuse, which shall consist of eleven (11) ex officio members and fourteen (14) public members.
2. The ex officio members shall be the Attorney General, the Commissioners of the Departments of Labor, Education, Human Services, Health and Senior Services, Community Affairs, Personnel and Corrections, chair of the executive board of the New Jersey Presidents' Council, the Administrative Director of the Administrative Office of the Courts and the Adjutant General. Ex officio members shall remain members during their continuance in their respective offices.
3. The public members shall be residents of the state who are selected for their knowledge, competence, experience or interest in connection with alcoholism, or other drug abuse. They shall be appointed as follows: two shall be appointed by the President of the Senate; two shall be appointed by the Speaker of the General Assembly and ten shall be appointed by the Governor, with the advice and consent of the Senate. At least two of the public members appointed by the Governor shall be rehabilitated alcoholics and at least two of the public members appointed by the Governor shall be rehabilitated drug abusers. The term of office of each public member shall be three years, except that of the first members appointed, four shall be appointed for a term of one year, five shall be appointed for a term of two years and five shall be appointed for a term of three years. Each member shall serve until his/her successor has been appointed and qualified, and vacancies shall be filled in the same manner as the original appointments for the remainder of the un-expired term. A public member is eligible for reappointment to the Council.
4. Any public member who has three consecutive or more absences without prior notification shall be contacted in writing by the Executive Director to determine the reason for the absences. A copy of such written communication shall be distributed to each member of the Council and to the appointing authority of the member.

ARTICLE III: ALTERNATES

1. An ex officio member of the Council may designate an officer or employee of the department or office that he heads to serve as his permanent alternate and exercise his functions and duties as a member of the Council. Such a designation must be made in advance and in writing. Alternates, so designated, may vote and participate in Council discussions, and shall be counted in constituting a quorum.
2. A public member may not designate an alternate.

ARTICLE IV: MEETINGS

1. The Council shall conduct all of its meetings in compliance with the New Jersey Open Public Meetings Act.
2. The annual meeting of the Council shall be the regular meeting in January of each year.
3. The Council shall regularly meet on at least a monthly basis. The Council, at its annual meeting, shall establish a schedule of monthly meetings for the coming year. Regular meetings of the Council shall be held at such locations, as the Chairperson shall determine.
4. The Council Chair may convene the Council for a special meeting and shall, at the request of at least 13 members of the Council, call a special meeting. Five days notice in writing shall be given to each Council member of each special meeting. The Council Chair shall give, with the notice of each special meeting, the reason and purpose of the meeting, matters to be discussed and the time and place of the meeting. Council business at special meetings shall not exceed matters given in the notice.
5. In the event that the Council Chair and both Vice-Chairs are not in attendance at a meeting, there shall be a motion from the floor and vote taken to elect a Chair Pro Tem for that meeting.

ARTICLE V: QUORUM AND VOTING

1. Fourteen (14) members of the Council shall constitute a quorum.
2. A vacancy in the membership shall not impair the rights of a quorum to exercise all the powers and perform all the duties of the Council.
3. Action on motions and resolutions of the Council shall be taken by voice vote, except where the voice vote is not unanimous. A member of the Council shall

have the right to request a roll call vote. A roll call vote then shall be taken and the names of the members for or against the motion or resolution shall be entered into the minutes of the meeting.

ARTICLE VI: OFFICERS

1. Council Chair:
 - A. the Governor shall appoint from the public members a Council Chair. The Council Chair shall serve at the pleasure of the Governor during the Governor's term of office and until the appointment and qualification of the Council Chair's successor;
 - B. the Council Chair shall be the chief executive officer of the Council, shall preside at all meetings, shall have the general supervision, direction and control of the affairs of the Council and shall appoint the chairs to the Alliance and Planning committees, and the Interdepartmental Advisory Panel;
 - C. the Council Chair shall annually appoint an RFP working group that shall review the County Alliance Municipal Plans. This working group shall consist of at least three, but not more than five Council members representing the geographic areas of New Jersey. The RFP working group shall report their findings directly to the Council;
 - D. the Council Chair shall be the request officer for the Council within the meaning of such terms as defined in N.J.S.A. 52:27B-15; and
 - E. the Council Chair is to receive copies of all correspondence directed to the Council and shall respond thereto as appropriate.
2. First and Second Vice Chairs:
 - A. the First and Second Vice Chairs of the Council shall be elected annually in January by the members of the Council;
 - B. in the event that either or both of the Vice Chair positions become vacant during the course of the year, the Council shall elect a replacement to serve out the remainder of the term;

C. it shall be the duty of the Vice Chair to preside in the absence of the Council Chair and to implement other tasks delegated to him/her by the Council Chair;

D. it shall be the duty of the Second Vice Chair to perform the duties of the First Vice Chair in the absence of the First Vice Chair, and

E. the First and Second Vice Chairs shall not be appointed chairpersons of other Committees.

ARTICLE VII: EXECUTIVE DIRECTOR

1. The Executive Director of the Council shall be appointed by the Governor with the advice and consent of the Senate and shall serve at the pleasure of the Governor during the Governor's term of office and until the appointment and qualification of the Executive Director's successor.
2. The Executive Director shall:
 - A. be responsible for appointing and administering such staff as necessary to accomplish the work of the Council including taking the minutes of all Council meetings within the limits of available appropriations and the provisions of N.J.S.A. 26:2BB-3c;
 - B. attend all meetings of the Council and shall carry out the policies of the Council;
 - C. attend, but not be a voting member of, all standing Committees, in so far as possible, and see that these committees can receive appropriate staff and technical support; and
 - D. prepare the Master Plan and its budgetary recommendations, with the advice and consent of the Leadership Group, for the approval of the Council.

ARTICLE VIII: LEADERSHIP GROUP

1. The Leadership Group shall be composed of the following representatives:
 - Council Chair
 - Alliance Committee Chair
 - Planning Committee Chair
 - Governor's Office representative

- First and Second Vice-Chairs of Council
One additional public member to be appointed by Council Chair
Council Executive Director (non-voting)
2. The Leadership Group is responsible for coordinating the work and recommendations of the Alliance and Planning Committees. It shall review all committee recommendations prior to their submission to the Council to eliminate duplication and to ensure a cohesive presentation for the Council's consideration. It shall prioritize and implement the suggestions for the Council and, if requested, assist the Council Chair in preparation of the agenda for each meeting. It shall also collaborate with the Executive Director in the development of the Master Plan.
 3. In the event that some emergency circumstance exists such as death or illness, inclement travel conditions, etc., the meeting of the Leadership Group may be postponed to a certain date. Notification of the postponed Leadership Group meeting shall be regularly reported at the next regular monthly meeting of the Council.
 4. The Leadership Group shall convene monthly.

ARTICLE IX: COMMITTEES

1. To carry out the mandate of N.J.S.A. 26:2BB-1 et seq. and in keeping with the spirit of such law, the committees of the Council shall be the Alliance and Planning Committees.
2. In addition to the specific duties and responsibilities, which may hereafter be enumerated for each of the committees of this Council, the following general mandates are hereby enacted for each committee:
 - A. committees shall meet on an as-needed basis to carry out their duties and responsibilities at the call of the designated Chairperson;
 - B. every committee and subcommittee shall keep records of its meetings, including attendance of members, and a synopsis of the meeting held, and be prepared on an as-required basis to report to the Council on its activities and the status of its work;
 - C. reports, attendance list and related materials shall be made readily available to any Council member upon request, within a reasonable time after such request has been made in writing by the Council member to the Committee Chairperson or the custodian of such records;

- D. not less than five days prior to the monthly Leadership Group meeting each committee shall submit its recommendations relative to its work or the status thereof;
 - E. the Council Chair shall appoint a Chairperson for each committee from among the public or ex officio members of the Council; and the Chairperson of said committee shall appoint a Vice-Chairperson as may be deemed necessary or appropriate to the business and purpose of the committee.
 - F. every member of the Council shall be asked to express his/her preference for committee or subcommittee participation;
 - G. appointments to subcommittees shall be made by the Planning Committee Chair;
 - H. each Council member is encouraged to participate in at least one of the committees or subcommittees;
 - I. all decisions of the committees and subcommittees of the Council shall be made by a majority vote of those members in attendance;
 - J. subcommittees may include non-council members. A desire to participate in the mission of the Governor's Council shall be a qualifying criteria; and
 - K. the Planning Committee Chairperson shall appoint subcommittee chairpersons. A subcommittee Chair need not be a Council member. During the existence of the subcommittee, its Chair shall be permitted to attend, participate and make recommendations to the Planning Committee.
3. The following are the enumerated specific duties and responsibilities of the committees and subcommittees in addition to the foregoing general mandates:

A. ALLIANCE COMMITTEE

- 1. The membership of the Alliance Committee shall be no more than 21 members and shall include:
 - a. three Council members one of whom shall be chosen to serve as Chairperson (who shall be a Council member);
 - b. three members of the County Alliance Coordinators Association who shall represent the south, central and

northern regions of
our state and whose terms shall rotate biennially;

- c. a representative of the Student Assistance Professionals Association;
- d. a representative of the County Alcohol and Drug Abuse Directors Association;
- e. a representative of the Juvenile Justice Commission; and
- f. others who will be selected for their knowledge, experience or interest in alcoholism and drug abuse prevention with consideration to state wide constituencies.

2. This committee shall:

- a. recommend to the Council rules and regulations for participation in the operations of the Alliance to Prevent Alcoholism and Drug Abuse;
- b. recommend to the Council procedures to adopt rules regarding a mechanism for committees to provide matching funds pursuant to N.J.S.A. 26:2BB-c;
- c. recommend to the Council procedures for the establishment and functioning of County Alliance Steering Subcommittees to be established by each LACADA pursuant to N.J.S.A. 26:2BB-8;
- d. establish procedures for review of, and recommendations concerning, the County Annual Alliance Plan to ensure its inclusion in Council recommendations within the Master Plan due annually to the Governor and the Legislature by December 1, pursuant to N.J.S.A. 26: 2BB-4;
- e. act as liaison between the Council and the departments of state government, specifically to assure coordination of the provisions of the County Annual Alliance Plans;
- f. assist the Council in the continual development of an informed awareness of the Council's existence, goals, accomplishments and statewide activities, independently and in cooperation with other organizations;

- g. coordinate the celebration in some appropriate venue of the Council event(s) which highlight the Council and/or Alliance in delivery of services and programs, provided that the Attorney General's Office rules that such celebration is consistent with the statutes (N.J.S.A. 26:2BB-1 et seq.);
- h. handle the annual presentation of distinguished service awards in recognition of individual, group, corporate or other organizational achievements and special contributions in the field of drug abatement; any costs incurred for this presentation must be authorized and spent in accordance with the statute. The decisions as to what persons shall receive awards shall be made by the Council in special session upon recommendation of this committee and the Leadership Group. A nomination process and criteria for awards shall be established and published by this committee; [and]
- i. review statewide prevention planning activities;
- j. identify, recommend and develop new prevention initiatives;
- k. review legislative mandates on alcohol and other drug prevention to ensure that these programs are being implemented as intended;
- l. highlight and encourage the development of prevention programs and strategies that are proven through accepted evaluation mechanisms to be effective;
- m. coordinate the work of the Alliance Committee with other committees and work groups of the Council;
- n. review, research and recommend methods to develop or expand employee assistance programs for employees in both the governmental and private sectors.
- o. provide periodic educational presentations regarding alcohol and drug abuse prevention to the full Council; and

- p. provide information to the Executive Director for the preparation of the annual budget.

B. PLANNING COMMITTEE

1. The membership of the Planning Committee shall include:
 - a. a Chairperson who shall be a Council member
 - b. the Criminal/Juvenile Justice Subcommittee Chair
 - c. the Legislative Subcommittee Chair
 - d. the Treatment Subcommittee Chair
 - e. the Interdepartmental Advisory Panel Chair
 - f. one additional Council member
2. This committee shall:
 - a. have primary responsibility for the development and implementation of a strategic planning process that shall feature a systematic approach to fulfilling the Council's responsibilities pursuant to N.J.S.A. 26:2BB-4 et seq. Such process shall be subject to approval by the Council and shall be the basis for the development of the Master Plan and state government component pursuant to the requirements of N.J.S.A. 26:2BB-4 b. and d;
 - b. have primary responsibility for the production of all aspects of the Master Plan as referenced in N.J.S.A. 26:2BB-4 d;
 - c. have primary responsibility for the production of the state government component of the aforementioned Master Plan in accordance with N.J.S.A. 26:2BB-4 b;
 - d. collect all data necessary to fulfill the strategic planning goals as they are enumerated by the Council and the Leadership Group;
 - e. have primary responsibility for the review and approval of Council expenditures related to the fulfillment of the Council's responsibilities pursuant to N.J.S.A. 26:2BB-1 et seq.;

- f. work closely with and utilize the Interdepartmental Advisory Panel as an integral tool in the development of the Master Plan; and,
- g. establish the following subcommittees for the purposes of effective planning:
 - 1. Criminal/Juvenile Justice Subcommittee:
 - a. shall have responsibilities that include, but not be limited to:
 - 1. reviewing all criminal/juvenile justice substance abuse initiatives in New Jersey, and facilitating their inclusion into planning documents;
 - 2. coordinating with all providers of criminal/juvenile justice substance abuse programming to identify gaps in service, and advocating for additional resources if warranted;
 - 3. assisting state agencies with the creation of appropriate evaluation criteria for criminal/juvenile justice substance abuse programs; and
 - 4. providing periodic educational presentations regarding criminal/juvenile justice substance abuse programs to the full Council.
 - 2. Legislative Subcommittee:
 - A. shall have responsibilities that include, but not be limited to:
 - 1. identifying proposed legislation that pertains to the Council's field of interest;

2. reviewing and evaluating such legislation as well as any legislation proposed by the Alliance or Planning committees;
 3. assisting the Executive Director in preparation of information on legislation to be considered by the Council;
 4. taking action in support or opposition to any specific bill that reflects a position taken by the Council; and
 5. providing periodic educational presentations regarding legislative issues related to substance abuse to the full Council.
- B. The Legislative Subcommittee shall meet regularly when the Legislature is in session.
3. Treatment Subcommittee:
- A. shall have responsibilities that include, but not be limited to:
 1. reviewing all treatment oriented planning activities in New Jersey;
 2. coordinating the planning process with regard to substance abuse treatment;
 3. identifying and developing new treatment initiatives;
 4. developing means to provide greater visibility and funding for treatment initiatives;
 5. developing evaluation criteria to enhance the accountability of new and existing programs;

6. developing appropriate treatment recommendations to the Planning Committee for the development of the Master Plan, and assisting in the implementation of any and all recommendations by the Planning Committee with regards to treatment activities in New Jersey; and
7. providing periodic educational presentations regarding substance abuse treatment to the full Council.

C. INTERDEPARTMENTAL ADVISORY PANEL:

1. The membership of the Interdepartmental Advisory Panel shall include representatives of all departments that have representation on the Council;
 2. be an integral part of the comprehensive strategic planning of the Council, reviewing and commenting on subcommittee recommendations; and
 3. provide advice to the Planning Committee and to the Council on the capacity of state government to implement recommendations emanating from the Master Plan development process.
4. The Council's committee structure, as enumerated above, is set forth in an organization chart attached hereto and incorporated herein by reference as Appendix I: "Organization of GCADA Committees".

ARTICLE X: LEGISLATIVE ACTIVITIES

1. The Council may vote to take a position on proposed legislation at a regular or special meeting of the Council upon:
 - A. the recommendation of the Legislative Subcommittee;
 - B. the recommendation of the Leadership Group; or
 - C. the recommendation of a Council member in an emergency situation.

2. The Council Chair, Executive Director, or a designee of their choosing, is empowered to present the Council's position(s) on legislation.

ARTICLE XI: PARLIAMENTARY AUTHORITY

Except as otherwise provided by law, the conduct of meetings shall be in accordance with the most recent version of Robert's Rules of Order.

ARTICLE XII: AMENDMENTS

1. Except as otherwise provided by law, these Bylaws may be amended, added to, altered or repealed by the Council, in whole or in part, at any regular or special meeting thereof, provided at least one month's prior written notice of any proposed revision is provided to all members of the Council.
2. These Bylaws shall take effect two weeks after they are approved by the Council.