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

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GCADA
Governor's Council on Alcoholism and Drug Abuse

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INTRODUCTION TO THE 2006 MASTER PLAN

Background

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

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

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

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

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

The Council wishes to publicly express its appreciation to Acting Governor Richard J. Codey for his administration's significant interest and participation in the activities of the Council and the Municipal Alliances, and looks forward to the next Governor's continued involvement. The Council's close association with the Governor's Office is an invaluable asset in the development and implementation of a comprehensive statewide master plan for alcoholism and drug abuse education, prevention, intervention, treatment and recovery.

Purpose of the Master Plan

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

The law states that the Council shall "adopt and submit to the Governor and the Legislature a Comprehensive Statewide Alcoholism and Drug Abuse Master Plan incorporating and unifying all State, county, local and private alcohol and drug abuse initiatives." Public Law 1989, Chapter 51 also states, "The Council shall take into consideration all matters affecting alcoholism, intoxication, alcohol abuse, drug addiction and drug abuse and shall formulate comprehensive policies for the prevention and control of alcoholism and drug abuse in order to unify in a comprehensive program all efforts." The legislation also mandates that the "Council shall review and make recommendations with regard to the revision of existing statutes relating to alcoholism and drug program and policies."

The 2006 Master Plan is the 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 2006 Master Plan came from the vigorous efforts of the Council's Planning Committee, the Criminal/Juvenile Justice, Legislative and Treatment Subcommittees, as well as the Alliance Committee. It has been reviewed and adopted by the members of the Governor's Council on Alcoholism and Drug Abuse.

Organization of the 2006 Master Plan

The Master Plan is divided into eight sections: (I) Introduction; (II) Council Organization and Structure; (III) Statement of Need; (IV) GCADA 2006 Objectives and Strategies; (V) Current Issues and Emerging Trends; (VI) County and Municipal Alliance Summaries; (VII) State Government Component; (VIII) Appendices.

Acknowledgements

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Jim O'Brien, Addiction Treatment Providers
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COUNCIL ORGANIZATION AND STRUCTURE

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Mission Statement

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

The Council performs several major functions to achieve its mission:

1. Advocacy and Coordination of ATOD Services

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

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

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

3. The Statewide Alliance to Prevent Alcoholism and Drug Abuse

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

Vision and Shared Values

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

Guiding Principles

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

1. **Leadership:**
   We exercise leadership in the prevention, intervention, and treatment of substance abuse in the State.

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

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

Core Values

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

Quality

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

Respect

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

Openness

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

Accountability

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

Planned Change

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

Responsiveness

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

Diversity

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

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

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

Core Beliefs and Goals

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

- *The State must reduce the social and health costs of alcohol, tobacco, and other drug abuse.*
- *The State must increase public safety by the substantial reduction of alcohol and other drug-related crime and violence.*
- *The State recognizes the extent of human suffering caused by alcohol, tobacco, and other drug abuse and as a result has developed the follow ing Goals:*

1) Establish and maintain an inclusive and collaborative strategic planning process to reduce alcohol,
tobacco and other drug abuse.

2) Increase public awareness concerning alcohol, tobacco, and other drug abuse and awareness of prevention, intervention and treatment programs.

3) Develop prevention and education programs that prevent alcohol, tobacco, and other drug abuse among all New Jersey residents and in particular its youth.

4) Promote the development and implementation of prevention, interven tion, and treatment programs and services based on documented needs, program effectiveness research and program outcome measures.

5) Increase access and remove barriers to treatment for all New Jersey residents in need of treatment.

STATEMENT OF NEED

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

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

According to national statistics the current information shows the following:

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

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

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

It is important to look at national statistics and trends in alcohol, tobacco and other drug use and abuse; however, more emphasis is placed on statistics concerning the residents of New Jersey. New Jersey is a major transport corridor as it is situated between New York City and Philadelphia. Our state has several modes of transportation such as airports, seaports, railroads and public highways increasing the likelihood of importation of illegal substances. The "Garden State" is home to more than 8.6 million residents as the nation's fifth smallest state making it the most densely populated of all 50 states.

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

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

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

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

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

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

Additionally under the Uniform Crime Report for 2004, were 28,692 arrests for driving under the influence, a two percent increase over the previous year. There were also 8,389 arrests for violation of New Jersey's liquor laws. Adults accounted for 5,705 of these arrests while 2,684, or 32%, were juveniles.
In 2004, the New Jersey Division of Highway Traffic Safety reported 381 arrests for driving under the influence of individuals under 18 years of age. Of those, 317 were male and 64 were female. There has shown an increase each year since 2001, especially for females.

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

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

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

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

* 30% of New Jersey's residents reported using marijuana in their lifetime while 9% used cocaine, 5% hallucinogens, 4% non-prescribed stimulants, 4% non-prescribed pain relievers, and 3% or fewer reported lifetime using the following: heroin, tranquilizers, sedatives, methamphetamines, crack, steroids, ecstasy, and other club drugs.
* Of those residents that used in the last 12 months, the most common sub stances used were 5% marijuana, 2% prescription-type substances and1% or less used cocaine, hallucinogens or heroin.
* Of all age groups surveyed, 18-20 year olds had the highest frequency of use. Additionally, this population had the highest prevalence of polydrug abuse (using more than one substance at the same time) at 8%.
* 13% of New Jersey residents admitted to using two or more drugs at some point in their life time. Past year use of more than one drug was at 2%.
* First use of substances was measured and demonstrated that 40% of those surveyed first used marijuana between the ages of 15-17. First use of cocaine for 34% was between the ages of 18-20. Of those who first used marijuana at the age of 11 or younger, 83% admitted to using some other drug in their lifetime.

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

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

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

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

Access to Treatment among Those in Need demonstrated that 12% of New Jersey's residents reported receiving treatment in their lifetime. Of those, 3% received treatment in the past year. Lifetime attendance to Alcoholics Anonymous (AA) was at 14% with 5% attending Narcotics Anonymous (NA). Other findings illustrated:

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

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

* 46% of those surveyed admitted to casino gambling and 23% reported other forms of gambling.
* 3% reported experiencing problem gambling in their lifetime while 1% reported problem gambling in the past year. Of this percentage reporting

lifetime problems, 37% admitted to also smoking in the last month, 14% drank heavily in the last month and 20% used an illicit drug in the past year.

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

* 5% of residents confirmed increasing their use of one of more substances as a result of the 9/11 attacks. Of those, 3% smoked more cigarettes, 2% increased their prescription drug use, 1% consumed more alcohol, and 0.3% used more illicit drugs.
* 4% interviewed reported the need to receive counseling for psychological or substance abuse/dependency problems related to the 9/11 attacks; however, only 2% received counseling.

Trends in Substance Use in New Jersey from 1998-2003 demonstrated a slight rise in the use of cigarettes with smokers increasing from 23% to 24%. Pipe smoking remained the same while cigar smoking fell from 11% to 7%. Alcohol use showed a slight decrease with lifetime use reducing from 91% to 87%. Past year use dropped 2% and past month use dropped 1%. Lifetime illicit drug use showed a slight increase from 30% to 32% while past year use fell 3%.

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

* 30,644 (57%) of the clients treated reported being treated in their county of residence.
* Heroin was identified the primary drug of choice with 49% of the admissions. 28% of admissions identified alcohol, 19% intravenous heroin use, and 11% marijuana use. Clients that admitted to smoking tobacco was 76%.
* The most accessed treatment modality was outpatient care (23%) followed by hospital detoxification (18%), intensive outpatient (13%). Overall, 34,3446 of had received prior treatment.
* 51% of clients were White, 31% Black, 14% Hispanic and 1% Other.
* The highest rate of admissions were for clients between the ages of 35-44 (33%) followed by 15% each for ages 30-34 and 45-54.
* 66% were either unemployed or not in the labor force.
* 60% had no insurance while 16% had private insurance and 15% had public insurance.
* 20% of the clients had methadone planned as part of their treatment.

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

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

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

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

2006 GCADA Objectives and Strategies

In keeping with the strategic planning process adopted by the Council in 2002, the Council's subcommittees annually develop sets of objectives and strategies that focus the Council's work and collaborative efforts on achieving the agreed upon statewide goals. The Council believes this effort is consistent with the "ground up" approach to planning envisioned by the Council's mission, vision, core beliefs and goals.

During 2005, the Council amended its by-laws to merge the Alliance Committee and Prevention Subcommittee. This change amalgamated the responsibilities for prevention planning into the Alliance Committee. Membership of the Alliance Committee was increased in order to facilitate a broader representation of addiction prevention stakeholders. For the past ten years, the Alliance Unit of the Council in conjunction with the Alliance Committee has worked with the Division of Addiction Services and the County Alcoholism and Drug Abuse Directors on "Prevention Unification". However, it became increasingly clear that the Council could not effectively coordinate prevention planning when such a bifurcation of prevention responsibilities existed within its own structure.

It is evident from the pattern of changes to the objectives over the past several years that the Council's restructuring of its committees and subcommittees are leading to a more mature strategic planning process. The Council Chairman, Joseph P. Miele, is deeply appreciative of the effort made by all Committee and Subcommittee Chairs and Co-Chairs. The Chairman believes that it is through the selfless dedication of the volunteers and members of the Council that the Council is experiencing rewarding results from our planning process.

Following are the objectives and strategies for 2006 developed by the Alliance Committee, the Criminal Justice/Juvenile Justice Subcommittee, the Legislative Subcommittee, and the Treatment Subcommittee.

Alliance (Prevention) Committee Objectives

Objective #1:

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

Strategies:

- Offer educational presentations upon request on prevention to target audiences in order to raise awareness by October 2006.
- Identify and utilize the existing speaker's bureau already established within the existing systems regarding alcohol, tobacco and other drug prevention services by October 2006.
- Develop a list of target audiences to provide presentations.

Objective #2:

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

Strategies:

- Work collaboratively with GCADA's various committees to educate legislators concerning the importance of promoting the benefits of alcohol, tobacco and other drug prevention.
- Develop talking points to communicate a consistent and unified prevention message regarding alcohol, tobacco, and other drug prevention for Representatives in the field by March 2006.

Objective #3:

Promote programs for older adults that foster resiliency to prevent the abuse of alcohol, tobacco, medications and other drugs.

Strategies:

- Promote resources identified through the resiliency working group including educational materials and other media, with an emphasis on New Jersey based programs and potential leaders for education and training.
- Present and distribute a resiliency program to the Municipal Alliances through a workshop/demonstration at the GCADA Summit in 2006.
- Continue the process of working with professional organizations focused on serving older adults to encourage the development of programs to foster resiliency in their constituencies.

Objective #4:

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

Strategies:

- Provide a prevention presentation (s) to the Municipal Alliances through a workshop/demonstration at the GCADA Summit in 2006.
- Continue the process of working with associations and professional organizations that have a focus on primary prevention services for youth and young adults in order to encourage collaboration and

Criminal and Juvenile Justice Subcommittee Objectives

Objective #1:

To increase throughout the State the interaction between the Drug Court and Municipal Alliances through educational forums held in collaboration with each County Alliance and the Drug Court.

Strategies:

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

Objective #2:

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

Strategies:

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

Objective #3:

To identify and examine gaps in the treatment of those admitted with substance abuse issues who are in the criminal justice/juvenile justice systems with respect to re-entry and continuum of care.

Strategies:

- Identify a standard valid assessment tool to identify alcohol and drug dependence. Review current treatment agency clinical records policies and procedures to assist in the development of a universal file of offender progress in treatment. Consult with institutions and agencies, prison-based programs, assessment centers, community treatment programs and parole, to get their input on what each would need to help the returning

offender access needed resources and to develop an effective recovery support system.
- Attend and observe various criminal and juvenile justice programs in operation, gather and compile information and prepare a report to provide recommendations to reduce barriers and strengthen gaps in service delivery.
- Publish results of the survey in an appropriate forum.

Legislative Subcommittee Objectives

Objective #1:

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

Strategies:
- Identify and track legislation related to alcohol, tobacco and other drug abuse on a weekly basis using GovNet.
- Review and research related legislation, formulate policy recommendations, draft resolutions of support or opposition, and present recommendations to the Council for adoption.
- Establish appropriate measures to initiate and draft recommended legislation.
- Continue distribution of related public policy information to Council members.
- Sponsor presentations at two regular Council meetings in 2006 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 GCADA publications, for example, the Bulletin.

Objective #3:

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

Strategies:
- Sponsor an event at the State House in coordination with other subcommittees of GCADA, other state agencies and constituent groups, for instance,

a 'Day of Advocacy'.
- Continue to send the GCADA Bulletin to legislators and public policy decision makers.
- Encourage advocacy teams and ongoing advocacy efforts.

Objective #4:

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

Strategy:
- Schedule presentations for Legislative Subcommittee meetings in 2006 by experts in the State budget process as it relates to alcohol, tobacco and other drug abuse revenues and expenditures.

Treatment Subcommittee Objectives

Objective #1:

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

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

Objective #2:

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

Strategies:
- Co-sponsor an event with GCADA's legislative subcommittee at the Statehouse to educate legislators about issues regarding access and barriers to individuals seeking treatment.
- Support the proposed recovery campaign which will be launched by the Partnership for a Drug Free New Jersey in early 2006.
- Continue to maintain and distribute an updated Directory of Statewide Addiction Treatment Resources.

Objective #3:

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

Strategy:

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

Objective #4:

Identify gaps in the continuum of care provided in New Jersey between systems and across all developmental stages of individuals for addiction treatment services and recovery support (e.g. senior citizens and juveniles in the justice system).

Strategy:

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

CURRENT ISSUES AND EMERGING TRENDS

In this year's Master Plan, the Governor's Council on Alcoholism and Drug Abuse has decided to add a new section with the inclusion some information on current issues and emerging trends in New Jersey. The topics were selected after a broad consultation with the Council's Committees and Subcommittees as well as other stakeholders and agencies involved in addiction prevention, education, intervention, treatment, and recovery services.

Each topic has been developed and summarized by different individuals, representatives of various agencies; therefore, slight presentation differences exist throughout this section.

The topics covered this year are not prioritized and do not represent the totality of the issues facing the addictions field in New Jersey. They are some of the more active issues and ones in which the Governor's Council has been engaged with over some time.

The topics chosen for this year are:

1. Childhood Drinking
Donald Starn, MAT, M.Div., CPS, Director
Prevention Plus of Burlington County

2. Evidence Based Prevention Practices
Alysa Fornarotto-Regenye, MSW, LCADC, CPS
Division of Addiction Services, Dept. of Human Services

3. Evidence Based Treatment Practices
Pamela Waters, M.Ed., Director
Southern Coast Addiction Technology Transfer Center

4. Medication Assisted Therapies
James O'Brien, Executive Director
Addiction Treatment Providers of New Jersey

5. Parity for Addiction Treatment
John Hulick, MS, CPS, Director Public Affairs and Policy
National Council on Alcoholism and Drug Dependence - NJ

6. Stigma faced by New Jerseyans in addiction treatment and recovery
John Hulick, MS, CPS, Director Public Affairs and Policy
National Council on Alcoholism and Drug Dependence - NJ

7. Youth Steroid Use and Prevention
Mary Lou Powner, Executive Director
Governor's Council on Alcoholism & Drug Abuse

1. CHILDHOOD DRINKING IN NEW JERSEY

By Donald Starn, Director, Prevention Plus of Burlington County

THE PROBLEM OF CHILDHOOD DRINKING

Alcohol is the number one drug of choice for New Jersey's young people. The average age of first use is 11 years old. The lifetime rate for alcohol use increases from 40.7% for 7th graders to 52.3% for 8th graders. The nationwide alcohol prevalence is 47% for 8th graders, indicating that New Jersey children are using alcohol at a higher rate than their national counterparts.

Alcohol kills more young people than all other illicit drugs combined. Alcohol use is highly correlated to the three most common causes of preventable death in youth: accidents, homicides and suicides. Additional alcohol related consequences include unplanned sexual encounters, sexually transmitted diseases, pregnancy, car crashes, school suspension/expulsion, academic failure, mental health problems and others.

40% of youth who begin drinking before the age of 13 will develop alcohol abuse or alcohol dependency. Delaying the onset of drinking by 5 years decreases the risk by 50%.

The most recent studies of alcohol and adolescent brain development show that the functioning of the hippocampus is dramatically impaired with alcohol use. The hippocampus is the part of the brain where new memories are transferred from short-term to long-term storage. In addition, the frontal lobe of the brain, which undergoes the most change during adolescence, is also damaged. The frontal lobe plays a key role in the formation of personality by controlling reasoning, speech, movement, emotions and problem solving skills.

Poor adult role modeling is among the factors contributing to youth alcohol consumption. New Jersey parents of children aged 14-15 are more lenient in their drinking policies than parents of children aged 12-13. While 87% of parents with a 12-13 year old reported a "zero-tolerance" policy towards their child drinking alcohol, significantly fewer parents (76%) with a 14-15 year old reported having similar policies.

Additional factors contributing to the early first use of alcohol include easy access to alcohol, lack of information regarding the extent of the problem, community norms that are tolerant of underage drinking, lack of perceived risk and understanding of alcohol problems, inconsistent enforcement of laws and policies and weak or non-existent alcohol laws and policies.

THE RESPONSE: THE CD COALITION

In response to these concerns, New Jersey announces that a statewide coalition has been established to initiate a comprehensive strategy to prevent childhood drinking. Reducing childhood drinking requires a cooperative effort from all levels of government, the law enforcement community, education, medical professionals, alcohol manufacturers and retailer, the entertainment industry, parents and others adults across the state. Organized and staffed by the New Jersey Prevention Network (NJPN), The CD (Childhood Drinking) Coalition seeks to bring together

these stakeholders to strengthen New Jersey's childhood drinking focus by linking together the many entities involved in this effort.

CD COALITION GOALS

The goal of the CD Coalition is to prevent drinking among New Jersey children. The coalition plans to accomplish this goal by (1) sharing information regarding current initiatives, (2) maximizing the effectiveness of these efforts by developing collaborative projects, and (3) identifying gaps in services that may be filled through collaboration and creative resource development.

This initiative begins with a review of current information regarding the nature and extent of the childhood drinking problem in New Jersey. Based on a clear identification of this complex and multifaceted problem, measurable objectives are being developed by the coalition. The comprehensive methods used to accomplish these objectives may include community partnerships, youth led local action groups, prevention and education, public policy, media relations, treatment, enforcement, evaluation and others.

The coalition has created three committees to identify and complete specific initiatives:

Education Committee

- Identify education programs currently in use, additional science based curricula available, gaps in educational services, and successful coalition strategies for parents and their children.

Public Relations and Media Committee

- Coordinate a media/communications plan to spread the message about the projects and issues of the Coalition.

Public Policy Committee

- Educate and engage policy makers on the problems associated with childhood drinking and recommend policy solutions.

The CD Coalition is currently engaged in a six-part planning process. This process begins with assessing/identifying the problem to be addressed. The Coalition has chosen to focus its attention on the early first use of alcohol by children ages 10-14. The second step will be to determine the factors contributing to the problem to be followed by designing and implementing the interventions that will ameliorate the identified problem.

Ultimately, reducing childhood drinking is a question of the public will. The CD Coalition is determined to establish and move forward with an agenda that will play a significant role in bringing about the cultural paradigm shift that is necessary to prevent the early first use of alcohol by the children of New Jersey. Their future and ours depend upon the success of these efforts.

2. EVIDENCE BASED PREVENTION PRACTICES

By Alysa Fornarotto-Regenye, MSW, LCADC, CPS
NJ Division of Addiction Services

Evidence-Based Programs are conceptually sound and internally consistent. Program activities relate to the conceptualization and are reasonably well implemented and evaluated. The Substance Abuse and Mental Health Services Administration (SAMHSA) defines evidence-based programs in one of three categories:

Promising Programs have been implemented and evaluated sufficiently and are considered to be scientifically defensible. They have demonstrated positive outcomes in preventing substance abuse and related behaviors. However, they have not yet been shown to have sufficient rigor and/or consistently positive outcomes required for Effective Program status. Nonetheless, Promising Programs are eligible to be elevated to Effective status subsequent to review of additional documentation regarding program effectiveness. Promising Programs must score at least 3.33 on the 5-point scale on parameters of Integrity and Utility.

Effective Programs are well-implemented, well-evaluated programs that produce a consistent positive pattern of results (across domains and/or replications). These programs must score at least 4.0 on a 5-point scale on Integrity and Utility, based on the National Registry of Evidence-based Programs and Practices (NREPP) review.

Model Programs are well-implemented, well-evaluated programs, meaning they have been reviewed by the National Registry of Evidence-based Programs and Practices (NREPP) according to rigorous standards of research. Developers, whose programs have the capacity to become Model Programs, have coordinated and agreed with SAMHSA to provide quality materials, training, and technical assistance for nationwide implementation. Model Programs score at least 4.0 on a 5-point scale on Integrity and Utility, based on the NREPP review process.

Source: http://www.modelprograms.samhsa.gov

Why Research?
Research has demonstrated the value of effective prevention to prevent or delay the onset of mental illnesses and substance use disorders across the lifespan.

Early intervention using evidence-based prevention and treatment services and supports can reduce the toll of substance abuse and mental illnesses. Additional resources to utilize in gaining knowledge of evidence-based prevention include:

Centers for the Application of Prevention Technology: (www.captus.org)
Purpose: Assist States and Communities in the application of evidence-based substance abuse prevention programs, practices, and policies through the provision of materials, trainings and technical Assistance for prevention.

National Registry of Evidence-based Programs and Practices (NREPP):
Purpose: A voluntary rating and classification system for substance abuse and mental health prevention and treatment interventions. The goal of NREPP is to become a leading national resource for science-based information on substance

abuse and mental health prevention and treatment interventions. In addition, NREPP Influences SAMHSA discretionary and block grant investments; and provides an important tool for both public and private purchasers in selection of effective services
(www.modelprograms.samhsa.gov)

Source: Charles G. Curie, M.S.W., A.C.S.W., Administrator, Substance Abuse & Mental Health Services Administration U.S. Department of Health & Human Services

ADDITIONAL INFORMATION:

Office of National Drug Control Policy- Evidence-Based Principles for Substance Abuse Prevention

Principles of Prevention

The National Drug Control Strategy's Performance Measures of Effectiveness require the Office of National Drug Control Policy to "develop and implement a set of research-based principles upon which prevention programming can be based."

Evidence-Based Principles for Substance Abuse Prevention

The following 15 principles and guidelines were drawn from literature reviews and guidance supported by the federal departments of Education, Justice, and Health and Human Services as well as ONDCP. Some prevention interventions covered by these reviews have been tested in laboratory, clinical, and community settings using the most rigorous research methods. Additional interventions have been studied with techniques that meet other recognized standards. The principles and guidelines presented here are broadly supported by a growing body of research.

Address Appropriate Risk and Protective Factors for Substance Abuse in a Defined Population

1. **Define a populatio**n. A population can be defined by age, sex, race, geography (neighbor-hood, town, or region), and institution (school or workplace).
2. **Assess levels of risk, protection, and substance abuse for that population.** Risk factors increase the risk of substance abuse, and protective factors inhibit substance abuse in the presence of risk. Risk and protective factors can be grouped in domains for research purposes (genetic, biological, social, psychological, contextual, economic, and cultural) and character ized as to their relevance to individuals, the family, peer, school, work place, and community. Substance abuse can involve marijuana, cocaine, heroin, inhalants, methamphetamine, alcohol, and tobacco (especially among youth) as well as sequences, substitutions, and combinations of those and other psychoactive substances.
3. **Focus on all levels of risk, with special attention to those exposed to high risk and low protection.** Prevention programs and policies should focus on all levels of risk, but special attention must be given to the most important risk factors, protective factors, psychoactive substances, individuals, and groups exposed to high risk and low protection in a defined population. Population assessment can help sharpen the focus of prevention.

Use Approaches that Have Been Shown to be Effective

4. **Reduce the availability of illicit drugs, and of alcohol and tobacco for the under-aged.** Community-wide laws, policies, and programs can reduce the availability and marketing of illicit drugs. They can also reduce the availability and appeal of alcohol and tobacco to the under-aged.
5. **Strengthen anti-drug-use attitudes and norms**. Strengthen environmental support for anti-drug-use attitudes by sharing accurate information about substance abuse, encouraging drug-free activities, and enforcing laws, and policies related to illicit substances.
6. **Strengthen life skills and drug refusal techniques**. Teach life skills and drug refusal skills, using interactive techniques that focus on critical thinking, communication, and social competency.
7. **Reduce risk and enhance protection in families.** Strengthen family skills by setting rules, clarifying expectations, monitoring behavior, communicating regularly, providing social support, and modeling positive behaviors.
8. **Strengthen social bonding.** Strengthen social bonding and caring relation ships with people holding strong standards against substance abuse in families, schools, peer groups, mentoring programs, religious and spiritual contexts, and structured recreational activities.
9. **Ensure that interventions are appropriate for the populations being addressed.** Make sure that prevention interventions, including programs and policies, are acceptable to and appropriate for the needs and motivations of the populations and cultures being addressed.

Intervene Early at Important Stages, Transitions, and in appropriate settings and domains

10. **Intervene early and at developmental stages and life transitions that predict later substance abuse.** Such developmental stages and life transitions can involve biological, psychological, or social circumstances that can increase the risk of substance abuse. Whether the stages or transitions are expected (such as puberty, adolescence, or graduation from school) or unexpected (for example the sudden death of a loved one), they should be addressed by preventive interventions as soon as possible-even before each stage or transition, whenever feasible.
11. **Reinforce interventions over time.** Repeated exposure to scientifically accurate and age-appropriate anti-drug-use messages and other inter ventions-especially in later develop-mental stages and life transitions that may increase the risk of substance abuse-can ensure that skills, norms, expectations, and behaviors learned earlier are reinforced over time.
12. **Intervene in appropriate settings and domains.** Intervene in settings and domains that most affect risk and protection for substance abuse, including homes, social services, schools, peer groups, workplaces, recreational settings, religious and spiritual settings, and communities.

Manage Programs Effectively

13. **Ensure consistency and coverage of programs and policies.** Implementation of prevention programs, policies, and messages for different parts of the community should be consistent, compatible, and appropriate.

14. **Train staff and volunteers.** To ensure that prevention programs and mes sages are continually delivered as intended, training should be provided regularly to staff and volunteers.
15. **Monitor and evaluate programs.** To verify that goals and objectives are being achieved program monitoring and evaluation should be a regular part of program implementation. When goals are not reached, adjust ments should be made to increase effectiveness.

In many ways, addiction services have been greatly influenced by:

- **Faith** - Turning it over to a Higher Power and working the Steps
- **Belief** - "It worked for me."
- **Anecdotal Evidence** - "Seems to work for most people."
- **Influence** - "Everybody does it this way."
- **Tradition** - "We've always done it this way."
- **Mandate** -"We have to do it this way."

3. WHAT IS EVIDENCE BASED TREATMENT PRACTICE?

By Pamela Waters, M.Ed. Director
Southern Coast Addiction Technology Transfer Center

Evidence-based practice...researched-based interventions...science-based services...science-verified practices...empirically-supported practices....What do all of these mean?

Current terminology for bringing what we have found to be effective through research into everyday practice can be mind-boggling. Every time you turn around there is a new "catch phrase." While there are subtle nuances in the definitions of those phrases listed above, all of them mean essentially the same thing.

Evidence-based practices usually refer to programs or practices that are proven to be successful through research methodology and have produced consistently positive patterns of results. Evidence-based practices or model programs that have shown the greatest levels of effectiveness are those that have established generalizability (replicated in different settings and with different populations over time) through research studies. The implementation of proven, well-researched programs is rapidly becoming standard practice today and required by most funding sources.

We often hear the question, "By whose standards is this a model or "best" practice?" For those readers who wish to delve deeply into answering this question, several noteworthy efforts have set explicit criteria for conducting studies to establish the evidence base for an intervention, for using completed studies to determine the degree to which an intervention is evidence-based, and for weighing the evidence about an intervention to decide whether it should be recommended for adoption (Leff, et al, 2001). These include: The United States Food and Drug Administration Center for Drug Evaluation and Research (Guidelines for the Format and Content of the Clinical and Statistical Sections of an Application); The International Conference on Harmonisation (ICH, Guidance on Statistical Principles for Clinical Trials); the criteria for empirically validated treatments developed by a task force of Division 12 of the American Psychological Association published in a report titled, A Guide to Treatments That Work (Nathan and Gorman, 1998); and What Works for Whom, a review of psychotherapy efficacy prepared for the National Health

Service in the United Kingdom by Roth and Fonagy (1996).
For those readers who wish to have a less scientific foray into determining levels of evidence, it is important to note that the development of an evidence base supported by the research is necessary before conclusions can be drawn about any particular practice. Rigorous evaluation requires systematic, standardized description of target population, program practices, and the theoretical relationship between clients served, practices and desired outcomes. Interventions must be shown to improve outcomes that are meaningful to participants, and that are measured objectively in research conducted by independent investigators. In very simplistic terms, the evidence base is built by:

- Observation;
- Careful description and measurement;
- A determination of what goes with what;
- A determination of the mechanism that leads to success under certain conditions and with which populations; and
- Citing the specific results that can be anticipated.

Popular attention has focused of late on the role of evidence not only in addiction services but also in mainstream health care. Physicians, too, have been encouraged to practice "evidence-based medicine," so that their clinical decisions would be based upon a foundation of solid science, especially using research that has applied rigorous epidemiologic methods and has been published in peer-reviewed journals. The response of some clinicians and physicians has been gratitude for the recognition that the everyday practice of clinical care can be an intellectually rigorous undertaking. Others have responded less gently, asking, in essence, "So what have I been practicing, magic?" (Eisenburg, 2000).

There is sufficient evidence to suggest that most clinicians' practices do not reflect the principles of evidence-based practices but rather are based upon tradition, their most recent experience, what they learned years ago in formal education settings, or what they have heard from their friends (Eisenburg, 2000). The average clinician does not have sufficient time in the day to read scientific journals (even if they have access to the journals) and most are likely overwhelmed by the volume of material confronting them. No clinician alone can absorb and synthesize the vast amount of literature available, make judgments on its quality, and translate it into practice.

"How do I make sense out of this?"

On many fronts, both nationally and within the Southern Coast region, efforts are well underway to synthesize the vast amount of literature available on addiction prevention and treatment services and translate it into practice. In prevention, the Center for Substance Abuse Prevention has lead the way in identifying model programs and promising approaches to substance abuse prevention services. Three national websites provide resources and documents to substantiate the science used in the prevention world today:

- SAMHSA Model Programs - http://modelprograms.samhsa.gov/default.cfm
- CSAP Prevention Pathways - http://www.samhsa.gov/preventionpathways/
- CSAP Prevention Decision Support System - http://www.preventiondss.org

In the treatment arena, SAMHSA, NIDA and NIAAA have identified a variety of scientifically based approaches to addiction treatment. Scientific research and clinical experience have shown much about what really matters in addiction and where we need to focus our clinical efforts. NIDA has concentrated recent research efforts on the efficacy of new treatments for drug addiction through the National Drug Abuse Treatment Clinical Trials Network (CTN). NIDA has also produced four therapy manuals and guiding principles for addiction treatment. SAMHSA has widely published and disseminated Treatment Improvement Protocols and Treatment Assistance Publications, plus the newest evidence-based practice manuals through the Cannabis Youth Treatment Series. Websites of interest are:

- NIDA Clinical Trails Network - http://www.nida.nih.gov/CTN/Index.htm
- NIDA Clinical Toolbox - http://www.nida.nih.gov/TB/Clinical/ClinicalToolbox.html
- CSAT Treatment Improvement Exchange - http://www.treatment.org/
- Cannabis Youth Treatment Series - http://dev37.shs.net/catalog/results.aspx?h=drugs&topic=54
- NIAAA Treatment Manuals and Guides - http://www.niaaa.nih.gov/publications/guides.htm

A variety of national funding sources, including the Robert Wood Johnson Foundation and SAMHSA, are providing resources to support the development of materials designed to help substance abuse and mental health systems implement specific evidence-based practices (for information on evidence-based practice in mental health see SAMHSA's Center for Mental Health Services, the National Institute on Mental Health or the Illinois MISA Institute). These packages of materials, designed for administrators, program directors, practitioners, consumers, and families are known as implementation toolkits. Toolkits are being produced for each a variety of practice areas. These toolkits are designed to provide information not only about how to deliver a particular treatment service, but also about: how to engage interest in adopting these practices; how to facilitate the adoption of the practices; and contain fidelity measures to evaluate if the practice is being followed consistently.

For Florida and Alabama, the Southern Coast Addiction Technology Transfer Center (SCATTC) is charged with bringing evidence-based practice information and training to treatment practitioners. The SCATTC will serve as the knowledge synthesis arm for the field and assist in helping organizations and individuals as they adopt and adapt to using these new practices. One Florida initiative that will assist in motivating organizations to adopt evidence-based practices is the new Florida Clinical Consultation for Treatment Improvement Project. This project (developed through collaboration between the Department of Children and Families, Substance Abuse Office, the University of Miami Center for Family Studies, and the Florida Alcohol and Drug Abuse Association) brings a team of peer consultants into state contracted treatment agencies to undertake a review of agency practices related to those that have empirical evidence of effectiveness. You will be hearing more about this exciting process in future months.

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4. MEDICATION ASSISTED THERAPIES

By James O'Brien, Executive Director
Addiction Treatment Providers of New Jersey

Medication Assisted therapies do not replace evidence based clinical practice, but are an adjunct tool that can help patients respond more effectively to other therapies. Following is a list and description of evidence based medications.

Medication Assisted Treatment (MAT)

Substance abuse treatment and health care professionals need to have a thorough understanding of medications used to treat addiction to provide the highest quality care. The Center for Substance Abuse Treatment/Division of Pharmacologic Therapies (DPT) works with the field to develop guidelines and standards for pharmacologic and alternative therapy treatment that reflect best practices. Through these and other DPT efforts, CSAT/DPT helps individuals with addictive disorders and their families realize the benefits of quality substance abuse treatment services.

While it has long been misunderstood that MAT refers only to Methadone as an opioid agonist, there are other MATs used for alcoholism. Following is a description of current evidence-based medications and their uses.

Opiate Agonist:
Drugs that activate receptors in the brain are termed agonists. Agonists occupy a receptor and turn it on - they produce an effect in the organism.

Methadone - Methadone is the most common medication for heroin addiction treatment and also the most controversial. Well-run methadone maintenance programs - with appropriate drug monitoring, counseling services (individual, group, and family), and vocational resources and referrals - have been demonstrated to decrease heroin use and related crime, increase employment, improve physical and mental health (McLellan et al 1993), and markedly reduce the incidence of needle sharing (Metzger 1991). Methadone also decreases drug craving.

Opiate Antagonist:
Also bind to receptors, but instead of activating the receptors an antagonist effectively blocks the receptors. Antagonists don't turn on the receptor, but they do prevent the receptor from being activated by an agonist compound. It is as if an antagonist is a key that fits in a lock but doesn't open it.

Naltraxone -Naltraxone is an opioid antagonist that blocks the effect of heroin and other opioids. It does not have addictive or psychoactive properties, does not lead to tolerance and produce physical dependence. It has a long half-life and its therapeutic effects can last up to three days.

Opiate Partial Agonist:
In some ways, partial agonists are very similar to full agonists. Partial agonists bind to and activate receptors, and at lower doses, the full agonists and partial agonists produce effects that are essentially indistinguishable. However, increasing the dose of a partial agonist does not produce as great an effect as does increasing the dose of a full agonist.

Buprenorphine - Buprenorphine's unique pharmacological profile and safety profile increase its appeal to opioid addicted persons as well as to the medical professionals treating them. Buprenorphine is a partial opioid agonist. At low doses, it behaves as an agonist, and at high doses, as either an agonist or antagonist, depending on the circumstances. It is a partial agonist at the opioid mu receptor and an antagonist at the kappa receptor.

Alcohol Treatment:

Antabuse - is the first drug ever approved for treating problem drinkers. Antabuse (disulfiram) interferes with the metabolism of alcohol, causing unpleasant side effects when alcohol is ingested.

Naltraxone is primarily employed in the treatment of alcohol dependence and occasionally for addiction in highly motivated patients with strong social support.

5.PARITY FOR ADDICTION TREATMENT

By John L. Hulick, MS, CPS, Director of Public Affairs and Policy
National Council on Alcoholism and Drug Dependence of New Jersey

Parity is a word used to describe efforts to treat addictive illnesses like any other chronic physical illness for health insurance purposes. Parity saves lives and money by ending the discrimination that exists in private health plans and provides for a level playing field in the most important area needed to combat New Jersey's drug and alcohol problem: health services.

Under restrictions imposed by managed care organizations, New Jersey's privately insured policyholders who have an addiction have been forced to go without appropriate treatment or to rely on the public sector for treatment. This has caused unnecessary deaths, diminished addiction treatment capacity, cost businesses billions of dollars in increased health care expenditures and lowered productivity, and resulted in other deleterious effects on society.

Among the more significant barriers to appropriate treatment is the absence of healthcare insurance "parity" with other medical services for alcohol and other drug treatment. Health care insurance plans typically provide less coverage for alcohol and other drug services than for other medical care.

Limitations on the amount and duration of services covered often create barriers to access for persons with privately and publicly funded insurance benefits and result in cost shifting. Privately insured individuals who have had their treatment episodes limited or have exhausted their health benefits treating their addiction turn to the public sector for treatment, which is an unfair cost shifting.

Addiction treatment research demonstrates that alcohol and drug addiction are treatable chronic illnesses similar to other chronic conditions like asthma, diabetes or hypertension. Addiction should be understood as a chronic recurring illness that requires a continuum of care and may involve relapse, similar to diabetes, hypertension, asthma, and high blood pressure. The Physicians Leadership on National Drug Policy that addicted patients have compliance rates comparable to patients who are receiving treatment for diabetes, asthma, and hypertension when comparing medication and behavioral compliance rates.
Under the guise of "medical necessity", decisions are made about symptom reduction as opposed to crafting and paying for treatment that has long term recovery and life long management of the disease as its core tenant. Acute episodes of care, such as detoxification, are now viewed as isolated moments in the person's ongoing management of their unique path to recovery from addiction at times requiring medical intervention along the way.

Sound public health policy for chronic illnesses is not based on self-help behavior change or acute care alone. If it were, rates of uncontrolled high blood pressure, diabetes and asthma would soar. Addiction can and should be treated as a chronic disease.

Continued investment in access to a continuum of appropriate treatment would result in a minimal cost to insurance companies and a high rate of financial return for taxpayers.

Back ground

The problems associated with the lack of parity have long been recognized in New Jersey. The difficulty of insured persons in accessing substance abuse treatment; limited benefit plans; denials of care for the appropriate level of care; the inability of some providers to secure contracts with HMOs and MBHCOs were among the issues identified by the New Jersey's Substance Abuse Prevention and Treatment Advisory Task Force in 2001 as barriers to treatment. The Task Force recommended parity be enacted to resolve these problems at that time. Parity legislation has been introduced in the past several legislative sessions.

Current Activities

Legislation (S-544/A-333) has been introduced in New Jersey that will require all health insurance providers to cover addictive illnesses under the same parameters and conditions as for other chronic diseases. This bill requires insurers to utilize placement criteria established by the American Society of Addiction Medicine in determining "medical necessity" and the appropriate course of care. This legislation came about in large part due to the combined efforts of NCADD-NJ and the New Jersey Psychological Association.
A-333 was reviewed by the Mandated Health Benefits Commission. All groups, pro and con, had an opportunity to submit materials, to the Commission. After a comprehensive and thorough review of all the materials the Commission recommended that A-333 be enacted with amendments. Amendments were made to the current legislation to conform to the recommendations of the Mandated Health Benefits Commission. S-544 as amended was heard before the Senate Health, Human Services and Senior Citizen's Committee and passed by a 7 to 0 vote.

Currently NCADD-NJ has approximately 1,000 Think Advocacy members. Members and others who have visited NCADD-NJ's website have been informed and educated about parity, and instructed on how to advocate for parity, write letters to the legislators in their districts, as well as to the chairs of the relevant committees in an effort to have the parity legislation posted for a vote. A large proportion of members took action in an effort to have the parity legislation become law.

The Governor's Council on Alcoholism and Drug Abuse has consistently supported legislative efforts to establish parity for the treatment of alcoholism and drug abuse. The Council has adopted Resolutions to state its support and has encouraged the network of Municipal Alliances to support parity as well.

Recommendations of NCADD-NJ

1. Addiction and its treatment must be brought into the mainstream of healthcare as well as be recognized as a primary and chronic disease.

   Inform and educate the public about the disease of addiction and the effectiveness and positive outcomes of treatment, and the many cases of recovery.

2. Establish strong legislative advocacy to support legislation that requires insurance coverage for treatment of alcohol and drug addiction to be at

parity with that for other chronic illnesses and disabilities such as hypertension or diabetes.

Inform and educate the public, corporations and insurance companies about the social and economic benefits of utilizing established assessment and placement criteria and of covering treatment of alcoholism and other drug disease at parity with that for other chronic illnesses.

Inform, educate and engage stakeholders and recovery community organizations about parity and how to advocate for it. Encourage them to join Think Advocacy or other advocacy initiatives.

3. There needs to be a mechanism to safeguard that insured persons receive the health care recommended by their health care provider and promised in their plan, such as that provided by the Managed Health Care Consumer Assistance Program.

Re-fund the Managed Health Care and Consumer Assistance Program established pursuant to P.L. 2001, c14 and add a component that assists families in obtaining the alcohol and drug treatment benefits in their policy and ensure that utilization reviews regarding "medical necessity" are based upon the best scientific protocols and standards of care, such as that adopted by the American Society of Addiction Medicine.

The program's activities should include a hotline to take calls from consumers who have been refused coverage, direct advocacy, legal assistance, assistance in filing complaints and appeals, and provide crisis support. The office should also monitor carrier compliance and work with the insurers to achieve successful resolution of insurance concerns in a timely manner.

Establish an ombudsman within the Office of Public Advocate dedicated to assisting families in obtaining the alcohol and drug treatment benefits written into their health policies.

Disclaimer: It is important to note that the recommendations presented here are those of contributing writer and the agency he represents. The Governor's Council on Alcoholism and Drug Abuse will review and discuss them in their upcoming term and should the Council decide that further action is required they will make appropriate recommendations to the Governor and the Legislature.

6. STIGMA FACED IN ADDICTION TREATMENT AND RECOVERY

By John L. Hulick, MS, CPS, Director of Public Affairs and Policy
National Council on Alcoholism and Drug Dependence of New Jersey

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.

A 2002 survey by the Eagleton Institute's Center for Public Interest Polling reported that 90 percent of state residents view alcohol and drug addiction as a serious problem. The survey, which was commissioned by National Council on Alcoholism and Drug Dependence-New Jersey, also found that 75 percent know someone who has had a problem with alcohol or drugs. But the poll revealed inconsistencies indicative of stigma: almost half of New Jerseyans said they would be more guarded meeting someone in recovery than they would be in general.

Nearly one in three New Jersey residents report knowing someone in recovery from alcohol or drug addiction. However, the prevalence of people in recovery from this disease has not translated into broad public understanding. Forty percent of New Jersey citizens still view alcohol and drug addiction as a personal weakness instead of a health problem. This misunderstanding often leads to discrimination against individuals seeking treatment for and recovering from alcohol or drug addiction. In examining the issue of stigma, residents were divided almost evenly on whether addiction should be recognized as a health problem (41 percent) or attributed to personal weakness (40 percent). The closer the subject's relationship to an addicted individual, the likelier they were to view addiction as a health problem.

This finding reflects how stigma continues to introduce doubts where addictive disease and recovery from it are concerned. Stigma and discrimination towards individuals seeking treatment and recovery creates unnecessary barriers and discourages them from obtaining necessary treatment and progressing in their recovery

Current Activities

One of NCADD-NJ's core principles is to confront the stigma surrounding alcoholism and drug addiction. In an effort to address these problems with meaningful action NCADD-NJ convened a panel of state experts and policy-makers to examine this issue and to develop a report with policy recommendations to overcome it. This powerful report is enhanced by fundamental principles, recommendations, action steps, anecdotes, and testimonials. NCADD-NJ is working to implement these recommendations.

Two other key activities aimed at reducing stigma are the Recovery Walk, held annually and sponsored by Friends of Addiction Recovery and Advocacy Day, co-sponsored by the Governor's Council on Alcoholism and Drug Abuse, NCADD-NJ, Division of Addiction Services, the Addiction Treatment Providers, New Jersey Prevention Network, the Partnership for a Drug Free New Jersey and other stakeholder agencies and organizations.

Recommendations

1. Establish an ongoing public awareness campaign to educate the public and change attitudes and perceptions to de- stigmatize addiction and ensure its place in the public health realm. The awareness campaign should:

   Emphasize that public policy should reflect the long-held recognition of health professionals that addiction is a treatable medical condition and disability from which many people recover.

Focus on the disease of addiction and the effectiveness and positive out comes of treatment, and the many cases of recovery

Editor's Note: A campaign is currently being developed under the auspices of the Governor's Council on Alcoholism and Drug Abuse's Treatment Subcommittee in conjunction with the Partnership for a Drug Free New Jersey and the Addiction Treatment Providers, utilizing the template of a campaign developed by the Partnership for a Drug Free America.

2. Encourage people to talk openly about their treatment for and recovery from addiction. Millions of Americans are living successful and productive lives in recovery from addiction and should not face unnecessary obstacles to employment, housing or health care.

3. Urge licensing boards to have in place non-punitive mechanisms, to support people seeking recovery, such as those available to physicians and lawyers.

4. Propose and support policies that does not exclude alcohol and drug addicted individuals in recovery, who have been convicted of a drug related offense, from health care, employment, education, and housing.

Disclaimer: It is important to note that the recommendations presented here are those of contributing writer and the agency he represents. The Governor's Council on Alcoholism and Drug Abuse will review and discuss them in their upcoming term and should the Council decide that further action is required they will make appropriate recommendations to the Governor and the Legislature.

7. YOUTH STEROID USE AND PREVENTION

By Mary Lou Powner, Executive Director
Governor's Council on Alcoholism and Drug Abuse

BACKGROUND

Currently, there are more than 100 different types of anabolic steroids that have been developed, and each requires a prescription to be used legally in the United States. Anabolic steroids can be taken orally, injected intramuscularly, or rubbed on the skin when in the form of gels or creams. These drugs are often used in patterns called cycling, which involves taking multiple doses of steroids over a specific period of time, stopping for a period, and starting again.

In 2004, 3.4 percent of 12th-graders nationwide admitted to using anabolic steroids at least once, according to the National Institute on Drug Abuse (NIDA). That's up 67 percent since 1991. In addition, 2.4 percent of 10th-graders and 1.9 percent of 8th-graders said they have used anabolic steroids at least once, according to NIDA's 2004 Monitoring the Future Study.

Forty percent of 12th-graders described steroids as "fairly easy" or "very easy" to get, and fewer and fewer students believe steroids are bad for them. According to the Center for Disease Control, steroid use among student athletes has more than doubled over the last decade, with an especially alarming increase among teenage girls.

Research has shown that the use of steroids and other performance enhancers has profoundly harmful effects on the physical and mental health of teens. The documented health risks of steroid use include, among others, the increased chance of suffering heart attack or stroke; of developing liver and other cancers; and of triggering mood and hormonal imbalances.

CURRENT ACTIVITIES

On July 19, 2005, Acting Governor Richard Codey issued Executive Order No. 46, which established the Governor's Task Force on Steroid Use and Prevention. That Task Force has held several hearings at which testimony was given by representatives from the addictions prevention field, education, athletics, law enforcement, health and other professionals. The Task Force has been charged with determining the extent of the problem (steroid use) among New Jersey's high school student athletes; ascertaining the feasibility of implementing statewide, mandatory steroid testing; developing a statewide steroid education program to be taught in our schools; and crafting a comprehensive policy on steroid use and prevention to be introduced throughout New Jersey schools.

At its October 12, 2005 meeting, the Task Force heard credible testimony from school officials, law enforcement and substance abuse professionals related to P.L. 2001, C. 364, the Student Survey Law, and the limited ability for New Jersey to acquire a weighted and accurate sample of evidence from student surveys due to constraints of the active parental consent provision in the law.

The Chairman of the Governor's Council on Alcoholism and Drug Abuse, Joseph P. Miele, testified twice before the Steroid Task Force in his capacity as Chairman of both the Governor's Council and the Partnership for a Drug Free New Jersey. Due to the Chairman's involvement with the Steroids Task Force and the history of the Governor's Council's opposition to the 'active parental consent' provision of the Student Survey Law, a Resolution supporting the appeal or amendment of P.L. 2001, C. 364 was proposed and adopted by the Council at its November 15, 2005 meeting.

CONTINUED AND FUTURE ACTION

The Governor's Council on Alcoholism and Drug Abuse, through its Alliance Committee, will ensure that steroid use and prevention are included in the planning and efforts of the municipal alliance network. In much the same way that tobacco use was included in the prevention efforts more than a decade ago. Municipal alliances will be encouraged to address this growing problem in their community based prevention efforts.

The Council will also continue to support the repeal or amendment of P.L. 2001, C.364, the Student Survey Law, until such time that the active parental consent provision has been changed. It is widely believed that the only way we can assess what New Jersey's needs are regarding all drug use among our students is to be able to produce New Jersey based use and trend data.

ALLIANCE TO PREVENT ALCOHOLISM AND DRUG ABUSE

The Alliance to Prevent Alcoholism and Drug Abuse was established by P.L.1989, C.51 within the Governor's Council on Alcoholism and Drug Abuse. The Alliance network unites local communities throughout New Jersey in a coordinated and comprehensive prevention effort mobilizing the full resources of the State in particular its citizens, municipalities and counties.

The Alliances are municipally based, volunteer driven coalitions that are coordinated by County Alliance Coordinators. Each County having an approved Alliance Plan receives funding based on an adopted formula from the Governor's Council on Alcoholism and Drug Abuse. Annually, $9.5 million is awarded to the Alliances. Funding for the Alliances, County Coordination and the Governor's Council on Alcoholism and Drug Abuse is provided for in the DEDR (Drug Enforcement Demand Reduction) Fund; the fund established by P.L. 1989, C. 51 is solely comprised of fines imposed for drug offenses, it contains no tax revenues.

Currently 528 communities, more than 93% of New Jersey's 566 municipalities, are participating in the Alliance network. There are thousands of volunteers supporting the municipal Alliances and they are implementing than 3,800 local prevention programs statewide.

This section of the Master Plan includes comprehensive information on the level of funding for the municipal Alliances as well as what type of programs are being funded. The Alliances utilize CSAP (Center for Substance Abuse Prevention) strategies for identifying, planning and developing programs. For the benefit of our readers, we are providing a definition key to explain the categories of Alliance allocations.

KEY TO THE CSAP PREVENTION STRATEGIES

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

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

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

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

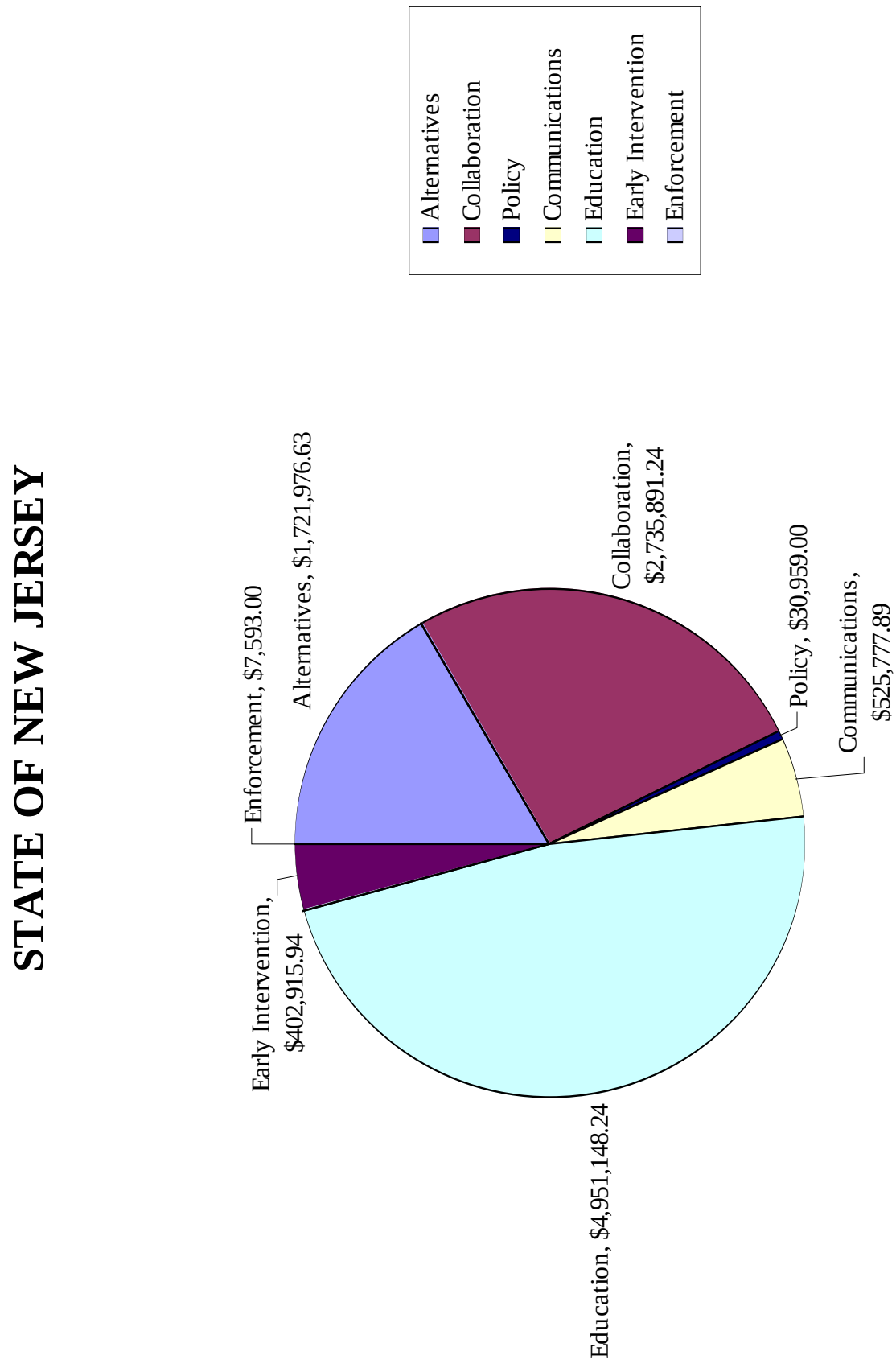
Communications: Public perceptions about alcohol, tobacco and other drugs play a significant role in the use of these substances. Four types of communications activities can help educate the public about the real dangers of substance abuse: public education campaigns, social marketing campaigns, media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

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

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

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

STATE OF NEW JERSEY



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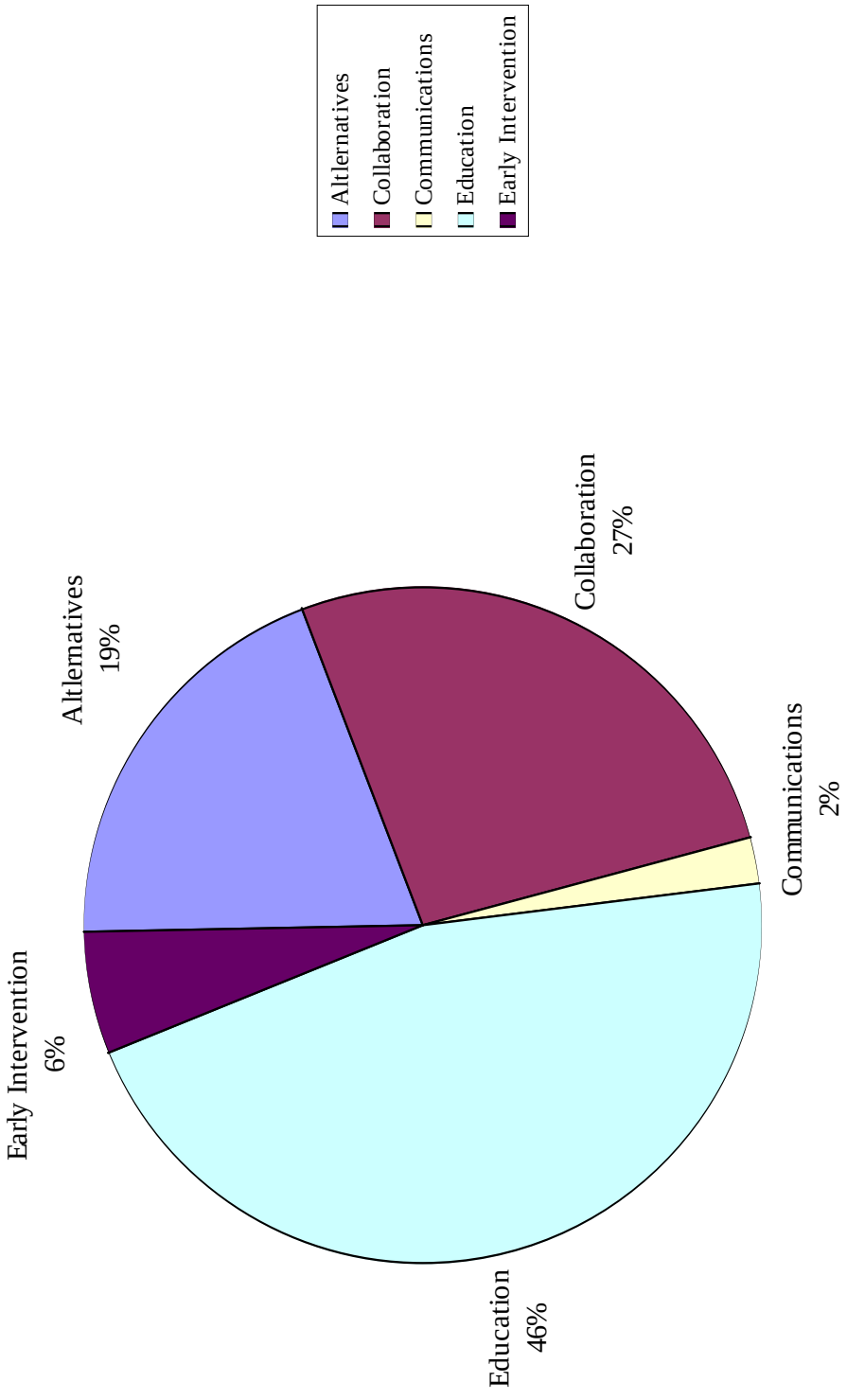

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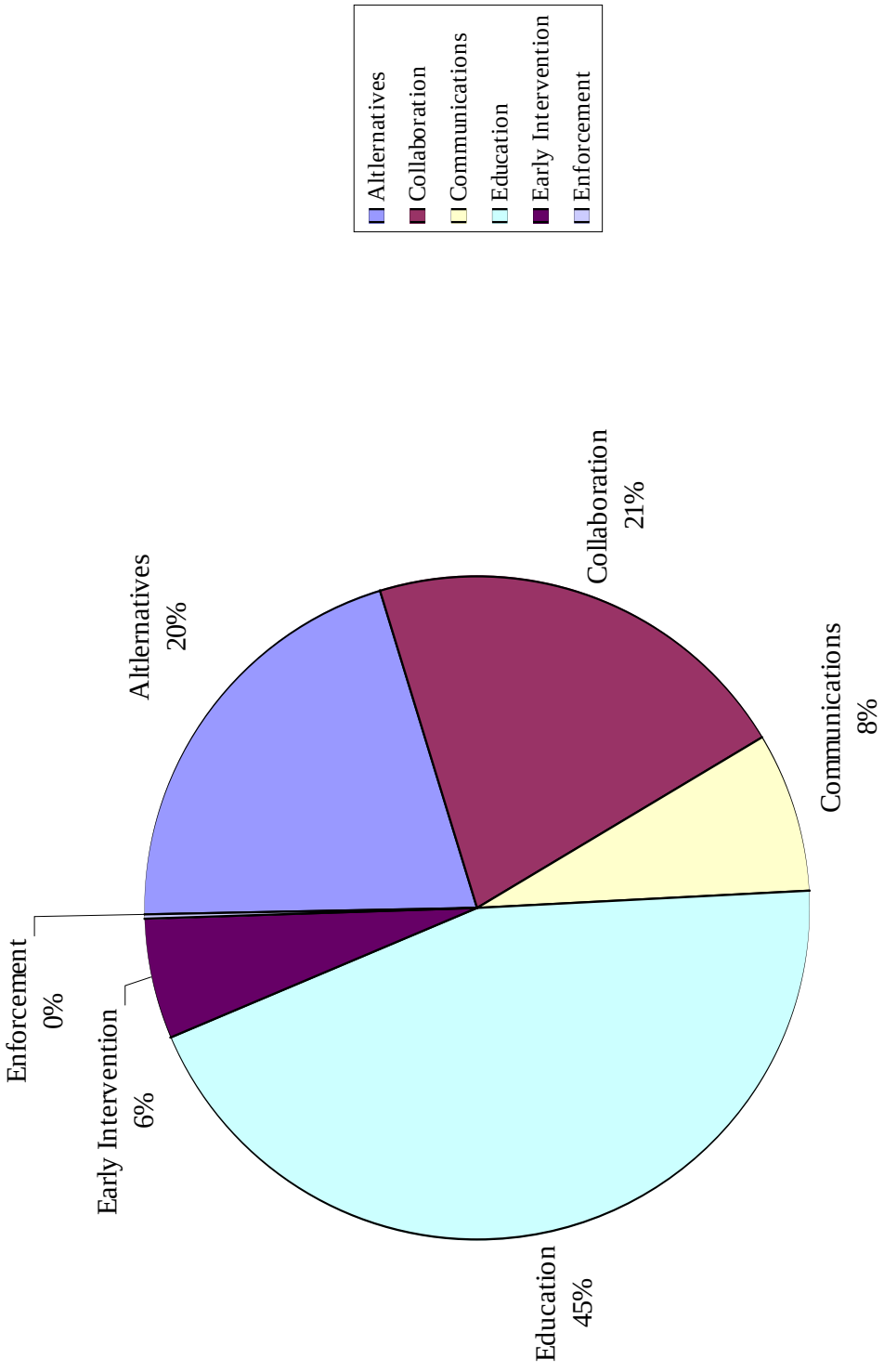

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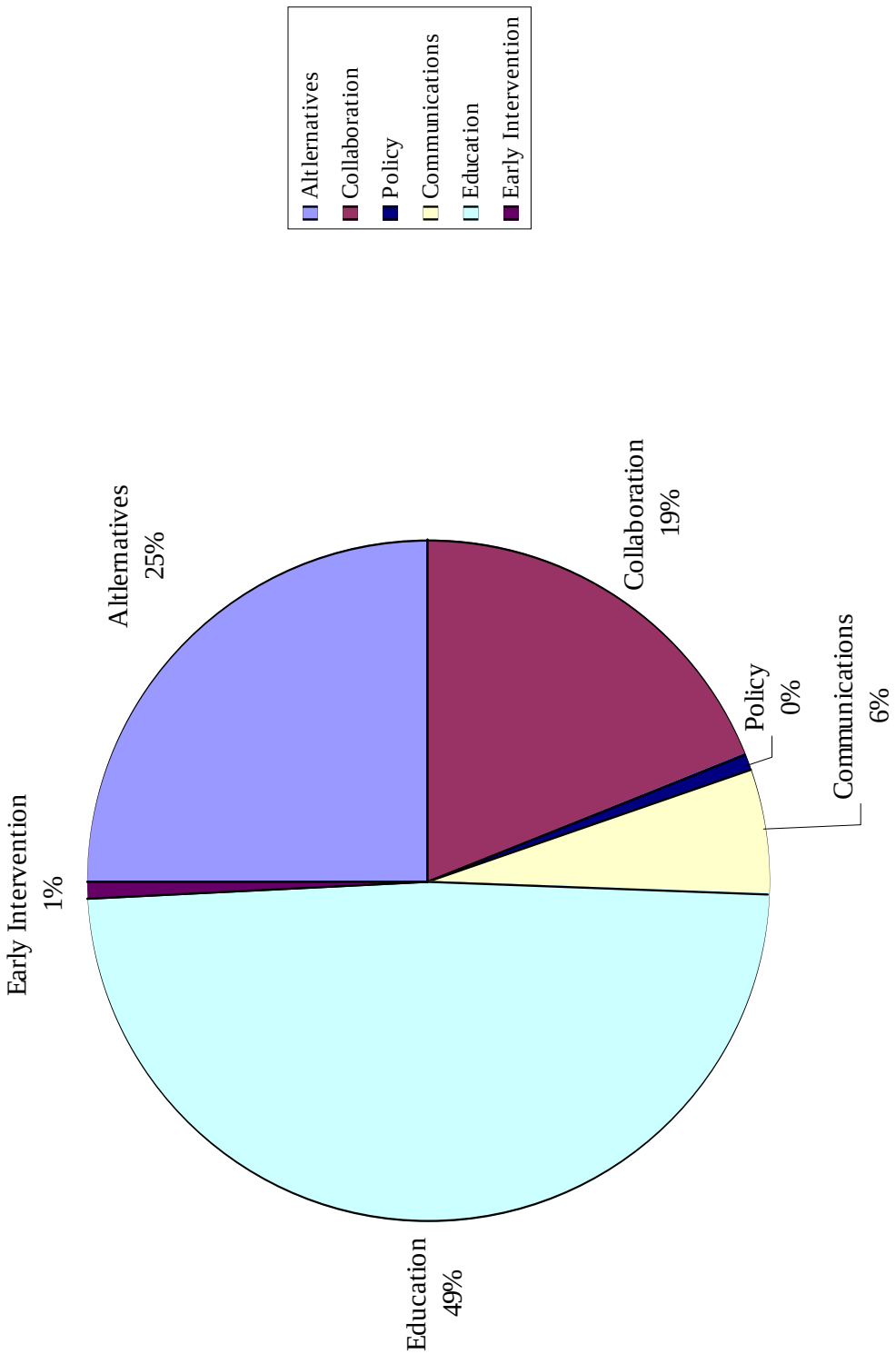

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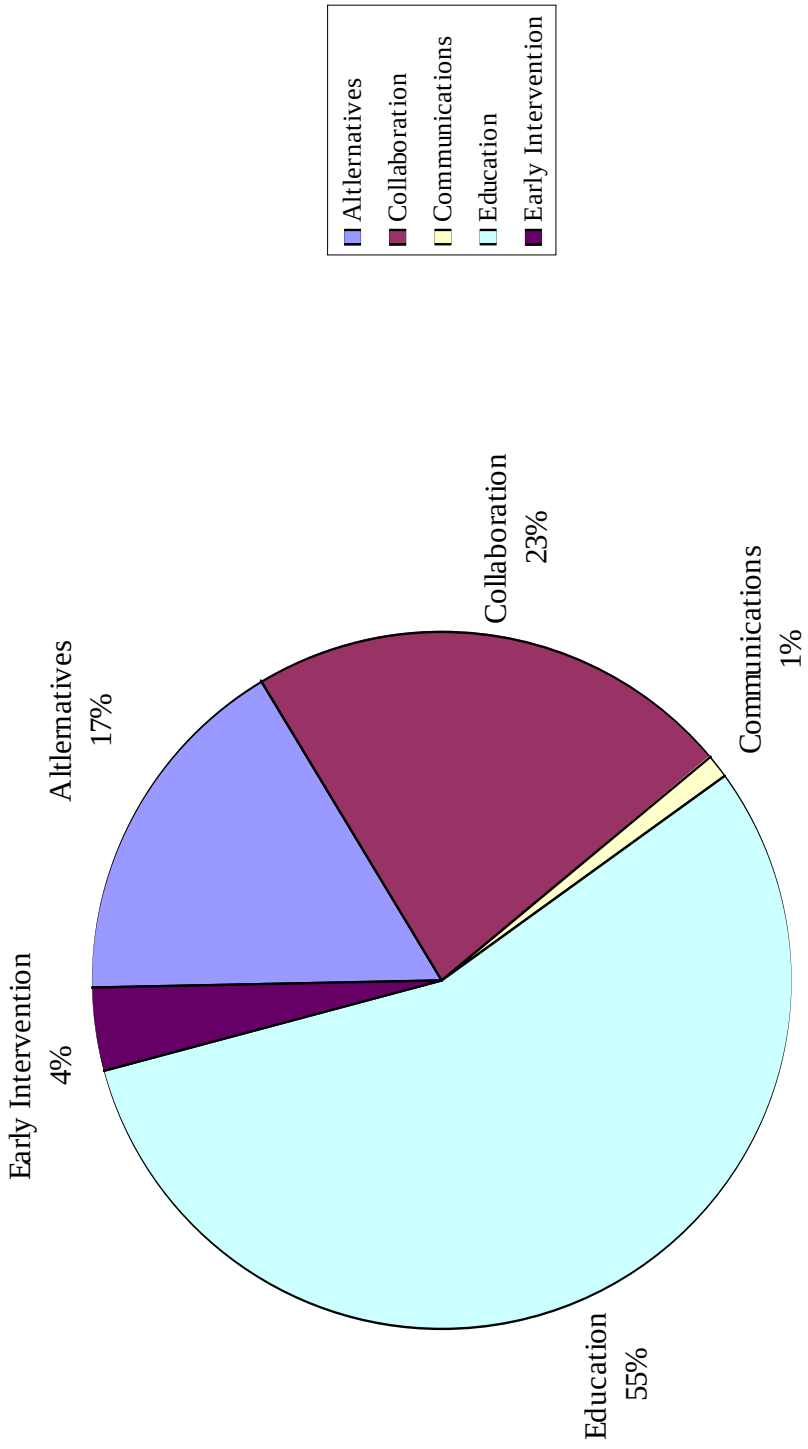

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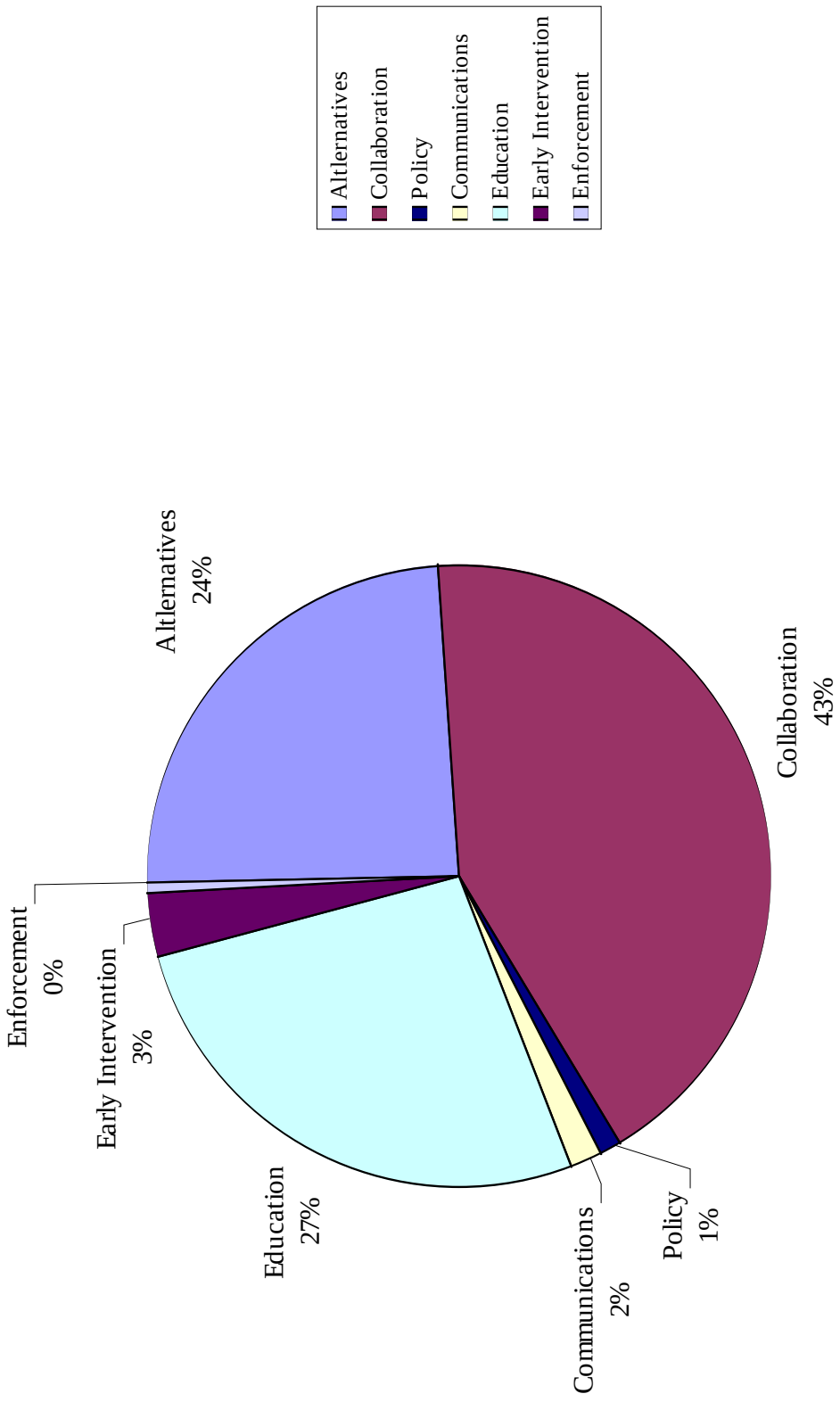

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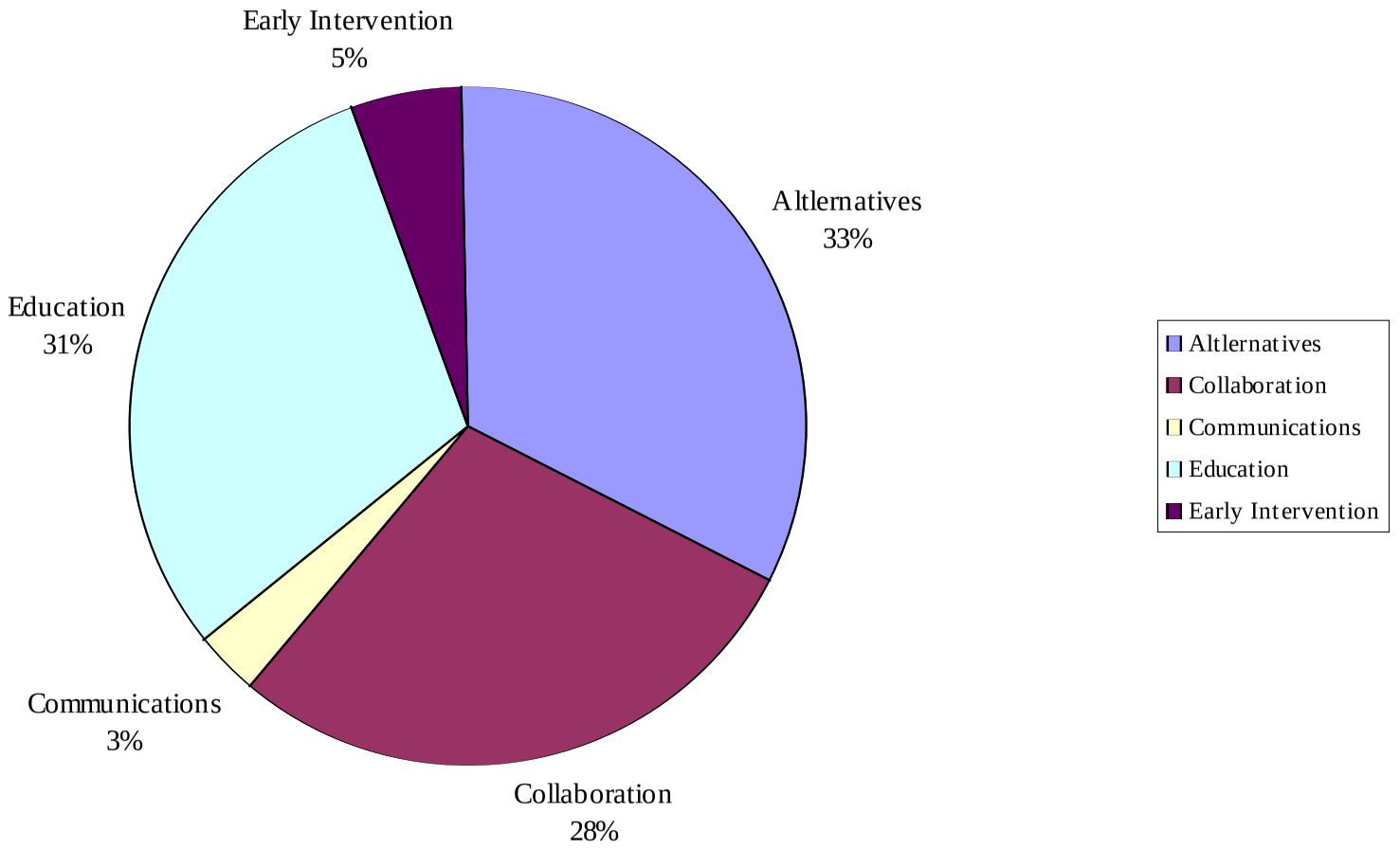

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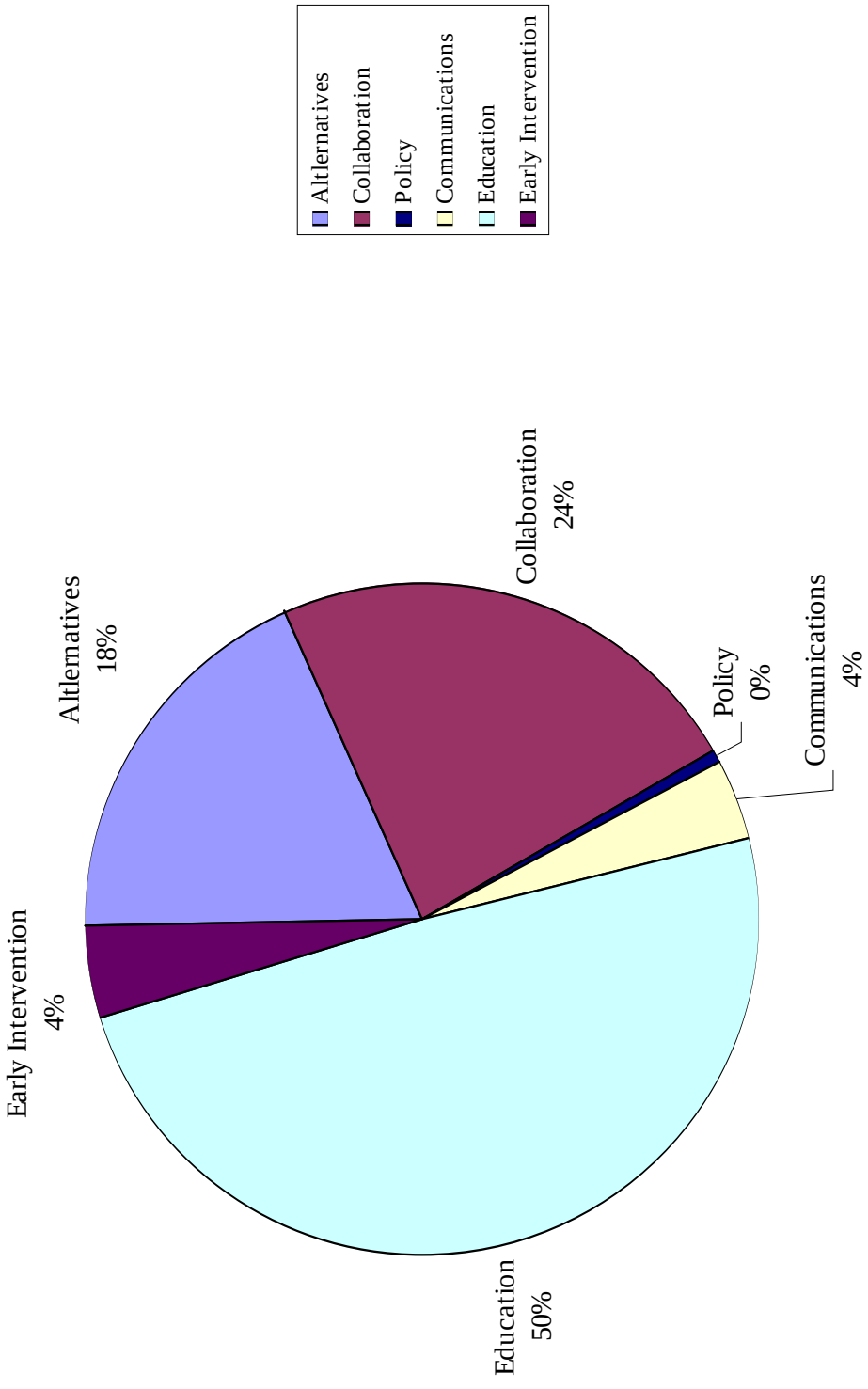

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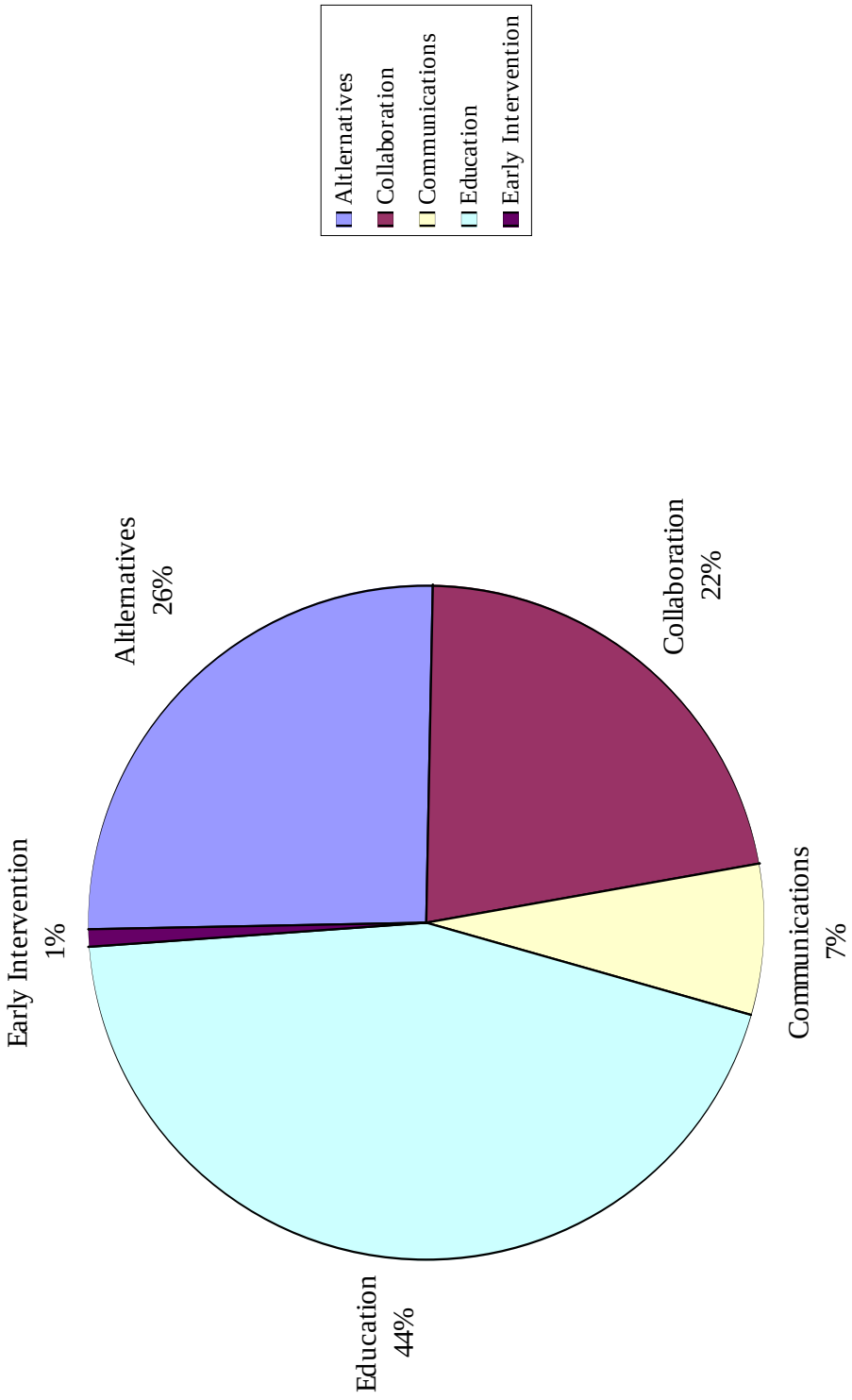

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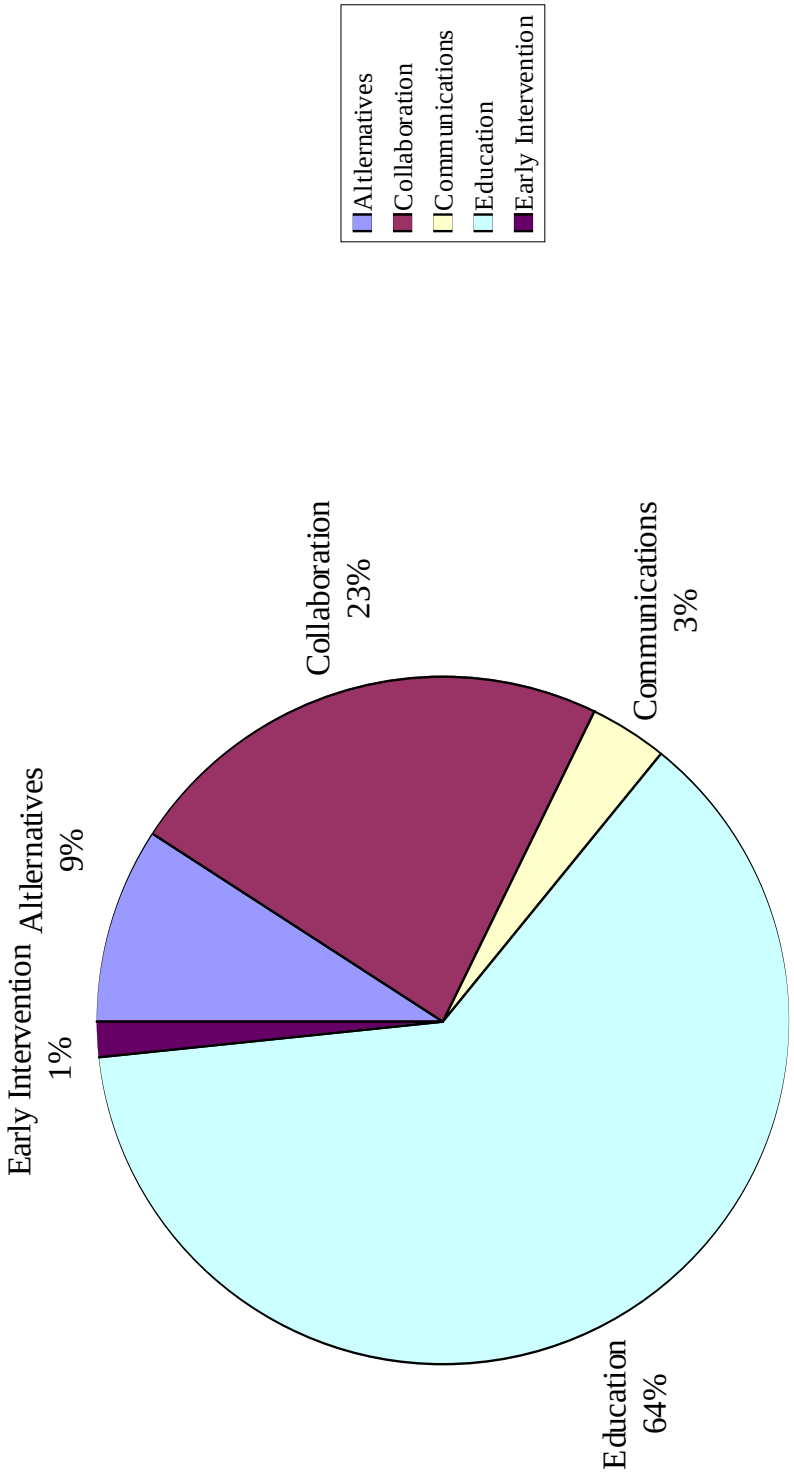

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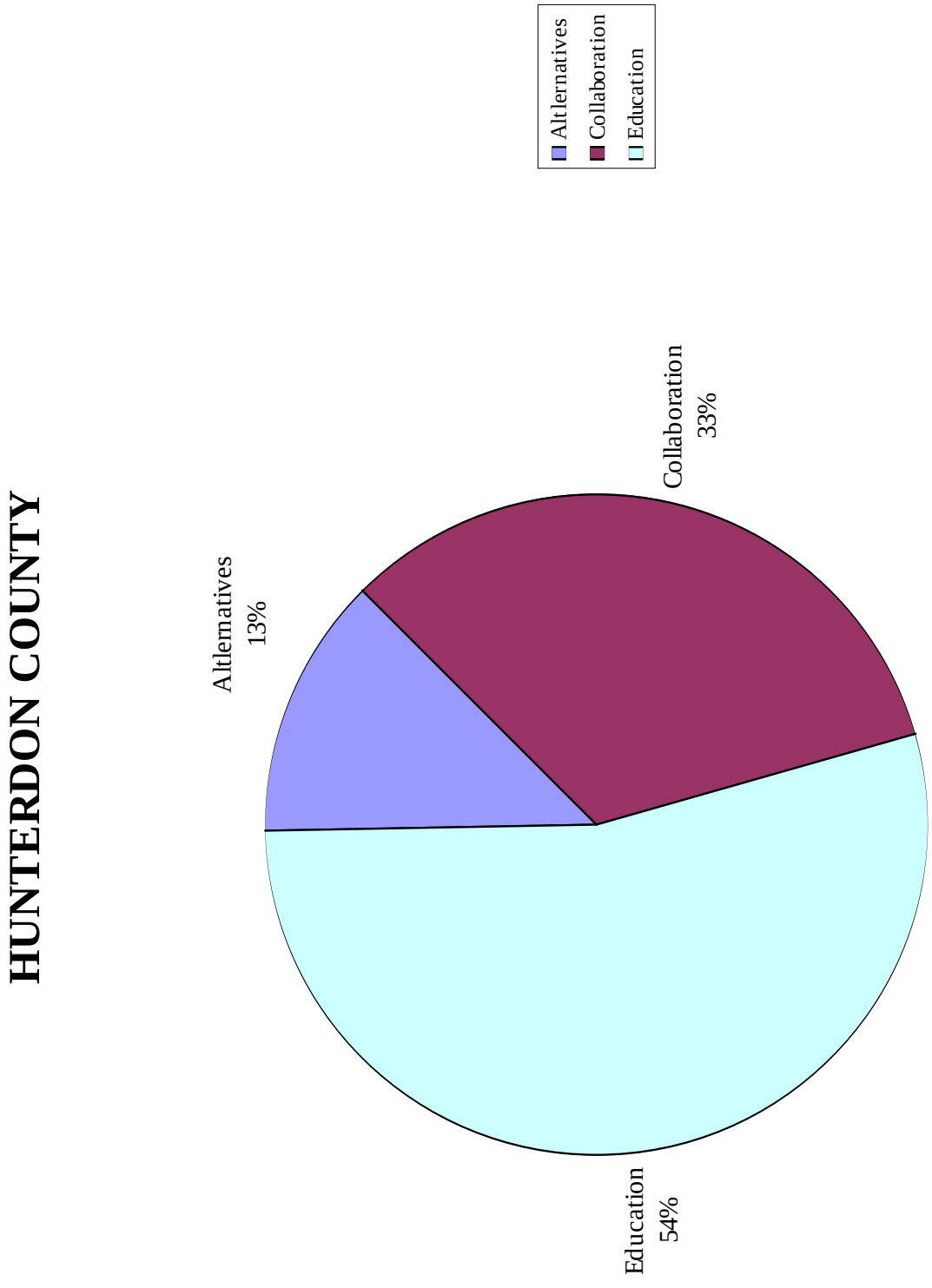

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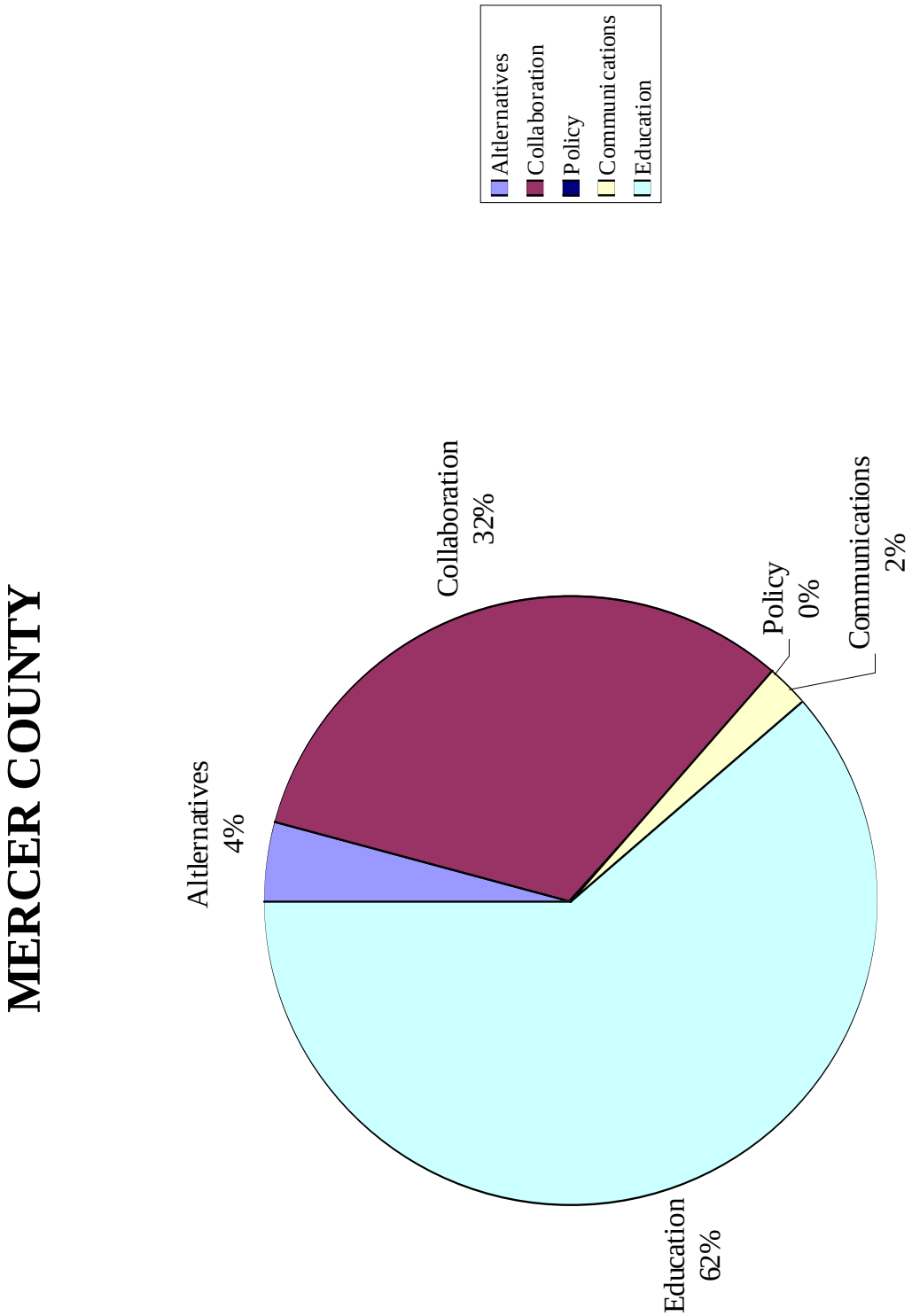

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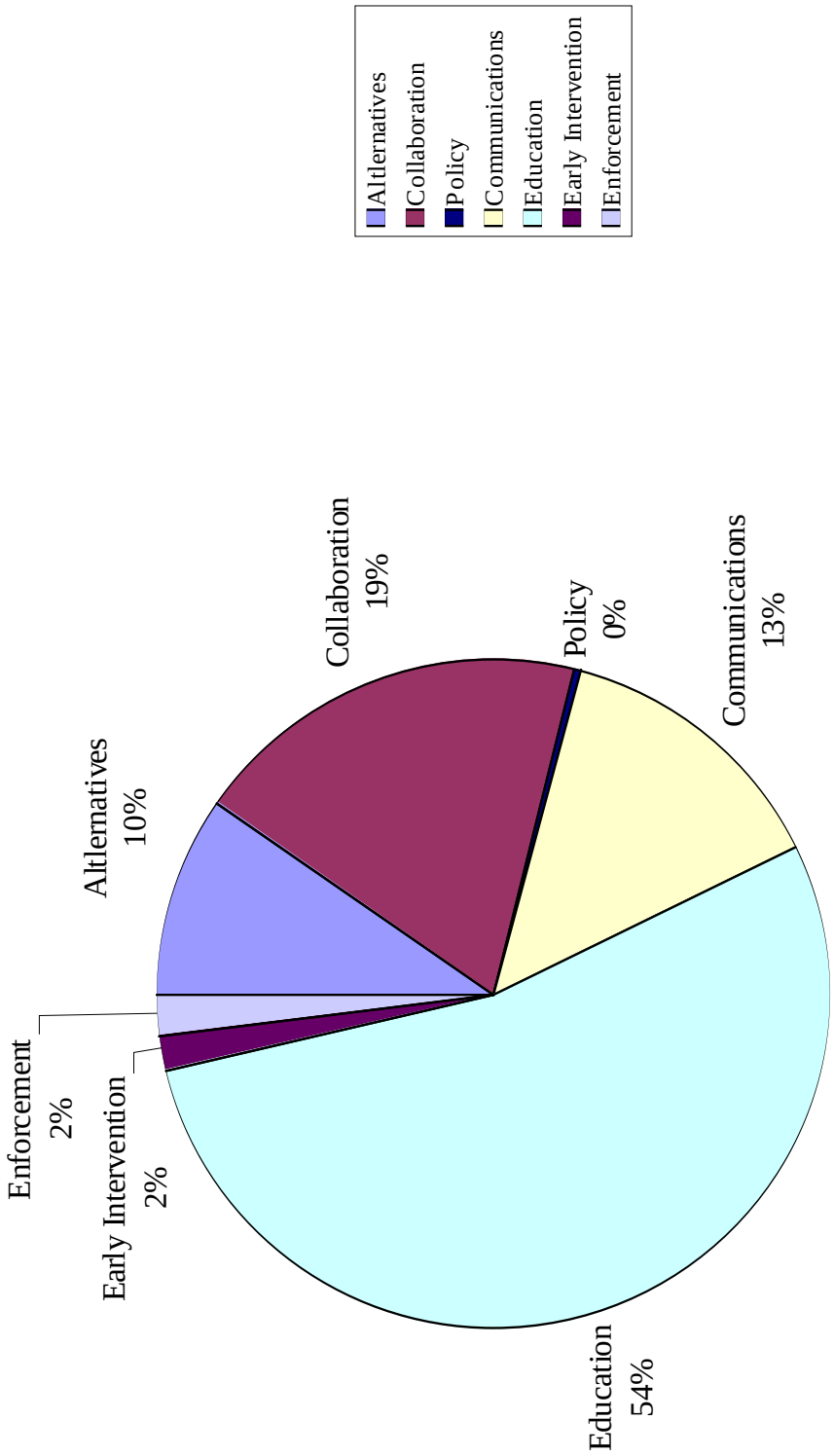

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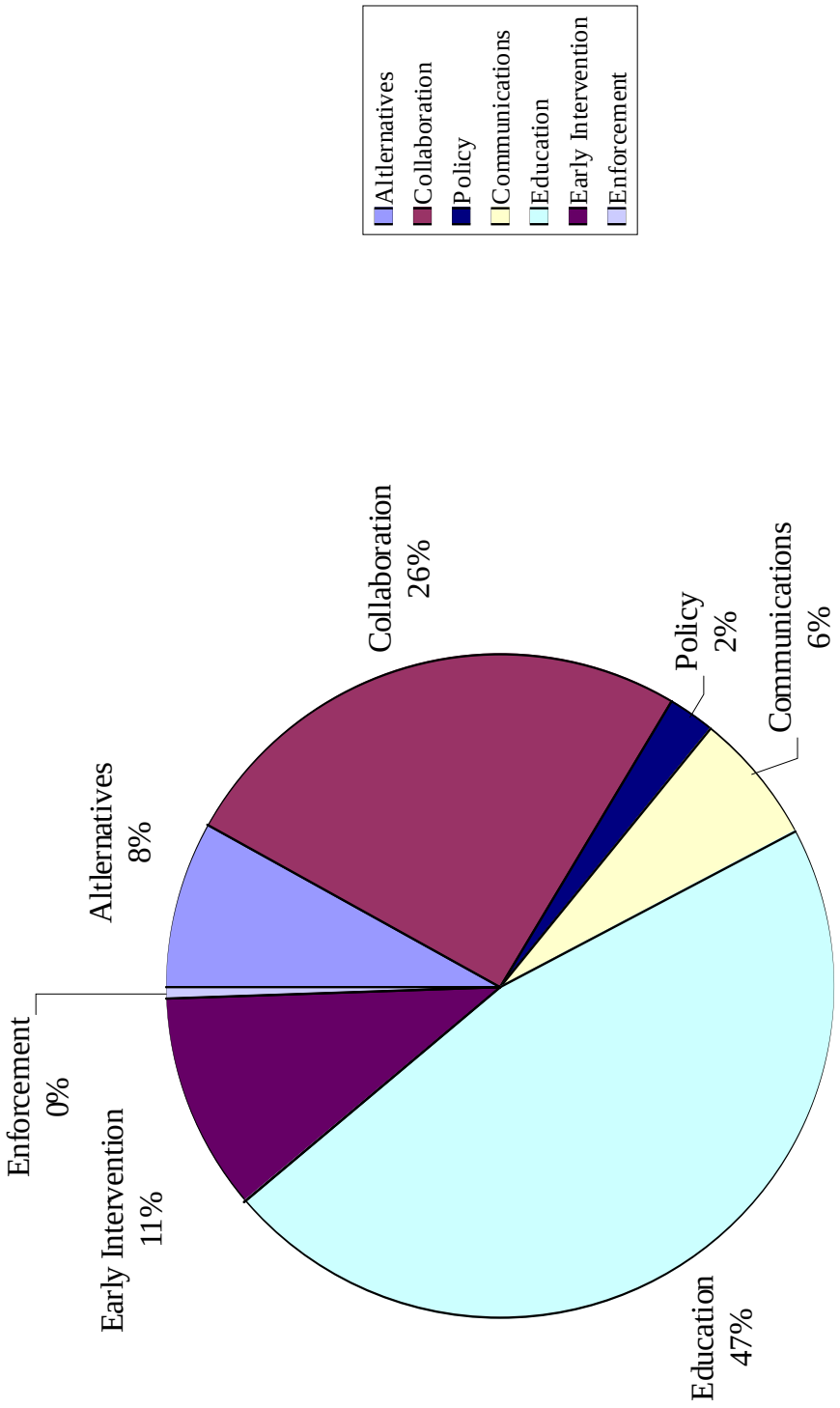

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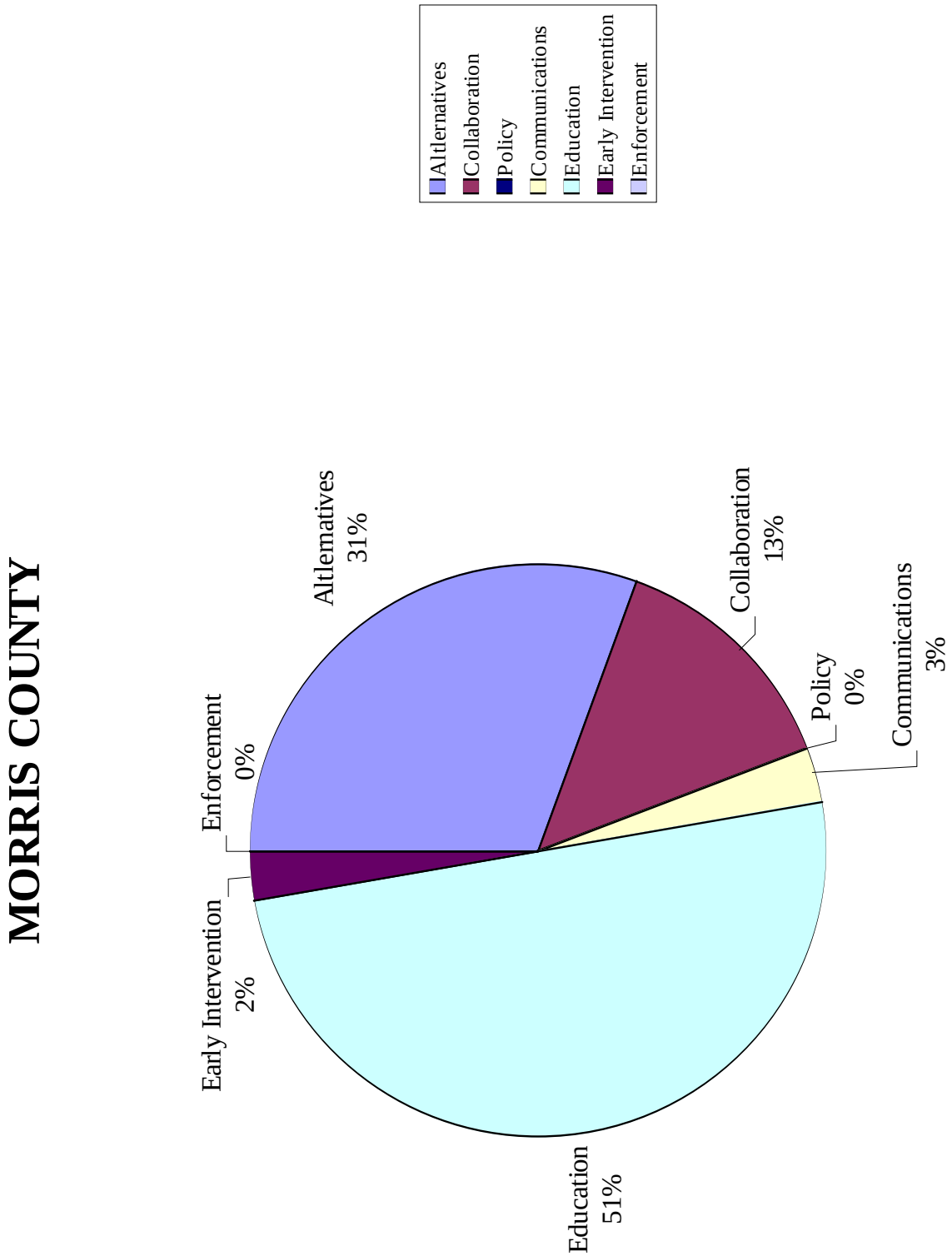

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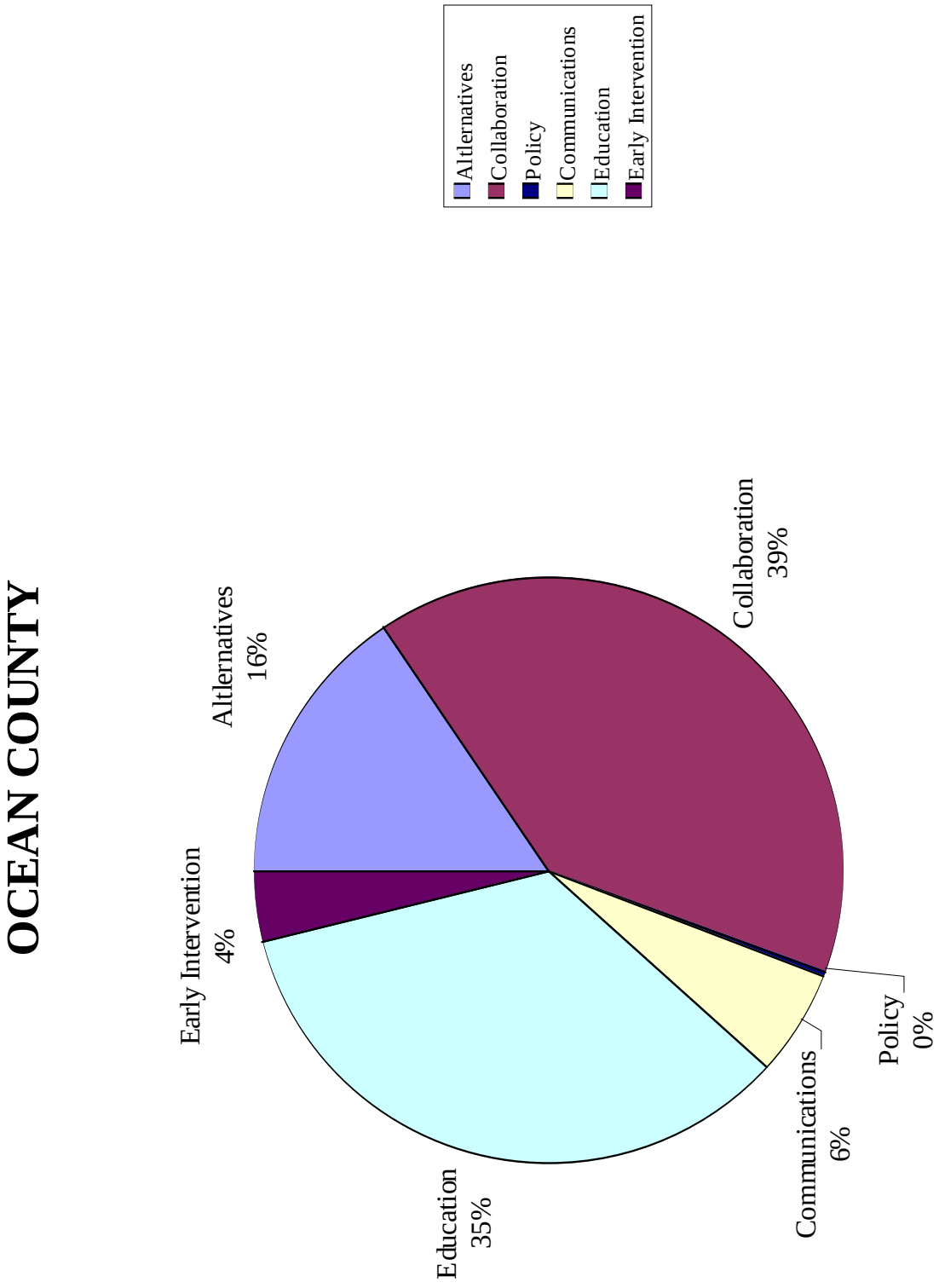

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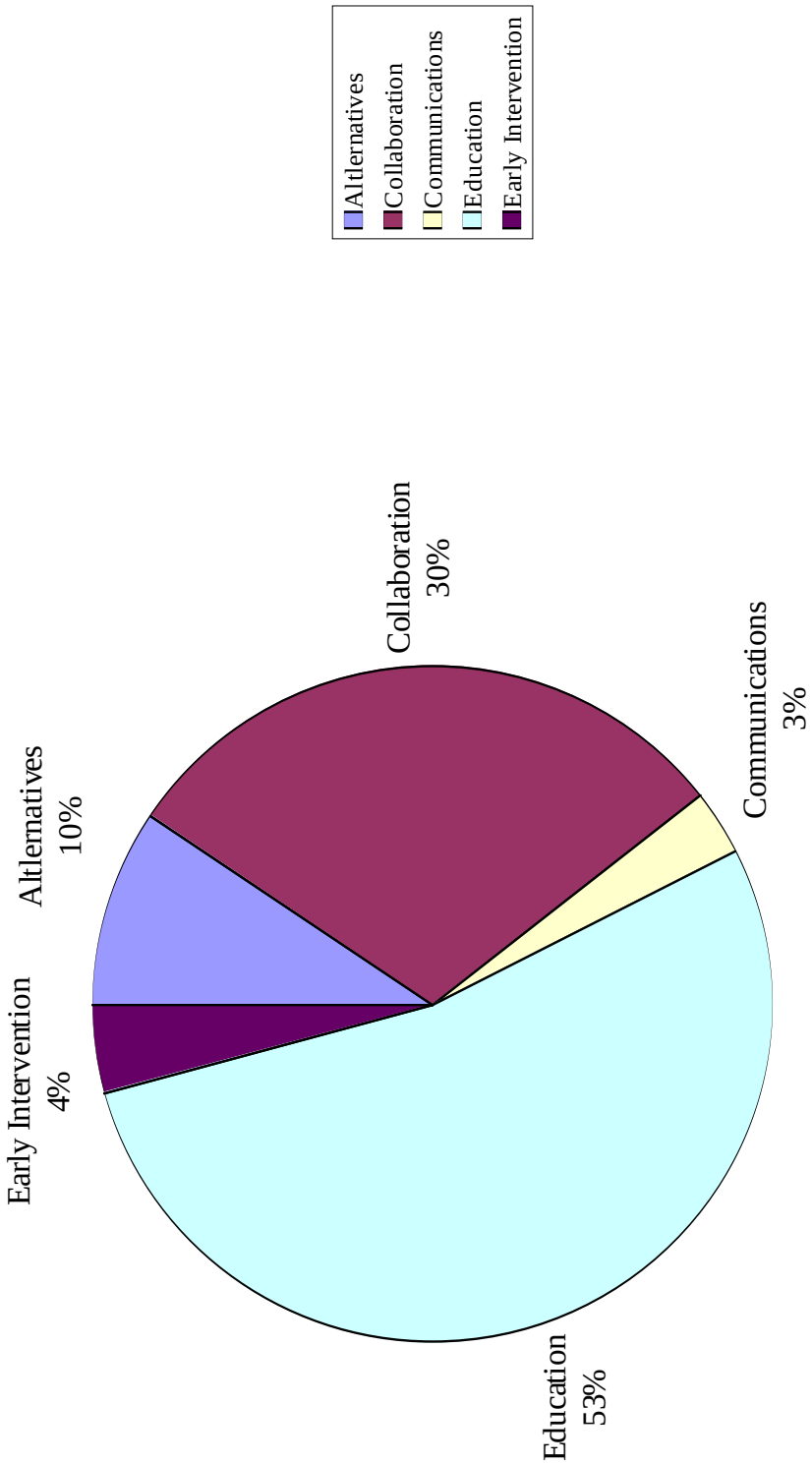

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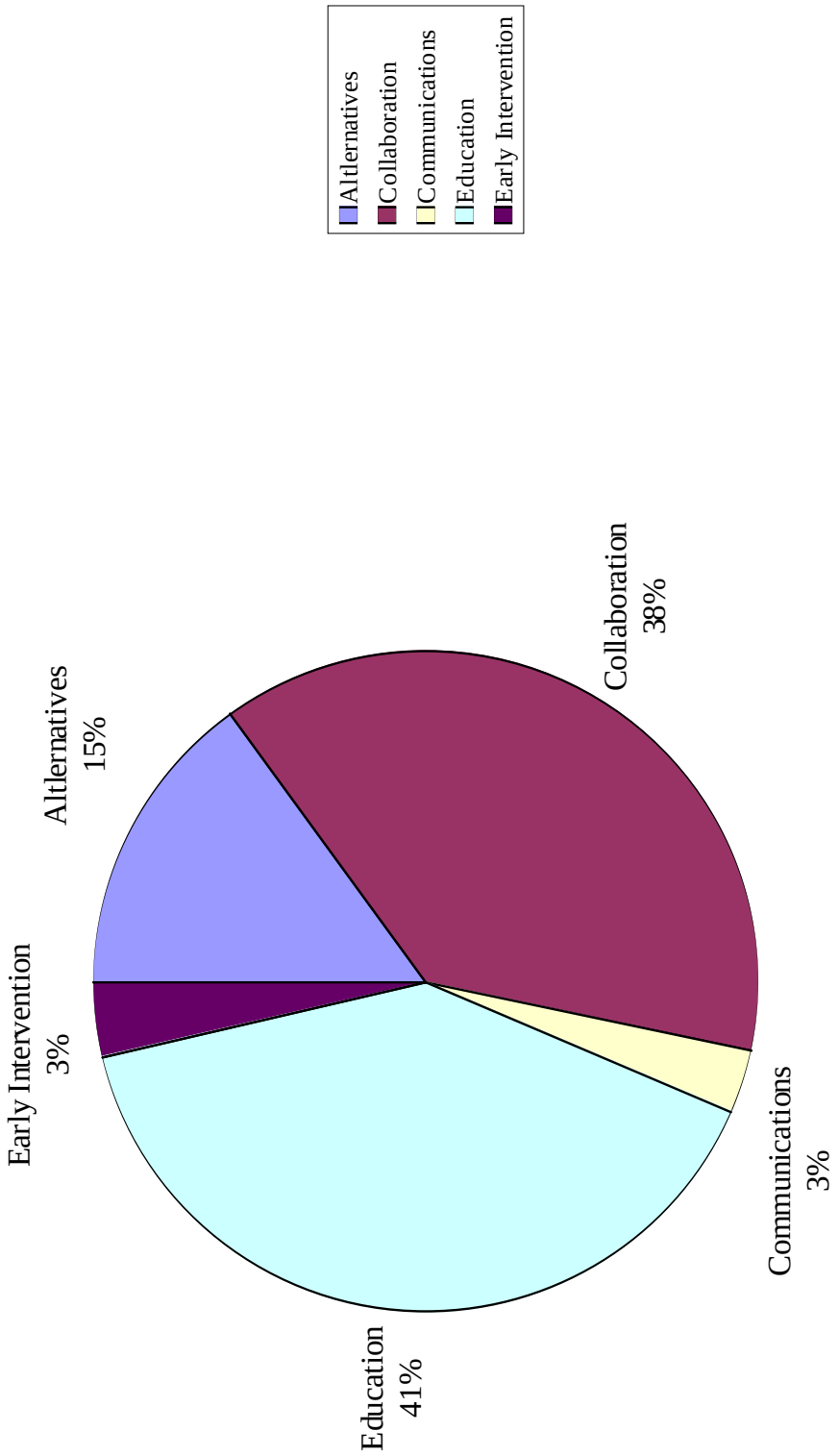

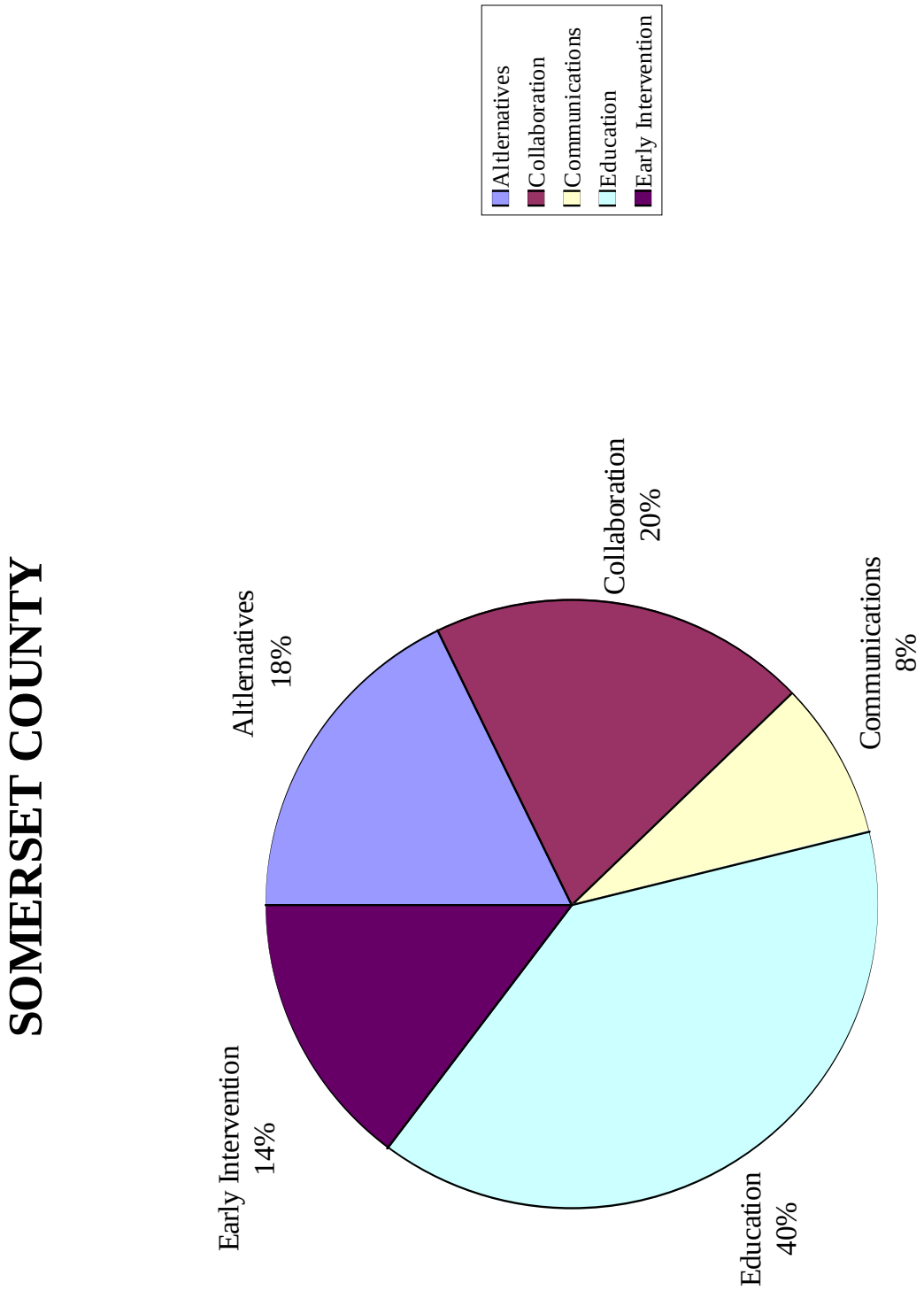

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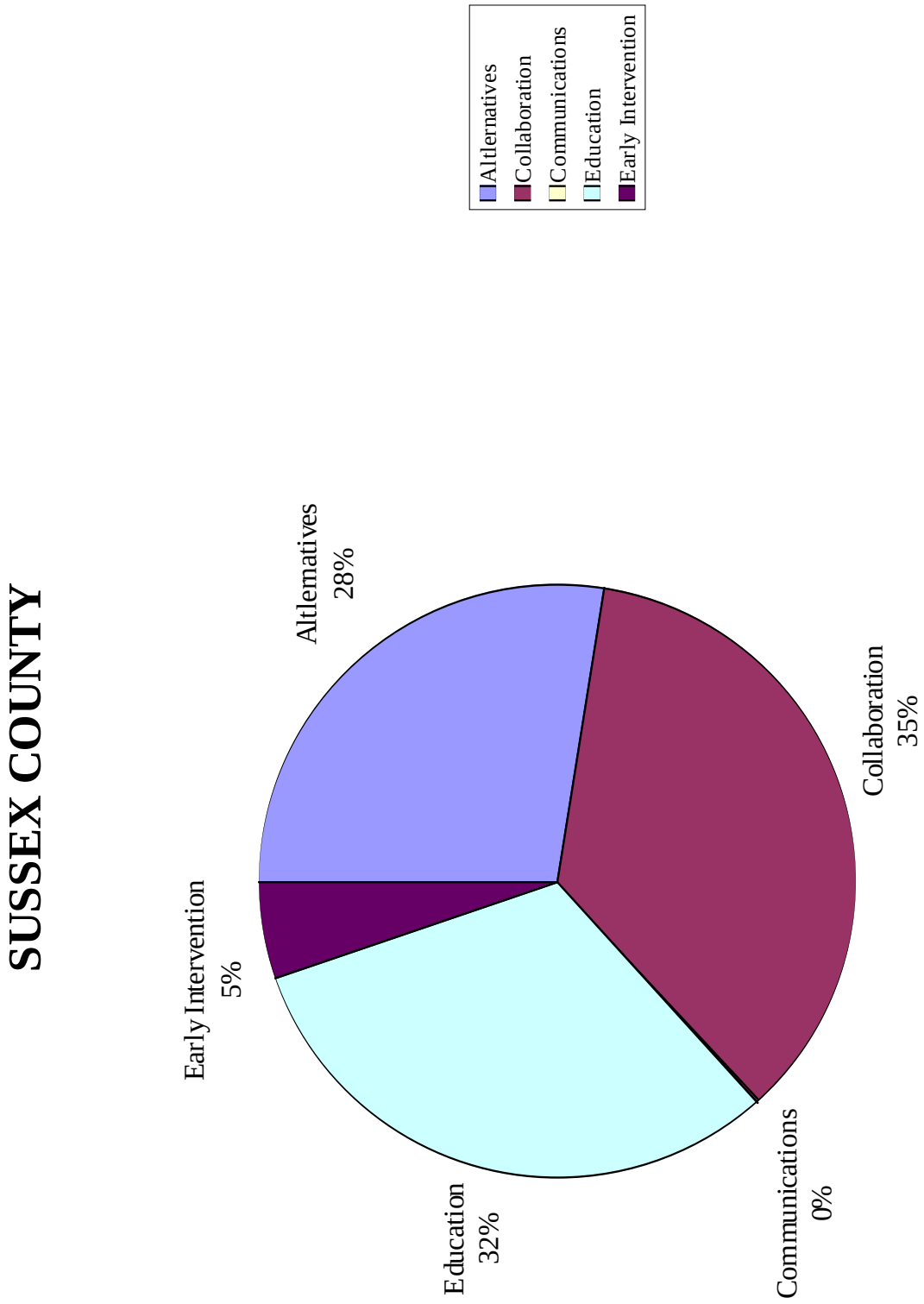

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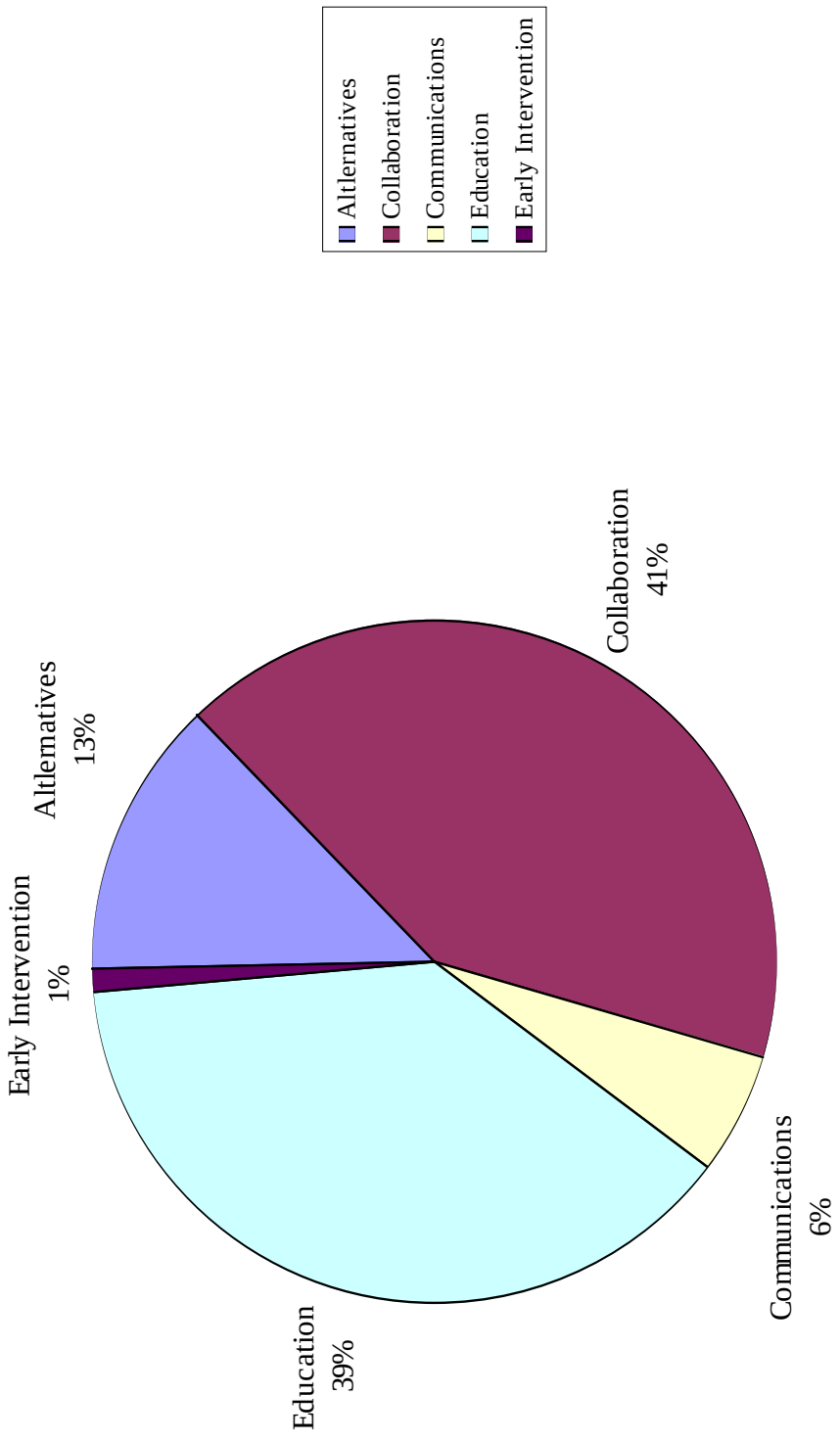

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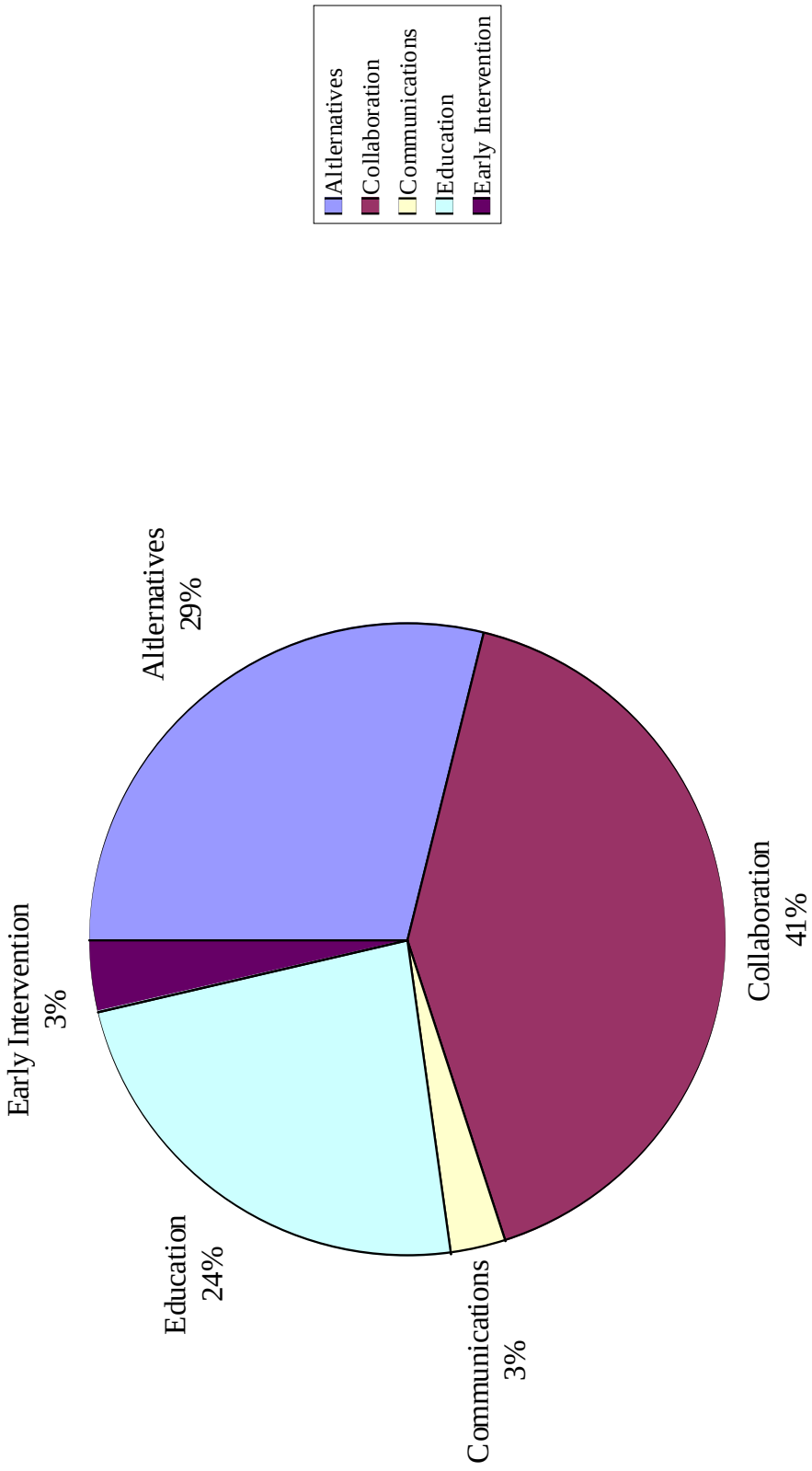

STATE GOVERNMENT COMPONENT: FY2005

Introduction

The Interdepartmental Advisory Panel (IAP) of the Governor's Council on Alcoholism and Drug Abuse was established under amended bylaws in April 2002. The IAP is comprised of members who represent the departments of state government on the Governor's Council. The IAP has the responsibility for developing a data collection process that would be suitable and practical for the departments and agencies to use while providing necessary information for the State Government Component (SGC) of the December 2005 Master Plan.

The Chairman, Joseph P. Miele, and the Executive Director, Mary Lou Powner, acknowledge and appreciate the diligent and genuine effort given to the development of the SGC by the departmental designees. We also gratefully recognize the traditional and ongoing support given to the designees by their Commissioners as we look forward to strengthening the relationship between the Council and our constituent departments.

The SGC of the Master Plan is mandated by N.J.S.A. 26:2BB-4b. The FY 2005 SGC reflects the three main service categories in which State funded alcoholism and drug abuse programs are grouped - prevention, intervention and treatment - along with the spending associated with these programs.

The Master Plan is disseminated widely to New Jersey's public policy makers, substance abuse prevention and treatment professionals as well as the public. The State Government Component provides an examination of the location and extent of current state funded alcoholism and other drug abuse efforts throughout the New Jersey.

The following departments are included in the FY 2005 State Government Component: Administrative Office of the Courts, Community Affairs, Corrections, Education, Health and Senior Services, Human Services, Labor and Workforce Development, Law and Public Safety, Military and Veterans' Affairs and Personnel.

The Council would like to give special recognition to Carolann Kane-Cavaiola, Assistant Commissioner of Human Services, Director Division of Addiction Services, for her leadership and guidance as Chair of the Interdepartmental Advisory Panel for the past two years.

JUDICIARY

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

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

Criminal Practice Division

ADULT CRIMINAL DRUG COURT

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

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

Between July 2004 and June 2005, 940 offenders were sentenced to drug court. As of June 2005, there were 1,850 active drug court participants. Statewide, the male population is higher than female. Races represented in all counties include Caucasian, African-American, Hispanic, Asian and Other.

Funding Amount: **$ 7.2 Million for Judiciary Staff/Operating Expenses**
$ 18.9 Million for Drug Court Treatment
Funding Source: **State of NJ, Special Purpose Funding**

Family Practice Division

JUVENILE DRUG COURT

Currently, there are four pilot Juvenile Drug Courts; they are in the Camden, Hudson, Mercer and Passaic Vicinages. Juvenile Drug Courts serve as a more effective way to deal with juvenile offenders who have drug-dependent problems. The drug courts serve as a diversion from the formal court process for some cases and also as an alternative to incarceration in state juvenile correctional facilities. They provide an intermediate sanction between probation and state correctional facilities as well as better treatment outcomes for juveniles with alcohol and drug-related problems. Juvenile drug courts allow intensive supervision for at-risk adolescents who are surrounded with community and court services. To date, the four Juvenile Drug Courts have served a total of 529 juveniles; 160 juveniles have graduated from the program; and 11 drug-free babies have been born to the female drug court clients.

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

Funding Amount:

The Mercer Vicinage Juvenile Drug Court was operational as of October 2002. They received an implementation grant from OJP/BJA retroactive to April 1, 2002. The Mercer implementation grant is a three-year grant, totaling $499,937, which was scheduled to end on March 31, 2005, however, an extension has been granted and it is now scheduled to end on March 21, 2006. Mercer Vicinage extended their program to accept juveniles who were reentering the system from in-patient drug treatment. Therefore, they requested, and obtained, an enhancement grant from OJP/BJA to fund that portion of the drug court program. That grant funding began on July 1, 2004 and is scheduled to end on June 30, 2006. The grant amount is $194,980, with a match amount of $64,993. The total amount of match funds for salaries, for both grants in 2004, was $98,094.27.

The Camden, Hudson and Passaic Vicinages were operating under grants from OJP/BJA which have since expired.

Family Dependency Drug Treatment Court

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

To date, there are ten clients in the Morris-Sussex Family Drug Court program; two current clients have been reunified with their children; and, another client has given birth to a drug-free baby.

Funding amount:

The Family Drug Court in the Morris-Sussex Vicinage, which was implemented in April 2004, is now funded by a grant from the Robert Wood Johnson Foundation in the amount of $347,584, with a match amount of $148,484. The total amount of match funds for salaries, from the inception of the grant in September 2004 through December 2004, was $27,746.77.

Criminal and Family Practice Divisions

TREATMENT ASSESSMENT SERVICES FOR THE COURT

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

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

Between July 2004 and June 2005, almost 10,000 individuals were evaluated for alcohol / drug treatment services. Statewide, the male population is higher than female. Races represented in all counties include Caucasian, African-American, Hispanic, Asian and Other.

Funding Amount: **Other**
Funding Source: **State of NJ**

DEPARTMENT OF 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' 05 funding levels provided through the Community Service Block Grant (CSBG) program administered by the Division.

Intervention and Referral Information

Division of Community Resources

ATLANTIC HUMAN RESOURCES

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

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

Funding Amount: **$785,130**
Funding Source: **Federal**

BAYONNE ECONOMIC OPPORTUNITY FOUNDATION

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

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

Funding Amount: **$152,662**
Funding Source: **Federal**

BERGEN COUNTY COMMUNITY ACTION PROGRAM

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

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

Funding Amount: **$917,287**
Funding Source: **Federal**

BURLINGTON COUNTY COMMUNITY CAP

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

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

Funding Amount: **$428,296**
Funding Source: **Federal**

CAMDEN COUNTY OFFICE OF ECONOMIC OPPORTUNITY

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

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

Funding Amount: **$1,134,170**
Funding Source: **Federal**

CHECK MATE, INC.

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

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

Funding Amount: **$720,195**
Funding Source: **Federal**

CITY OF UNION

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

Service Information: The clients served are from Union County.

HOBOKEN ORGANIZATION AGAINST POVERY AND ECONOMIC STRESS, INC.

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

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

Funding Amount: **$225,361**
Funding Source: **Federal**

JERSEY CITY, INC.

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

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

Funding Amount: **$886,700**
Funding Source: **Federal**

NORTH HUDSON COMMUNITY ACTION CORPORATION

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

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

Funding Amount: **$781,800**
Funding Source: **Federal**

COMUTE DE APOYO A LOS TRABAJADORES AGRICOLAS

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

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

Funding Amount: **$73,447**
Funding Source: **Federal**

MIDDLESEX COUNTY ECONOMIC OPPORTUNITIES CORPORATION, INC.

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

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

Funding Amount: **$912,301**
Funding Source: **Federal**

NEW JERSEY ASSOCIATION ON CORRECTIONS

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

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

Funding Amount: **$197,735**
Funding Source: **Federal**

NORWESCAP

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

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

Funding Amount: $651,313
Funding Source: Federal

OCEAN, INC.

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

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

Funding Amount: $732,205
Funding Source: Federal

PATERSON TASK FORCE, INC.

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

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

Funding Amount: $611,855
Funding Source: Federal

POWHATAN RENAPE NATION

This agency, through its outreach efforts, disseminates information on substance abuse/alcohol prevention and treatment.

Funding Amount: $52,826
Funding Source: Federal

SOMERSET, INC.

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

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

Funding Amount: **$225,446**
Funding Source: **Federal**

TRI-COUNTY ACTION CORPORATION, INC.

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

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

Funding Amount: **$905,981**
Funding Source: **Federal**

UNITED COMMUNITY CORPORATION, INC.

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

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

Funding Amount: **$1,879,744**
Funding Source: **Federal**

UNITED PASSAIC ORGANIZATION, INC.

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

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

Funding Amount: **$260,171**
Funding Source: **Federal**

UNITED PROGRESS, INC.

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

Service Information: Over 3,000 Caucasian, African-American, Hispanic, Asian, Native American and other clients were served from Mercer County.

The majority of clients are African-American, female and were age 24 - 54 years old.

Funding Amount: **$640,056**
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 750 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 6,000 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: **$781,800**
Funding Source: **Federal**

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: Thirty-six 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: **$35,000**
Funding Source: **State**

Division of Housing

Public Housing Authority (PHA)

The PHA's mission is to strengthen and revitalize communities by assisting in the delivery of adequate and affordable housing, economic opportunity and a suitable living environment. PHA also provides supportive services for graduates of Transitional Housing and individuals with HIV/AIDS under Housing Opportunities for Persons with AIDS (HOPWA). The PHA is also responsible for developing a Public Housing Drug Elimination Program (PHDEP) that is more extensive than required by law.

Shelter Support Program

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

Federal: **$3,494,990**

DEPARTMENT OF CORRECTIONS

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

Treatment Information

Division of Programs and Community Services

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

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

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

The New Jersey Department of Corrections (NJDOC) allocated a total of 1,454 beds (1,404 male, 60 female), distributed among seven (7) locations. Five hundred ninety-one (591) served were between 18-26 years, while 873 were 26 and over. Counties in which the program was delivered or located included Burlington, Camden, Cumberland, Essex and Hunterdon.

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

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

Funding Amount: **$3.7775 million**
Funding Source: **Federal and State of New Jersey**

NEW JERSEY DEPARTMENT OF CORRECTIONS ALTERNATIVE TREATMENT PROGRAM - LIVING IN BALANCE (LIB)

The LIB program is a research-based program designed as a practical instructional system for conducting treatment sessions for persons who abuse or are addicted to alcohol and other drugs of abuse. The program can be utilized to provide addiction education and relapse prevention for the general prison population inmate, who may be otherwise ineligible for Therapeutic Community (TC) treatment placement based on the departments established criteria.

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

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

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

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

Funding Amount: $3,300.00
Funding Source: State of New Jersey

NEW JERSEY DEPARTMENT OF CORRECTIONS STABILIZATION AND REINTEGRATION PROGRAM - NEW LISBON DEVELOPMENTAL CENTER

The Department opened the Stabilization and Reintegration Program in March 1997, under the authority of P.L. 1995 Chapter 300 of the Stabilization and Reintegration Act. Per legislative mandate, the program is a highly comprehensive blend of military structure and discipline, education, work, substance abuse treatment, cognitive skills training and an intensive program of aftercare supervision.

Service Information: The Stabilization and Reintegration program is a highly structured paramilitary program of discipline and treatment oriented activities. It is designed as a structured opportunity for young male offenders to focus on treatment and discipline modalities provided in a relatively short time span. Approximately 85% of all participants are serving time for substance use disorder-related offenses.

The target population for the program is adult male offenders (138 beds) age 18 to 30 years. It excludes those convicted of first-degree crimes, kidnapping, robbery, burglary or possession of a weapon. Also excluded are those committing crimes requiring the imposition of a mandatory term of imprisonment without parole eligibility, unless the offender has less than one year left of the mandatory portion of the remaining sentence.

The program is located in Burlington County.

Regarding outcome measures, the Department is planning to examine the effectiveness of the Stabilization and Reintegration Program by measuring certain outcome indicators such as recidivism, relapse and employment of program graduates. The department is reviewing outcome data and will enhance the program via the introduction of the Therapeutic Community modality during the next state fiscal year.

Inmates who successfully completed the eight (8) month program were issued a Certificate of Parole and entered the aftercare phase, which is designed to assist individuals with their transition from the structured confinement of the boot camp back to their communities. Therefore, outcome measures could be evaluated through individual progress while on parole.

The average length of time on a waiting list is less than one (1) month to all selected offenders.

Funding Amount: $3,416 million
Funding Source: State of New Jersey

NJ DEPARTMENT OF CORRECTIONS MUTUAL AGREEMENT PROGRAM

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

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

Service Information: All eligible male and female inmates were approved for community release and successfully completed an Assessment and Treatment.

Candidates for participation in residential community programs are inmates of full minimum custody status, who have obtained medical clearance and have been determined psychologically fit. Additionally, candidates must have achieved satisfactory institutional adjustment and have less than eighteen (18) months remaining for completion of his/her maximum sentence or parole eligibility (in some cases 12). For those identified as having a significant substance use disorder, this assignment - like Halfway House and Treatment Facilities - represents the final phase of treatment and is designed to build on the prison-based Therapeutic Community experience.

The number of people served was 165, with a large majority being male (162 male, 3 female). Counties in which the program was located or delivered included Atlantic, Burlington, Cumberland, Essex, Gloucester, Mercer and Passaic. The duration of the program was 180 days/6 months. Total bed capacity is 40.

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

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

NJ DEPARTMENT OF CORRECTIONS COMMUNITY-BASED PROGRAM - HALFWAY HOUSE AND TREATMENT FACILITIES

In addition to the two (2) Assessment and Treatment Centers (see below), the Department of Corrections contracts with private agencies for 1,850 beds in 24 residential community release programs throughout the State. Some of these programs provided substance use disorder treatment (Treatment Facilities), while others emphasized employment and/or education services (Halfway House Facilities). Each of the programs is highly structured and closely supervised and assured the highest levels of accountability by and for the inmate population.

Service Information: All eligible men and female inmates that are approved for community release and successfully completed and Assessment and Treatment. Candidates for participation in Residential Community Programs-Halfway House and Treatment Facilities are inmates of full minimum custody status that have obtained medical clearance and achieved fitting psychological evaluation, satisfactory institutional adjustment, and have less than 18 months remaining for completion of their maximum sentence or parole eligibility (in some circumstances 12). For those identified as having a significant substance use disorder, this assignment typically represents the third phase of treatment and is designed to build on the prison-based TC experience.

The number served is mostly male (1,630 male, 220 female) and the counties in which the program is located include Burlington, Camden, Essex, Hudson, Hunterdon, Mercer, Middlesex, Passaic and Union.

Regarding outcome measures, the Office of Drug Programs, along with other

Department representatives, develops appropriate training for facility staff on an ongoing and as needed basis in such areas as drug/alcohol treatment, inmate accountability and urine monitoring.

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

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

Funding Amount: $43.396 million
Funding Source: State of New Jersey

NJ DEPARTMENT OF CORRECTIONS COMMUNITY BASED PROGRAMS - ASSESSEMENT AND TREATMENT CENTERS

All eligible male and female inmates, once approved for community release, are assigned to an Assessment and Treatment Center (ATC). The purpose of these Centers is to provide a comprehensive continuum of care to offenders transitioning back into the community.

Service Information: These offenders must meet stringent requirements for ATC entry, of which eligibility for full minimum security is foremost. Medical clearance, psychological evaluation, institutional adjustment and completion of maximum sentence or parole eligibility within 18 (in some circumstances 12) months also are factors that determine inmates' assignments to these facilities. For those identified as having a significant substance use disorder, this assignment typically represents the second phase of treatment and is designed to build on the prison-based Therapeutic Community experience.

This program serves 742 males and 40 females (capacity) from two locations and the duration is one (1) to three (3) months.

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

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

Funding Amount: $20.944 million
Funding Source: State of New Jersey

DEPARMENT OF EDUCATION

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

Strategic Goals:

1. To ensure that student assessment is integral to the teaching and learning of subject matter as presented in the Core Curriculum Content Standards (CCCS).

2. To ensure that student performance at all levels is enhanced through the participation in exceptional educational programs or activities.

3. To provide effective literacy instruction to all public school students with the objective that all students meet grade appropriate language arts and mathematics standards as defined in the Core Curriculum Content Standards.

4. Expand and improve the pool of qualified teachers and administrators. Prepare teachers to effectively teach both the child and the subject.

Prevention Information

Division of Student Services

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

The capacity for local school response to behavioral, social-emotional and health problems is supplemented by federal funding provided specifically for school substance abuse and violence prevention activities. Under the federal Safe and Drug-Free Schools and Communities Act (SDFSCA) program, $7.8 million dollars were provided through the New Jersey Department of Education (NJDOE) to local districts in formula funds for this purpose in 2004-2005. Funds under the SDFSCA (Title IV, Part A of the No Child Left Behind Act) support all local educational agencies (i.e., school districts, charter schools, private, non-profit schools) in New Jersey in the development, implementation and evaluation of comprehensive programs and activities which are coordinated with other school and community-based services and programs, and that are designed to: (1) foster safe and drug-free learning environments (grades K-12) that support academic achievement; (2) be consistent with the Principles of Effectiveness, per Section 4115(a)1 of Title IV, Part A; (3) prevent or reduce violence, the use, possession and distribution of illegal drugs, and delinquency; and create a well-disciplined environment conducive to learning, which includes consultation between teachers, principals and other school personnel to identify early warning signs of drug use and violence and to provide behavioral interventions as part of classroom management efforts; and (4) include activities

which promote the involvement of parents in the activities or programs; promote coordination with community groups and coalitions and government agencies and distribute information about the local education of agency's needs, goals and programs funded under Title IV, Part A. School district applications for entitlement funds are submitted as part of the No Child Left Behind Act (NCLB) - Consolidated Formula Sub grant to foster coordination and effective use of NCLB and other school resources.

Service Information: The target population served was all public and nonpublic school students in New Jersey in grades K-12 (ages 5-17). The number served was 1,073,032 (469,546 ages 12 and under and 603,486 between 13 and 19 years of age), in 21 counties*.
**Indicates services provided in FY04.*

The following number of districts reported these types of program activities being provided for public and nonpublic school students: information dissemination (510), prevention education (571), alternative activities (367), problem identification & referral (523), community-based process (468) and environmental approach (454).

Funding Amount: $7,745,852
Funding Source: Federal

SAFE, DISCIPLINED AND DRUG-FREE SCHOOLS PROMISING PROGRAMS SHOWCASE

This project supported school districts in adopting research-based programs as a way of complying with the Principles of Effectiveness, which are required under Title IV, Part A (the SDFSCA) of the NCLB for the planning and selection of programs funded under the title. Specifically, the NJDOE contracted with the New Jersey Network (NJN) to assist in hosting 16 program vendors from the United States Department of Education's promising research-based programs list to showcase their programs at a one-day conference hosted by NJN. NJN videotaped and edited the workshops, which will be distributed to all New Jersey school districts in the 2005-2006 school year to promote their consideration for use of Title IV, Part A funding and local program development.

Service Information: There were one hundred forty five participants.

Funding Amount: $284,686
Funding Source: Federal

DRUG ABUSE EDUCATION FUND PROJECT

Per the provisions of N.J.S.A. C.2C:43-3.5 and N.J.S.A. C.54A:9-25.12 et seq., a Drug Abuse Education Fund (D.A.E.F.) was established from portions of taxpayer-designated refunds and penalties assessed against individuals adjudicated or convicted of certain crimes. The resources accumulated in the fund are appropriated annually to NJDOE for distribution to non-governmental entities for the use of law enforcement personnel in providing drug abuse education to students in grades K-12 on a statewide basis. Under the appropriation for these statutory provisions, the NJDOE issued a grant to D.A.R.E. New Jersey, Inc. for the third year of services for the 2004-2005 school year.

Service Information: The target population is students in grades K-12. There were 40,634 elementary students served, 4,851 middle students served and 1,779 high school students served.

Funding Amount: **$250,000**
Funding Source: **State**

PEER TRANSITIONS PROJECT

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

Service Information: The target population was middle grade students. There were 11,000 freshmen served, and 1,960 juniors and seniors served as peer leaders.

Funding Amount: **$180,000**
Funding Source: **Federal**

POSITIVE STUDENT DISCIPLINE REFORM DEMONSTRATION PROJECT

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

Service Information: The target population is school staff working in three participating districts. District participation and activity began in FY04, though program development and administrative work under the project began in FY03.

Funding Amount: **$545,000**
Funding Source: **Federal**

YOUTH GANG PREVENTION AND INTERVENTION PROJECT

This cooperative initiative between the New Jersey Department of Education and the Juvenile Justice Commission (JJC) was designed to provide the following programs and services during the 2004-2005 school year to address gang problems and related at-risk behaviors, including substance abuse:

- Gang prevention and education to students in three communities who are at high risk for involvement in gang activity, utilizing a curriculum developed in Phase I of the project;
- Development of curriculum for community-based organizations to assist them in developing and maintaining community "safety nets" for gang involved youth who are under the jurisdiction of the JJC's transitional services;
- Information about gang activities and related supportive resources to community members and organizations statewide;
- Development of an awareness program in video and DVD formats; and
- Professional development programs on gang issues for JJC staff, county Youth Services Commission staff and members, county juvenile detention personnel, public and nonpublic school teachers and administrators, public officials and leaders of community-based organizations, including faith-based institutions and private businesses.

Service Information: The target population was a total of 1,744 incarcerated juveniles and students at high-risk for gang involvement.

Funding Amount: **$80,000**
Funding Source: **Federal**

COMMUNITY SERVICES FOR SUSPENDED AND EXPELLED YOUTH

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

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

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

DISAFFECTED YOUTH GRANT PROGRAM

The goal of this program, which concluded in December 2004, was to help school-age children and adolescents in the Asbury Park, Camden City and Elizabeth school districts who were identified as being at risk for involvement in the juvenile justice system to remain in school or return to school and achieve the Core Curriculum Content Standards. The program was designed to address the identified academic and nonacademic needs of participating at-risk youth and their families by providing district-wide programs that include individual and group counseling, academic instruction, parent and family participation and outreach, and alcohol, tobacco and other drug prevention and intervention programs and services.

Service Information: The target population is K-12 students in three participating school districts.

Funding Amount: **$857,000**
Funding Source: **Federal**

STUDENT SUPPORT SERVICES PLANNING AND DEVELOPMENT PROJECT

Under this project, supportive services were provided to 10 school districts interested in refining or reforming their student services programs. A contract was awarded to MGT of America, Inc. to provide technical support services to participating districts to assist them in evaluating existing student support services, assessing the support needs of students, and designing and implementing the optimum configuration and systems for delivering and sustaining student support services for their school populations. The foundation of the project was the self-study undertaken by each district, which encompasses the identification of existing programs, the analysis of student services in relation to identified student needs, the assessment of effectiveness and efficiency of existing programs and recommendations for reforming or refining these programs.

The two-year effort, which began July 1, 2002, offered each participating district an incentive grant of approximately $5,000 per year to help support district participation; provide substantial technical assistance from a consultant contractor; and implement a collegial process for evaluation, review and revision of how student services were organized, staffed and delivered. The districts were selected based on an articulation agreement with the NJDOE's Office of School to Career and College Initiatives, which initiated a complementary project with pilot sites, under the New Jersey School Counseling Initiative. Exemplary work resulting from the initiative and best practices in student support services were showcased at a statewide conference in May 2004.

Service Information: The target population for the project were the schools in the 10 participating school districts, and 150 school staff from throughout the state for the statewide conference.

Funding Amount: **$217,073**
Funding Source: **Federal**

SOCIAL NORMS PROJECT

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

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

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

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

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

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

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

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

This cooperative initiative between the NJDOE and the Center for Applied Psychology, Rutgers University is designed to assist the NJDOE in fulfilling the statutory requirements of Title IV-A (the SDFSCA) and the Unsafe School Choice Option (Title IX, Part E, Subpart 2, Section 9532) of the No Child Left Behind Act. The project will help the NJDOE increase its capacity for providing schools and NJDOE staff with technical assistance, training services and support for resource development for the successful implementation of the requirements under Title IV-A and the USCO Policy. The assistance and supportive resources will be provided to schools utilizing federal Title IV-A funds and schools determined by the NJDOE to be persistently dangerous schools (PDS) or early warning schools (EWS) under the Unsafe School Choice Option (USCO) Policy. The project was initiated in the 2005-2006 school year.

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

Funding Amount: **$710,000**
Funding Source: **Federal**

HARASSMENT, INTIMIDATION AND BULLYING

To assist school districts in developing the required harassment, intimidation and bullying policies, the authorizing statute (N.J.S.A. 18A:37-13 et seq.) required the New Jersey Department of Education (NJDOE) to develop and issue a model policy applicable to grades kindergarten through twelve. The NJDOE's model policy was developed and disseminated in December 2002 and 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. The NJDOE participated in the planning and implementation of the Stop the Pain: New Jersey Cares About Bullying statewide conference Office of Bias Crimes and Community Relations, New Jersey Department of Law and Public Safety in March 2003. Plans are underway to coordinate with the Office of Bias Crimes and Community Relations on a conference on cyber-bullying in the 2005-2006 school year.

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

Funding Amount: **Not available**
Funding Source: **State**

VIOLENCE AWARENESS WEEK

The NJDOE provided guidelines and information to local boards of education for use in planning the activities that are required (N.J.S.A. 18:36-5.1) in observance of

the week for each year the requirement has been in effect, including September 2004 and 2005. The guidelines can be found at: http://www.state.nj.us/njded/students/safety/violence.htm.

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

Funding Amount: **Not available**
Funding Source: **State**

PUBLIC HEARINGS ON VIOLENCE AND VANDALISM

For each year the requirement (N.J.S.A. 18A:17-46 and N.J.A.C. 6A:16-5.2 and 5.3) has been in effect, the NJDOE has provided guidelines and information to local boards of education for complying with the statute and submitting the required documentation to the NJDOE, including September 2004 and 2005. The guidelines in effect for the 2005-2006 school year can be found at the following website: **http://www.state.nj.us/njded/students/safety/violence.htm.**

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

Funding Amount: **Not available**
Funding Source: **State**

CHARACTER EDUCATION INITIATIVE

New Jersey was the first state in the nation to provide state aid funding to implement character education programs and services through the New Jersey Character Education Partnership (NJCEP) initiative. For the fifth year (2004-2005) of the initiative, the Governor's FY2005 budget provided $4.75 million for school district character education program implementation and expansion. The purpose of NJCEP is to help public school educators to adopt validated character education programs that will meet the developmental needs of students throughout New Jersey by promoting pro-social student behaviors and creating a caring, disciplined school climate conducive to learning.

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

Funding Amount: **$4,750,000**
Funding Source: **State**

NEW JERSEY CENTER FOR CHARACTER EDUCATION

In 2002, New Jersey was one of only five states to receive a four-year federal grant award under the Partnerships in Character Education grant program (Title V, Part D of the No Child Left Behind Act). Under this grant, New Jersey has created the New Jersey Center for Character Education (NJCCE) at the Center for Applied Psychology in the Graduate School of Applied and Professional Psychology, Rutgers

University. During the 2004-2005 school year, the NJCCE continued to provide in-depth technical assistance and support and opportunities for professional development and skill enhancement to public and nonpublic schools throughout the state. The creation of the NJCCE has provided the leadership necessary to take New Jersey's character education effort to a new level by providing guidance for schools to adopt programs and strategies that have been proven to be effective.

The NJCCE continues to provide ten demonstration sites at local educational agencies (LEAs) with intensive evaluation services. The demonstration sites represent the diversity of New Jersey's schools and their experiences with school reform efforts. Two of the participating LEAs are the state-operated districts. The remaining eight LEAs were selected as a result of a competitive application process. Additionally, the NJCCE continues to utilize an expert panel to assist in the implementation of an evaluation plan for the program. The expert panel also provides recommendations to the collaborating LEAs regarding the most effective strategies for conducting research and implementing scientifically based program strategies.

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

Funding Amount: **$531,976**
Funding Source: **Federal**

MEMORANDUM OF AGREEMENT BETWEEN EDUCATION AND LAW ENFORCEMENT OFFICIALS

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

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

Funding Amount: **Not available**
Funding Source: **State**

NEW JERSEY STUDENT HEALTH SURVEY

In 2004-2005, the NJDOE conducted the bi-annual New Jersey Student Health Survey 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 violence, the survey includes questions on: carrying a weapon, carrying a gun, having been in a physical fight, having personal property stolen or damaged at school, having been hit by a boyfriend or girlfriend, having been forced to have sex and trying to commit suicide. The findings are used by state agencies for planning, program assessment and federal reporting. Reports of findings are distributed to school staff and published on the NJDOE Website. The spring 2005 survey is being administered in two versions, one for grades 7-8 and another for grades 9-12.

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

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

ELECTRONIC VIOLENCE, VANDALISM AND SUBSTANCE ABUSE REPORTING SYSTEM

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

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

The most recent development in the annual reporting process is the design and utilization of a system of reporting incidents through the Internet: http://homeroom.state.nj.us/index.htm. The Electronic Violence and Vandalism Reporting System (EVVRS) deployed in March 2000, allows districts to report data electronically that was previously submitted on paper forms. An EVVRS User Manual, accessible on the EVVRS homepage, has provided definitions and general guidance for reporting.

To promote consistency in reporting, the NJDOE conducted regional trainings to school district staff in 2003-2004 and 2004-2005; made access to definitions easier through revisions to the EVVRS User Manual; and expanded the Frequently Asked

Questions document resident on the EVVRS homepage. The training focused on the federal and state requirements related to the EVVRS, the accurate reporting of offenses consistent with the published definition of the offenses, and the use of the electronic reporting system.

To further bring districts in line with one another in their interpretation of incident definitions (i.e., in what to report), the state has developed "examples" of incidents for which districts might readily refer in their application of standards for reporting. These examples were distributed to all chief school administrators and will be available to all through the EVVRS User Manual on the EVVRS homepage.

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

Funding Amount: **Not available**
Funding Source: **Federal**

SCHOOL EMERGENCY AND CRISIS PLANNING, RESPONSE AND RECOVERY

In response to the Attorney General's Domestic Security Preparedness Task Force Infrastructure Advisory Committee-School Sector, the NJDOE developed and disseminated to all chief school administrators in September 2004 a comprehensive manual, titled School Safety Manual: Best Practices Guidelines. The manual, provided to chief school administrators in secure form, is designed to provide in-depth guidance for the establishment of plans, procedures and mechanisms for responding to emergencies and crises, in accordance with N.J.A.C. 6A:16-5.2, as well as information on conducting risk analyses and implementing comprehensive strategies for preventing and intervening with high-risk behavior and for promoting safe school learning environments. The manual will be revised and disseminated in 2006.

In support of the School Safety Manual interdepartmental meetings were held to develop a uniform checklist that was used by school officials, in cooperation with local law enforcement officials, to conduct on-site school audits designed to assess the current state of security in each school building, as stipulated in Acting Governor Cody's January 2005 State of the State address. These audits were completed by Labor Day 2005. Training on the use of the checklist and the associated database was provided to county and district level school and law enforcement officials.

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

Funding Amount: **Not available**
Funding Source: **State and Federal**

CORE CURRICULUM CONTENT STANDARDS

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

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

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

Funding Amount: **Not available**
Funding Source: **State**

SUBSTANCE AWARENESS COORDINATOR CERTIFICATION

In April 2005 the New Jersey State Board of Education amended the Educational Services Certificate requirements (N.J.A.C. 6A:9) for the substance awareness coordinator (SAC) endorsement issued by the New Jersey State Board of Examiners. The endorsement authorizes the holder to perform the functions of a SAC, as set forth in N.J.S.A. 18A:40A-18, in grades 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 is all substance awareness coordinators in New Jersey pubic schools.

Funding Amount: **Not available**
Funding Source: **State**

Intervention & Referral Information

INTERVENTION AND REFERRAL SERVICES INITIATIVE

The Intervention and Referral Services (I&RS) Initiative supports implementation of the I&RS regulations (N.J.A.C. 6A:16-8) by providing technical assistance to districts for the establishment of building-based multidisciplinary problem-solving teams (grades K-12). These teams are designed to assist students who are experiencing learning, behavior or health difficulties, and to assist staff members who have difficulties in addressing students' learning, behavior or health needs. The technical assistance provided by the New Jersey Department of Education included a comprehensive Resource Manual for Intervention and Referral Services, which is available at: **http://www.state.nj.us/njded/students/irs/**, and the provision of training to prepare building administrators and building-based teams to implement the I&RS regulations. The Resource Manual was updated in January 2003 to reflect the provisions of the new regulations and forwarded to all public school districts and charter schools, and reissued in October in 2004 and 2005. Approximately 600 building-based teams have been trained since April 2000, including 120 teams trained (360 school staff) in the 2004-2005 school year. In addition to providing annual team training, 120 school staff who were added to their school's I&RS teams were provided training in the 2004-2005 school year. A new four-part series in video and DVD formats and accompanying flyer, will be disseminated to all school districts in 2005-2006. Additionally, plans are under way to develop supplemental training programs specifically designed to address the ongoing professional development needs of I&RS teams, in accordance with the provisions of N.J.A.C. 6A:16-8.2(a)4 and 6A:16-8.2(a)5.

Service Information: The target population was school staff, with 360 people served.

Funding Amount: **$50,000**
Funding Source: **Federal**

UNSAFE SCHOOL CHOICE OPTION POLICY

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

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

Funding Amount: **Not available**
Funding Source: **Federal**

DEPARTMENT OF HEALTH AND SENIOR SERVICES

Prevention Information

Division of Epidemiology, Environmental And Occupational Health

TUBERCULOSIS (TB) PREVENTION

This program provides literature and pamphlets regarding TB to clients at Alcohol and Drug Abuse Treatment Centers. Tuberculosis funding is utilized.

Funding Amount: Unfunded

Division of Hiv/Aids Services (DHAS)

HIV/AIDS

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

Funding Amount and Source:	**PIP Federal**	**$1,359,475**
	State	**$498,830**
	HIP Federal	**$232,300**
	State	**$351,500**

Division of Family Health Services

PERINATAL ADDICTION PREVENTION

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

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

Service Information: There have been over 20,000 pregnant women screened for alcohol and/or drug use during pregnancy. This has resulted in 200 women being referred for substance abuse treatment. Prevention education has been given to 11% of those screened. Programs designed to educate the general public about the risks of substance use during pregnancy have reached 6500 men and women during 160 offerings. The risk reduction coordinators continue to work in order to increase the number of women screened using a universal **screening tool.**

Funding Amount and Source: State $875,000

Intervention & Referral Information

Division of Epidemiology, Environmental And Occupational Health Services

TB INTERVENTION

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

Funding Amount: Unfunded

Treatment Information

Division of Hiv/Aids Services (DHAS)

HIV SPECIALISTS

This program is no longer existence.

CARE & TREATMENT I

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

Service Information: Outpatient and residential substance abuse treatment services were provided to intravenous drug users and persons with HIV. A total of 85 individuals received outpatient services and 8 received residential services. Treatment providers were located in four New Jersey counties including Burlington, Camden, Gloucester and Salem.

Funding Amount and Source: Federal $112,386 (C.A.R.E. Title I)
State $8,398

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 77 individuals received outpatient services, 20 received residential services and 59 persons were provided with methadone maintenance. Treatment providers were located in five New Jersey counties including Atlantic, Cape May, Mercer, Monmouth and Ocean.

Funding Amount and Source: Federal $362,795 (C.A.R.E. Title II)

Division of Family Health Services

PERINATAL ADDICTIONS TREATMENT

Two community-based Methadone agencies were supported where women of childbearing age received pre-natal care and risk reduction education about Fetal Alcohol Spectrum Disorders (FASD.)

Service Information: Services were provided to 52 new women who were pregnant and to 101 women who were postpartum. Educational programs covered perinatal alcohol and substance use, nutrition education and prenatal classes. These programs attended 12 health fairs and provided information to 850 participants about FASD.

Funding Amount and Source: Federal $300,000

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.

Service Information: Services included the screening of 2200 children and the identification of 119 with the diagnosis of FAS. A multidisciplinary team completes an evaluation and then develops a comprehensive report and intervention plan that is discussed with the family. Members of the team include: developmental pediatrician, licensed psychologist, physical and occupational therapists, speech pathologist, social worker and family counselor. This treatment plan may include the following: diagnosis of medical and psychosocial conditions, treatment referrals to community resources, out patient services and school-based programs, medical and/or behavioral monitoring and case management and counseling which include family

support, behavior modification and education planning. The six centers have developed a standardized screening tool for identifying children at risk. In addition a standard four digit diagnostic grid developed by the University of Washington is used make a diagnosis of FAS. Performance indicators used were increased screening of children utilizing the standard tool and the identification of children with a diagnosis of FAS using the University of Washington diagnostic guide.

Funding Amount and Source: State $450,000

Division of Epidemiology, Environmental And Occupational Health Services

TB TREATMENT SUPPORT

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

Funding Amount: Unfunded

TB ADMINISTRATION

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

Funding Amount: Unfunded

Division of The State Epidemiologist

COMPREHENSIVE TOBACCO CONTROL PROGRAM (CTCP)

Since its establishment in 2000, the Comprehensive Tobacco Control Program (CTCP) has served the residents of New Jersey through a variety of activities. Community partnerships, youth anti-tobacco programs, treatment services, enforcement activities, marketing/communications efforts and measurement/evaluation are the major components of the CTCP. These components provide a comprehensive approach to support the mission of the CTCP. For the most part, the data provided corresponds to the period of July 1, 2001 to June 30, 2005.

COMMUNITY PARTNERSHIPS:

Program Description: Community partnerships are a foundation of the CTCP. Working together, NJDHSS and CTCP community partners serve all populations in the state: young and expectant mothers, children and teens, multicultural groups,

college students, the workforce, smokers and nonsmokers, people with tobacco related illnesses, and entire communities. New Jersey Breathes, NJ GASP, Communities Against Tobacco Coalitions (CATs), the New Jersey Perinatal Cooperative, Vineland Health Department and the New Jersey Prevention Network are among the community partners that engage with CTCP to serve the residents of New Jersey.

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

Service Data Information:

- 374 Tobacco free ordinances passed
- 5, 654 Smoke free restaurants
- 1, 594 Smoke free workplaces
- 922 Smoke free public places
- 668 community organizations on CAT coalitions
- 20, 634 Requests for information on Quit line/Net/Centers
- 3,500 employers and employees impacted by smoke free in the workplace
- 4,009 participants in Mom's Quit Connection program for pregnant women and mothers of young children.

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

YOUTH & SCHOOL PROGRAMS

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

The Success of REBEL has resulted in the development of REBEL 2 and ROCS. REBEL 2 has expanded on the REBEL model to involve middle school children. With guidance from teachers, 6th through 8th graders develop school-based chapters with after-school activities focused on tobacco use prevention, decision making skills and peer leadership activities. ROCS (REBEL Official College Staff), a group of specially trained college-age adults, mentor REBEL students by helping to plan

community projects and recruitment activities, direct the Annual Statewide Summit, and serve as role models for health, tobacco-free lifestyles. REBEL U members promote smoke free campus environments and smoking cessation services for their peers who want to quit smoking. REBEL currently has approximately 2500 active students and 12,000 advocates.

Service Data Information:

- 44.4% of New Jersey teens reported overall awareness of REBEL according to the 2003 New Jersey Teen Media Tracking Survey
- 27.9% strongly agreed and 62.0% agreed that they would like to help REBEL get the word out
- Youth Cessation: two training programs provided by the University of Medicine and Dentistry (UMDNJ)
  Tobacco Dependence Program (Quit2Win) and by American Lung Association (Not on Tobacco).
  - Quit2Win: The program is being implemented in 20 High Schools and has successfully trained 37 teaching staff in how to facilitate a voluntary high school cessation program. A total of 135 students have been trained (7/04 to 6/30 data). A spring 2004 evaluation of 18 N-O-T schools showed a self reported quit rate of 19.9% and a bio-chemically validated quit rate of 15.5% among the 216 pro gram participants.
  - The NOT curriculum is being implemented in 14 high schools and a total of 119 students have been trained (7/04 to 6/05 data).

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

TREATMENT & CESSATION:

Program Description

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

Service Data Information:

- NJ Quitnet:
  - Unique new visitor 48,663
  - Registrants 4,671
  - Conversion rate 10%
  - Since the inception of the program, NJ website has been accessed by over 20% of NJ smokers.

- New Jersey Quitline: (1/2004 to August 2005):
  - Callers 1,265
  - Counseling 1,096
  - Information 652
  - As of November 2004, 58.5% of inbound callers enrolled with NJ Quitline
  - In 2004, 32.2% of members reached for follow-up had quit smoking
  - Of NJ Quitline members still using tobacco
    - 8.0% reported using more
    - 32.1% reported using less
    - 27.3% reported using the same amount
    - 32.6% refused or gave no answer
- New Jersey Quitcenters (7/04 to 6/05):
  - University of Medicine and Dentistry 540
  - Mercer Trenton Addiction Center 320
  - Kennedy Memorial Hospital```` 153
  - St. Barnabas 231
  - Somerset Medical Center 235
  - The five existing Quitcenters have seen approximately 3,200 patients since 2001.
- Grassroots Outreach Program:

Through an expansion of work with the CTCP public relations firm Fleishman-Hillard and in coordination with the CAT coalitions, the program recruited and trained 300 community ambassadors who made 150 presentations to the community at-large including medical facilities to promote the quit services, particularly, the NJ Quitline. The program started in January 05 and was completed in March 2005. It targeted three cities: Camden, Trenton and Jersey City. Fleishman-Hilliard was contracted for the initial phase of the program, and the CATs coalitions are working on their own to continue with this initiative. New funding was secured for the period of July 2005 to June 2006.

Funding Amount: $1,782,000
Funding Source: Federal $250,000
State Excise Tax $1,532,000

TOBACCO AGE OF SALE ENFORCEMENT (TASE)

Program Description:

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

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

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

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

Funding Amount:	**$645,115**
Funding Source: State Excise Tax	**$195,115**
State	**$450,000**

MARKETING AND COMMUNICATIONS

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

Service Data Information:
New Jersey Media Tracking Survey, 2003 (NJMTS) results indicate:

- 48.1% of adults reported having heard of NJ Quitline
- 27.9% of adults reported having heard of NJ Quitnet
- Smokers had a higher awareness of both services
  - 62% of smokers were aware of Quitline vs. 46% of non-smokers
  - 40% of smokers were aware of Quitnet vs. 26% of non-smokers
- 27.5% of New Jersey adults were aware of the "Quitters Do Win" take-home card developed for placement in physicians' offices to promote New Jersey Quit Services

New Jersey Teen Media Tracking Survey, 2003 (NJTMTS) results indicate:

- 90.4% of respondents (12 to 17 years of age) reported having heard of at least one of four CTCP slogans or names (television)
  - 59.6% of respondents heard or saw anti-smoking advertisements with the "Not For Sale" theme
  - 44.4% of respondents heard of REBEL
  - 38.4% of respondents heard of "Spare the Air"
  - 50.5% of respondents heard of NJ Quitline or Quitnet
- 85% of teens felt that the two "Not For Sale" ads were convincing and over 80% felt they gave good reasons not to smoke (television)
- 10% of NJMTS respondents recall seeing REBEL advertisements on their schools "Channel One" (21.7% of NJ teens report having Channel One in their schools)

Funding Amount and Source: State Excise Tax $1,916,134

MEASUREMENT AND EVALUATION

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

Service Data Information:

- The 2004 ***New Jersey Youth Tobacco Survey Report*** was completed and publicly released on the CTCP website on May 2005. Some of the results are:
  - Tobacco use decreased from 18.9% in 1999 to 9.5% in 2004 among middle school students.
  - There was decreased use among all racial/ethnic groups, but black middle school students experienced the largest decline from 23.5% in 1999 to 9.5% in 2004.
  - Significant decline in tobacco use among high school students from 38.9% in 1999 to 26.8% in 2004. In addition:
  - Males and females exhibited similar decreases for current tobacco use and white high school students showed a greater decline in use compared to their black and Hispanic counterparts.
  - Current **cigarette** prevalence among high school students significantly decreased from 24.5% in 2001 to 17.3% in 2004, a 29% reduction.

- The 2005 School Tobacco Policy Survey was mailed to 459 high schools in New Jersey in spring 2005. A total of 425 schools responded to the survey for a participation rate of 92.5%. However, this analysis was based on pub lic and private high schools only (excludes vocational or technical high schools) and as such, includes a total of 408 high schools. Some of the results are:

  - In 2005, almost all high schools (98.2%) in New Jersey reported hav ing a policy that prohibits the use of cigarettes by students at school. Roughly nine out of ten prohibited cigarette smoking by faculty (90.1%) and visitors (92.4%).
  - Fewer schools indicated that they had specific policies on school grounds for visitors (85.6%) and at off-campus school events for visi tors (62.1%).
  - A 100% tobacco-free policy is defined as a policy that prohibits the use of **all** tobacco products by **everyone** (i.e., students, faculty and visitors), in **all locations** (i.e., indoors, on school grounds, in school vehicles, and at school sponsored events), **24 hours a day**. Less than half of the high schools (47.3%) were categorized as having a 100% tobacco free policy, a small increase from 2002 when 42.2% were 100% tobacco free.
  - Based on the survey, 81.7% of New Jersey high schools said that staff

received program-specific training.

- 50.1% of New Jersey high schools said they involved parents or families in support of school-based programs that prevent or treat tobacco use.

- The 2005 New Jersey Adult Tobacco Survey was completed on July 2005. Printing, publication and distribution of the report is expected to be completed by September 2005. Some preliminary results indicate that smoking has declined for adults of both genders particularly between 2001 and 2005 and primarily among Whites and Hispanics.

Funding Amount and Source: State Excise Tax $909,747

DEPARTMENT OF HUMAN SERVICES

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

Prevention Information

Division of Addiction Services

THROUGH THE MEDIA

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

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

Funding Amount and Source: State $1,015,000

MIDDLE SCHOOL PEER TO PEER PROJECT

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

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

Funding Amount: Federal $481,854

SPORTS, VIOLENCE AND ADDICTIONS "PARENTING AN ATHLETE"

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

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

Funding Amount and Source: Federal $100,000

ROWAN UNIVERSITY - SOCIAL NORMS PROJECT

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

Service Information: Services were provided to 19,190 college students, teachers/administrators and others. Services included information dissemination, prevention education and alternative activities.

Funding Amount and Source: **Federal $485,309**

COMMUNITY BASED PRIMARY PREVENTION GRANTS

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

Service Information: Prevention services were provided to 10,671 members of the targeted populations in all 21 counties. Services included prevention education, alternative activities, and other activities. Performance indicators varied depending on individual contract objectives.

Funding Amount and Source: **Federal $5,238,193**

PRIMARY PREVENTION RESOURCE CENTERS

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

Service Information: There were 5,400 New Jersey residents, combined in all 21 New Jersey counties, reached through resource centers. Services provided included information dissemination, prevention education and other activities as needed.

Funding Amount and Source: **Federal $1,871,675**

PARTY DRUGS

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

Service Information: Prevention education services were provided to 5,914 middle school students, 435 teacher/administrators and treatment professionals as well as 446 law enforcement personnel and others combined in all 21 New Jersey counties. The performance indicator used for all groups was increased knowledge of dangers of party drugs.

Funding Amount and Source: **Federal $357,000**

STIGMA REDUCTION

The National Council on Alcohol and Drug Dependency of New Jersey does statewide stigma reduction and awareness and information and grass roots organizing.
Service Information: Publish "Perspectives", coordinate Annual Recovery Walk and promote reduction of stigma associated with addiction professionals through community education, focus groups and media events.

Funding Amount: Federal $500,000

WISE

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

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

Funding Amount and Source: Federal $178,500

CHILDHOOD DRINKING

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

Service Information: Education activities for K-3 students were delivered to 1,680 students and 750 parents using the "Present and Prevent" Substance Abuse Curriculum.

Funding Amount and Source: Federal $514,020

STRENGHTENING FAMILIES

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

Service Information: Forty-four (44) community-based agencies have provided 85 programs to 840 families statewide for SYF2005. This skill development program is offered in all 21 counties.

Funding Amount and Source: Federal $1,804,383

COMPULSIVE GAMBLING

This contract provides statewide treatment and prevention and hotline services through the Council on Compulsive Gambling. There are certified treatment providers and a state of the art curriculum and videos for middle school and high school students and their parents. A statewide conference is held yearly to focus on special populations and gambling such as women, older adults and adolescents.

Service Information: Hotline received 20,000 calls, 6% from adolescents, 134 presentations to schools, 153 certified training and 266 people received treatment.

Funding Amount and Source: State $900,000

BARRIER FREE/LIFE SAFETY PROJECT

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

Service Information: Forty-one (41) agencies were awarded contacts to provide these construction upgrades to date.

Funding Amount and Source: State $2,800,000

WORKFORCE DEVELOPMENT

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

Service Information: Over 250 scholarships were given out for the various course offerings at the various levels of certification.

Funding Amount and Source: Federal $1,156,133

Division of Medical Assistance And Health Services

MANAGED CARE

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

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

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

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

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

Office Of Children's Services, Office Of Education (OOE)

SUBSTANCE ABUSE/CHARACTER EDUCATION INITIATIVE

The Office of Children's Services, Office of Education (OOE), developed Policy #44 - Safe & Drug Free School Environment and Policy #45 - Substance Abuse at School or School Related Functions to deal specifically with the issue of Substance Abuse within schools. These policies were developed in accordance with New Jersey Administrative Code requirements. Upon adoption of the new policies, the Program Support Unit of the Office of Education designed a training component to go along with each of the policies. Training was conducted for all administrators and staff at OOE educational programs across the state, including contracted programs and took place between the Fall of 2004 and the Winter of 2005. The trainings were intended as the official kick-off for the OOE's Substance Abuse Initiative.

Since 2002, (prior to the OOE's Substance Abuse Initiative), the Office of Education, under the heading of the OOE's Character Education Initiative, had been featuring Substance Abuse related Breakout Sessions at each of its Summer and Fall Symposiums. Generally, over 300 staff attend each of these conferences. The OOE entered into an agreement with the New Jersey Prevention Network (NJPN) to provide "Signs and Symptoms of Drug Abuse Training" for NJDHS-OOE instructional and support staff in all our sites. This training, as with all OOE training, includes instructional staff in the Divisions of Developmental Disabilities, Mental Health, Youth and Family Services, CBVI, and contracted programs. Signs and Symptoms of Drug Abuse trainings have been taking place since Spring, 2005, and will continue through January, 2006.

The OOE will continue to feature Substance Abuse related topics at its annual Summer Conference and will conduct annual updates for staff on Substance Abuse related issues, signs and symptoms, and statistics.

Service Information: Three target populations: 1) students K-12 who are emotionally disturbed, pregnant/parenting teens and court adjudicated youth; 2) instructional staff and 3) parents and guardians. Number of students receiving Substance Abuse Education from the Office of Education: 525 males and 434 females; Caucasian: 233; African American: 566; Hispanic: 149; Asian: 9; Native American: 2; for a total of 959 students.

Funding Amount and Source: Monies from the Character Initiative funds are used for educating students, parents/guardians and educational staff about substance abuse since specific dollars are not dedicated to fund these activities.

Intervention

Division Of Youth And Family Services

CHILD PROTECTION SUBSTANCE ABUSE INITIATIVE (Northern & Central Regions)

Serves families involved with the Division of Youth and Family Services (DYFS); suspected substance abuse poses a risk of harm to their children. This initiative provides substance abuse assessment and urine screen, referral for treatment services, counselor aides for transportation. Multiple contract components. The instruments used to screen clients include Addiction Severity Index (ASI) Screen, American Society of Addiction Medicine (ASAM) Patient Placement Criteria, and DYFS Developed Comprehensive Bio-psychosocial Interview.

Service Information: Data from this program reflects the period from July 2004-July 2005; with data from the Northern and Central Regions combined. Preferred Children's Services serves DYFS clients residing in the Northern and Central Regions. The Northern Region includes Bergen, Hudson, Morris, Passaic, Sussex and Warren counties and Central Region includes Hunterdon, Mercer, Monmouth, Ocean and Somerset counties. Four thousand, six hundred and seven (4,607) clients were referred from Northern and Central Regions; of these clients 3,544 clients were assessed; 1,627 met the DSM IV criteria; 564 clients entered various levels of treatment. The instruments used to screen clients include the ASI-F, ASAM Patient Placement Criteria. The DYFS 11-46 referral form that includes background information on clients from the DYFS caseworker's safety and risk assessment interview is also used.

Funding Amount and Source: The program has multiple funding sources through State and Federal appropriations. The funding breakdown is: NCCAN = $237,717 (Federal) Special State Appropriation = $1,087,218, and Title IV-B FPSS (Federal) $135,252, preferred through State and Federal appropriations.

Funding Amount and Source: Federal and State $2,846,841

CHILD PROTECTION SUBSTANCE ABUSE INITIATIVE (Southern Region)

Serves families involved with the Division of Youth and Family Services (DYFS); suspected substance abuse poses a risk of harm to their children. This initiative provides substance abuse assessment and urine screen, referral for treatment services, counselor aides for transportation. Multiple contract components. The instruments used to screen clients include Addiction Severity Index (ASI) Screen, American

Society of Addiction Medicine (ASAM) Patient Placement Criteria, and DYFS Developed Comprehensive Bio-psychosocial Interview.

Service Information: From July 2004-June 2005; number of referrals 2,153; number of assessments completed 1,518; number of clients referred to treatment 1,042 (76%). Operated by Center for Family Services and serves DYFS clients in Atlantic, Burlington, Camden, Cape May, Cumberland, Gloucester and Salem counties. All income groups are served. There are multiple funding sources through State and Federal appropriations: Special State Appropriation = $541,528; NCCAN Funding (Federal) = $144,292; $155,010 - Title IV-B; Contracts in Aid $625,039.

Funding Amount and Source: Federal and State $1,517,548

CHILD PROTECTION SUBSTANCE ABUSE INITIATIVE (Metropolitan Region)

Serves families involved with the Division of Youth and Family Services (DYFS); suspected substance abuse poses a risk of harm to their children. This initiative provides substance abuse assessment and urine screen, referral for treatment services, counselor aides for transportation. Multiple contract components. The instruments used to screen clients include Addiction Severity Index (ASI) Screen, American Society of Addiction Medicine (ASAM) Patient Placement Criteria, and DYFS Developed Comprehensive Bio-psychosocial Interview.

Service Information: Operated through Catholic Charities - Diocese of Trenton. Serves DYFS clients from Essex, Middlesex and Union counties. Data reflects the period from July 2004-June 2005. Two thousand nine hundred and seventy-seven (2,977) clients were referred; 1,971 clients were assessed; 1,271 with DSM IV dx; 508 entered treatment. There were multiple funding sources through State and Federal appropriations: Title IV-B FPSS (Federal) = $306,217, Special State Appropriations = $503,371; Contracts in Aid = $469,046; FCI Supports (Federal) = $32,085 and NCCAN (Federal) = $144,292.

Funding Amount and Source: Federal and State $1,452,862

Administrative Office of The Courts

INSTANT DRUG SCREENS

Interagency program involving transfer of funds from DYFS to the Administrative Office of the Courts (AOC) to purchase and administer 3,500 instant drug screen kits to be used by the courts to perform urine screens on birth parent/caregivers in Title 9 and/or Title 30 cases.

Service Information: Five thousand four hundred and ten (5,410) test kits were purchased for CY2003. All income groups were served. Statewide distribution occurred. Substance abuse assessments were done through urine screens. The instrument used to screen clients was the Roche Diagnostic Corp OnTrak Testcup Pro5.

Funding Amount and Source: $50,367 State

Division of Addiction Services

THE ADDICTION HOTLINE OF NEW JERSEY

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

Funding Amount and Source: $187,700 State and Federal

Treatment Information

Division of Addiction Services

DRUG COURT INITIATIVE

The DAS provides the full care continuum of care for a network of Drug Court treatment services. Funding was provided to DAS in SFY2006 via a cooperative agreement between DAS and the Administrative Office of the Courts (AOC). This funding supported the purchase of approximately 398 specialized long term residential beds and a broad range of additional treatment services, such as short term residential, halfway house, partial care, intensive outpatient, outpatient, individual counseling and enhanced services. There are approximately 109 new cases per month in the statewide drug court network for a total of 1,308 per year.

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

Funding Amount and Source: $20,700,000 State

MUTUAL AGREEMENT PROGRAM (MAP)

In SFY2006, DHS/DAS continued to oversee the Mutual Agreement Program (MAP), an Inmate Parolee Rehabilitation Project implemented through a Memorandum of Agreement with the Department of Corrections (DOC), the State Parole Board (SPB) and the Division of Addiction Service (DAS). This funding, a combination of a direct appropriation to DAS and additional State funding transferred from the DOC and SPB, supported an initiative which funded 155 residential and halfway house treatment beds and five (5) specialized outpatient programs for parolees and inmates pending parole, through a total of 16 Health Services Contracts.

Service Information: MAP provided substance abuse treatment opportunities for

state inmates under the supervision of DOC who are in need of drug and alcohol treatment and who are pending release to the community, as well as SPB parolees with drug and alcohol problems. Treatment services were delivered at licensed community-based alcohol and drug treatment programs in 11 New Jersey counties.

Funding Amount and Source: $4,269,665 State

SUBSTANCE ABUSE TREATMENT AND REHABILITATION SERVICES

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

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

Funding Amount and Source: $45,467,000 Federal and State

GROUP RECOVERY HOME LOAN FUND

Funding is provided to Oxford Houses to provide administrative and programmatic oversight of the statewide network of peer-led group recovery homes in New Jersey and to expand the network to include all 21 counties in the State. This funding includes $100,000 for a Revolving Loan Fund to eligible groups of persons for the development of new group recovery homes. With funds from the Treatment contract, Oxford House will establish 10 new homes (7 for men and 3 for women). The funds are also used for continued administration of the existing 42 homes.

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

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

Funding Amount and Source: $288,000 Federal and State

ALCOHOL EDUCATION, REHABILITATION AND ENFORCEMENT FUND (AEREF)

Counties annually receive these dedicated trust fund dollars to plan comprehen-

sive addiction services based on county need. Counties are required to provide a twenty-five percent match of trust funds. The funds support county-wide needs assessment, planning, coordination and provision of addiction services for medically indigent county residents. Addiction services include education, prevention, treatment, employee assistance programs, aftercare services and recovery support.

Funding Amount and Source: $8,901,500 State

CHILD WELFARE REFORM PLAN/ADOLESCENT TREATMENT

This Child Welfare Reform Plan Initiative provides a coordinated network of specialized substance abuse treatment services in licensed facilities targeted to adolescents with first priority to those under the supervision of the Division of Youth and Family Services. 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. Twenty-five (25) beds are available for adolescents to receive these services. Intervention focuses on reintegrating into the greater community with emphasis on education and vocational development.

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

Funding Amount and Source: $2,700,000 State

TREATMENT SERVICES FOR ADOLESCENTS

The Division funds 229 long-term residential treatment beds, nine (9) short-term treatment beds and 31 partial care beds for adolescents in licensed facilities. Of these, 71 beds were reserved for adolescents under the jurisdiction of the Juvenile Justice Commission (JJC). Long-term residential treatment provides a highly structured recovery environment, combined with professional clinical services designed to address addiction and living skill problems for adolescents with substance abuse diagnosis who require longer treatment stays. Short-term residential services provide highly structured environment, combined with a commensurate level of professional services, designed to address specific addiction and living skills problems for youth who are deemed amenable to intervention through short-term treatment. Partial Care treatment provides a broad range of clinically intensive treatment services in a structured environment for a minimum of 20 hours per week, during day or evening hours. Treatment includes substance abuse counseling, educational and community support services. Programs have ready access to psychiatric, medical and laboratory services.

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

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

TREATMENT INITIATIVE FOR WOMEN

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, intensive outpatient and outpatient services. Programs are required to provide or arrange for the provision of services that address the specific needs of this population such as: primary medical care for women, including referral for prenatal care; primary pediatric care, including immunizations for their children; gender specific substance abuse treatment and other therapeutic interventions for women which may address issues of relationships, sexual and physical abuse and parenting; therapeutic interventions for children in custody of women in treatment which may, among other things, address their developmental needs, their issues of sexual and physical abuse, and neglect; and sufficient case management, transportation and child care to ensure that women and their children have access to these services.

Funding Amount and Source: $8,155,874 Federal

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

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

Service Information: A mobile counselor and case management service is offered through funding to provide clinical assessment and treatment to clients who are deaf or hard of hearing. Also provided is funding for individual and group treatment, as well as case management services focusing on recovery for developmentally disabled individuals, which may include traumatic brain injury, fetal alcohol syndrome, epilepsy, and other disabilities. Other funding currently goes in preparation to open a Halfway House providing treatment to a population of 10 deaf, hard of hearing, and disabled clients in need of substance abuse treatment.

Funding Amount and Source: $975,000 Federal and State

SPECIAL INITIATIVE FOR SUBSTANCE ABUSING WOMEN (SISAW)

This program provides outpatient and residential treatment services for women with children under the supervision of DYFS. Long-term enhanced treatment services are provided in Paterson, Passaic County by Straight and Narrow to residents of Asbury Park, Jersey City, and Newark. Seabrook House, Cumberland County, provides long-term residential treatment to DYFS clients with a priority to the City of Camden. Christ Hospital Community Mental Health (Jersey City, Hudson County), Catholic Charities (Asbury Park, Monmouth County), and Catholic Community Services (Newark, Essex) provide Intensive Outpatient and Aftercare services to DYFS clients referred by the Jersey City, Newark and Asbury Park DYFS offices. Enhanced servic-

es include child care, transportation, parenting skills, case management and referral to services in the community.

Funding Amount and Source: $2,665,785 State and Federal

SOUTH JERSEY INITIATIVE (SJI)

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

Service Information: From program inception through April 2005, services have been provided to 5,850 clients. During SFY2005, 393 adolescents and 589 young adults were served by the initiative.

Funding Amount and Source: $102,000 Administrative Lead Agency, $1,670,000 Services State

CO-OCCURRING SERVICES

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

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

Funding Amount and Source: $500,000 from DAS, $500,000 from DMHS State

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

Funding: $118,343

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

Funding: $29,585

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

Funding: $88,754

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

Funding: $83,618

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

Funding: $150,000

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

Funding: $100,000

INTEGRATED CO-OCCURRING INITITATIVE

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

Funding Amount and Source: $3,291,134 State and Federal

HIV/AIDS SERVICES

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

Service Information: In SFY2005, HIV/AIDS services are provided to 23 treatment facilities throughout the state providing outpatient treatment including onsite medical, counseling, and drug treatment services. Services for HIV disease at these sites include pre and posttest counseling and the availability of HIV testing for all clients. Other funding currently goes to the Public Health and Environmental Laboratories (PHEL) to pay lab costs for processing specimens collected during onsite HIV testing.

Funding Amount and Source: $2,392,269 Federal

CHILD WELFARE REFORM PLAN/WOMEN WITH CHILDREN INITIATIVE

The Child Welfare Reform Plan/Women with Children Initiative provided for the expansion of existing DAS substance abuse treatment services for women and their children under the supervision of DYFS. This initiative provides residential (residential treatment services are provided for a minimum of six (6) months to include a woman with an average of two (2) children) intensive outpatient, and methadone intensive outpatient treatment. Referrals are made by staff from the local DYFS offices through the Child Protection Substance Abuse Initiative (CPSAI). Treatment is family-centered with gender specific substance abuse treatment and other therapeutic interventions provided to address issues of domestic violence, sexual and physical abuse, relationships and parenting. These services are enhanced with case management, childcare, transportation, and referrals to services in the community. DYFS keeps all cases that are participating in this initiative open for the duration of treatment, and its ultimate goal is the reunification of these families.

Funding Amount and Source: $8,000,000 State

DRIVING UNDER THE INFLUENCE (DUI) INITIATIVE

A portion of the Drunk-Driving Surcharge Fund has been earmarked for the treatment of medically indigent convicted New Jersey drunk drivers. These treatment funds will be available before the end of Calendar Year 2005. Allocation of these funds will allow medically indigent drunk drivers to receive the level and duration of treatment warranted thus reducing the incidence of recidivism and ultimately safer highways.

Funding Amount and Source: $249,210 Administrative Lead Agency, $7,250,749 Services State

NEW JERSEY ACCESS INITIATIVE (NJAI)

New Jersey was awarded a grant in response to the Access to Recovery voucher program opportunity, part of the President's faith based initiative. The target population is opioid dependent abusers of all ages statewide. The goal of the New Jersey Access Initiative (NJAI) is to provide clients with a service designed to "enhance" traditional treatment. Treatment, Community and Faith Based providers are invited to join the NJAI Network of Providers.

Service Information: One thousand five hundred and seventy (1,570) clients will receive assessments, residential detoxification and recovery mentorship (a service in which a recovery mentor associate provides mentoring, support, and will facilitate referrals to support services).

Funding Amount and Source: $4,066,666 Federal

Division of Developmental Disabilities

TREATMENT FOR SUBSTANCE ABUSE

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

Funding Amount: Unfunded

Division of Medical Assistance And Health Services

INDEPENDENT CLINIC SUBSTANCE ABUSE SERVICES

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

Service Information: The population served was 10,828. It included three (3) groups: 1) children 21 and under (759); 2) women over 21 (5,533); and 3) men over 21 years (4,536). Fifty-four percent (54%) of adults served were between the ages of 34-47; 7% of the population served were youth under the age of 21. The largest racial group in each of the three (3) population groups follows: 1) Caucasian; 2) African-American; 3) Hispanic.

Funding Amount and Source: $20,756,131 Federal and State

INPATIENT HOSPITAL AND DRUG TREATMENT SERVICES

Inpatient substance abuse services are combined both for alcohol and drug dependence. More than half of the children served were between the ages of 13 and 19, which suggest that prevention programs need to focus on the pre-teen years.

Service Information: One thousand five hundred (1,500) people were served. Fifty-five percent (55%) of youth served were between the ages of 15-17 years of age. Seven hundred thirty-eight (738) adult females and 592 adult males received these services. The cost per individual was $5,488.

Funding Amount and Source: $8,231,391 Federal and State

OUTPATIENT HOSPITAL DRUG TREATMENT 944, OUTPATIENT HOSPITAL ALCOHOL 945

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

Service Information: Nine hundred sixty-one (961) children, 1,198 adult females and 978 adult males received the services. The largest racial categories for youth served were Caucasian (378), African American (334) and Hispanic (202). Largest racial categories for the adult population served were 978 African American, 895 Caucasian and 139 Hispanic.

Funding Amount and Source: $7,095,749 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 provides 20 beds under contract to serve referrals from DMHS agencies for individuals with severe and persistent mental illness and substance use disorders.

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

Service Information: Number served for Turning Point in FY2004 was 474. Both are 28-day alcohol and drug rehabilitation centers.

Funding Amount and Source: $938,517 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 programs typically provide medication monitoring and education as part of their service.

Service Information: The total population served in FY2004 was 26,736. Of that number 9,822 were identified as also having co-occurring substance use disorders.

Funding Amount: Unfunded

NEW VIEWS TREATMENT PROGRAM

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

Service Information: Four hundred and ninety (490) individuals were served in FY2004.

Funding Amount and Source: $516,838 State

SCREENING

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

Service Information: Total population served in FY2004 was 62,074 (Note: This includes Designated Screening Centers and Emergency Services). Of that number 24,335 were reported to also have co-occurring substance use disorders. The largest racial group served was Caucasian. Largest age group was 41-50 years. The largest reimbursement source for screen center intervention is public insurance.

Funding Amount: Unfunded

TRAINING

DMHS provides statewide training on co-occurring mental illness and substance use disorders directly from Central Office and through contracted agencies. All Central Office training sessions are approved by the Addiction Professionals Certification Board of New Jersey. Topics presented range from beginning clinical technique, to advanced best practice models.

Funding Amount: $172,732 State

DETOX PROJECT

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

Service Information: The program was not fully operational in FY2004. Data for total population served and demographics are not available at this writing.

Funding Amount: $500,000 DMHS, $500,000 DAS State
Note: Also reported in DAS section

INPATIENT PSYCHIATRIC HOSPITALIZATION

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

all of the hospitals, there are individuals in treatment who also have co-occurring substance use disorders.

Service Information: Total population served in FY2004 was 28,853, with 10,668 being identified as having co-occurring substance use disorders. The largest age group was 41-50 years. Caucasian was the largest racial group. The typical length of stay in community based inpatient treatment is 14 days. In the event stabilization for mental health issues is required beyond 14 days, referrals are typically made to state and county facilities. The most typical reimbursement source was public insurance.

Funding Amount: Unfunded

OUTPATIENT

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

Service Information: The total population served in outpatient during FY2004 was 216,344. Of those 48,824 had co-occurring substance use disorders. The largest age group was 41-50 years old. The largest racial group was Caucasian. The largest source of reimbursement was self pay.

Funding Amount: Unfunded

CASE MANAGEMENT

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

Service Information: During FY 2004, 18,671 were served, with 8,394 being identified as having co-occurring substance use disorders. The largest age group was 41-50. The largest racial group was Caucasian.

Funding Amount: Unfunded

Division of Youth And Family Services

HOPE HOUSE

Services include substance abuse evaluations, individual and group counseling and urine screens for families residing in Morris County. This program is a contracted

service for families under DYFS supervision in Morris County.

Service Information: All incomes were served. Clients by program type: individual, group, family, referral, substance abuse assessment. Services were utilized as needed.

Funding Amount and Source: Open purchase vendor contract - no ceiling. State

AHS HOSPITAL CORPORATION

The program is a contracted service for families under DYFS supervision in Morris County - open purchase vendor contract with state funds.

Service Information: Services include outpatient substance abuse evaluations and urine screens for families residing in Morris County only. All incomes were served. Clients by program type included substance abuse assessment/examination and urine screens. Services were utilized as needed.

Funding Amount and Source: Open purchase vendor contract - no ceiling. State

HUNTERDON PREVENTION RESOURCES

The program is a contracted service for families under DYFS supervision residing in Hunterdon County.

Service Information: Services include substance abuse assessments and urine screens provided in-home and in the Hunterdon DYFS office. Limited to Hunterdon County clients only if unable to access CPSAI services. All income groups were served. Services were utilized as needed.

Funding Amount and Source: Open purchase vendor contract - no ceiling. State

TRINITAS HOSPITAL

This program is a contracted service for families under DYFS supervision in Union County operated under an open purchase vendor contract, and with stated funded contracts-in-aid.

Service Information: Services included substance abuse assessment, case management and treatment referrals for families supervised by the Elizabeth DYFS District Office. Utilized one CADC who provided services within the Elizabeth District Office in Union County. Services were utilized as needed.

Funding Amount and Source: $54,748 State

KHALIEDOSCOPE HEALTH CARE

This program is a contracted service for families under DYFS supervision in Hudson County.

Service Information: Services included substance abuse evaluations and urine screens for families residing in Hudson County. All incomes were served. Services were utilized as needed.

Funding Amount and Source: Open purchase vendor contract - no ceiling. State

JOHNSON ASSOCIATES

This program is a contracted service for families under DYFS supervision in Essex County.

Service Information: Services included substance abuse evaluations and urine screens. All incomes were served. Services were utilized as need.

Funding Amount and Source: Open purchase vendor contract - no ceiling. State

ATLANTIC COUNTY DHS, "TRY-IT" PROGRAM

This program offers outpatient substance abuse treatment services limited to Atlantic County adolescents who are DYFS-referred.

Service Information: Clients were 19 years and under. The program was inclusive of all income levels. The reimbursement source was a Social Service Block Grant.

Funding Amount and Source: $58,344 State

NEW HOPE FOUNDATION

Services include 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. The funding source is contracts-in-aid funds.

Funding Amount and Source: $110,428 State

CAPE COUNSELING SERVICES

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

Funding Amount and Source: Contracts in aid, open purchase vendor contracts

RECOVERY SERVICES - LIGHTHOUSE

The service provides residential in-patient substance abuse treatment for adolescents who are Atlantic County residents under DYFS supervision. Funding occurs through an open purchase vendor contract and a Social Service Block Grant.

Funding Amount and Source: $12,857 State

CUMBERLAND COUNTY ALCOHOL TREATMENT SERVICES

The service is outpatient abuse counseling limited to Atlantic County resident adults referred by the DYFS District Office. The funding source is a Social Service Block Grant.

Funding Amount and Source: $70,561 State

VINELAND RESIDENTIAL TREATMENT CENTER

The program includes substance abuse treatment services and prevention education through individual counseling for adolescents under DYFS supervision who are residents of DYFS Vineland Residential Treatment Center. Payments for services are through contracts-in-aid.

Funding Amount and Source: $85,709 State

EWING RESIDENTIAL TREATMENT CENTER

The program includes substance abuse treatment services and prevention education through individual counseling for adolescents under DYFS supervision who are residents of DYFS Vineland Residential Treatment Center. Payments for services are through contracts-in-aid.

Funding Amount and Source: $16,295 State

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

The program includes outpatient substance abuse treatment services limited to Salem County resident adolescents referred by a DYFS District Office. Payments for services are through a Social Service Block Grant.

Funding Amount and Source: $20,522 State

OPTIONS COUNSELING CENTER

The program includes outpatient substance abuse treatment services limited to families residing in Passaic County under DYFS supervision.

Funding Amount and Source: Open purchase vendor contract. State

EPIPHANY HOUSE

This is a DYFS Central Region in-patient substance abuse treatment program in

Asbury Park. It accepts one (1) mom, and up to two (2) of her children under the age of five (5). A family must be referred to a DYFS District Office and be under their supervision. The program serves families statewide. Payments for services are made from a Social Service Block Grant.

Funding Amount and Source: $26,218 State

THE COMMUNITY YMCA

This program has outpatient substance abuse treatment services including rehabilitation, group counseling and psychological assessment. It is limited to families residing in Monmouth County referred by a DYFS District Office. There are multiple contract components.

Funding Amount and Source: $101,652 State

COUNSELING AND REFERRAL SERVICES, INC.

This program includes outpatient substance abuse assessment and treatment services for adults and adolescents referred by DYFS. It serves mostly Ocean County, but Monmouth too, with offices in Toms River and Brick.

Funding Amount and Source: $93,585 Social Service Block Grant and open purchase vendor contract. State

MERCER STREET FRIENDS

This program includes outpatient substance abuse assessment, referral and treatment services for families under DYFS supervision. Services are provided at the facility and in Mercer County's DYFS Office. Funding is through a contracts-in-aid and an open purchase vendor contract.

Funding Amount and Source: $71,109 State

OCEAN MENTAL HEALTH SERVICES

This program includes outpatient substance abuse/mental health treatment services for families under DYFS supervision in northern Ocean County. Payments for services are made through a Social Service Block Grant.

Funding Amount and Source: $34,482 State

NEW HORIZON TREATMENT SERVICES

This program includes outpatient substance abuse assessment, referral and treatment services, including individual and group counseling, psychological assess-

ments and urine screens for families under DYFS supervision. The program is located in Mercer County.

Funding Amount and Source: Open purchase vendor contract. State

SAINT FRANCIS COMMUNITY CENTER

This program provides outpatient substance abuse case management services, including adult counseling for families under DYFS supervision. Payments for services are made through a Social Service Block Grant.

Funding Amount and Source: $25,553 State

FAMILY GUIDANCE CENTER OF WARREN

The program provides outpatient substance abuse assessment, referral and counseling services for families under DYFS supervision. Substance abuse education is also provided to families for abuse/neglect prevention. Payments for services are made through contracts-in-aid. Multi-component contract.

Funding Amount and Source: $117,396 State

NEW BRUNSWICK COUNSELING CENTER

This program provides outpatient substance abuse assessment, referral and treatment services, including individual counseling, drug screens and psychological evaluations for families under DYFS supervision in Middlesex County. Multi-component contract.

Funding Amount and Source: Open purchase vendor contract. State

CATHOLIC CHARITIES (Mercer)

This program provides outpatient substance abuse assessment, referrals to services, as well as individual and group counseling for families under DYFS supervision in Mercer County.

Funding Amount and Source: SSBG $29,685

CATHOLIC CHARITIES (Metuchen)

This program provides outpatient substance abuse assessment, referrals to services, as well as individual and group counseling for families under DYFS supervision in Middlesex County.

Funding Amount and Source: Grants in aid $27,097; Other Funding Categories $1,286,226

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 a cooperative effort between the Division of Family Development (DFD) and the Division of Addiction Services. The SAI combines both public health and managed care principles to provide substance abuse services for eligible Temporary Assistance to Needy Families (TANF) and General Assistance (GA) clients. In keeping with the overall goal of WFNJ, the objective of the SAI is to remove substance abuse as a barrier to self sufficiency and/or employment.

The SAI, which is operational in all 21 counties, has two key elements: a system of Care Coordination or Intensive Case Management; and access to treatment through the approved WFNJ/SAI Treatment Provider Network. The SAI conducts substance abuse assessments to act as gatekeepers and facilitate access to treatment, and retention to treatment, monitors utilization and coordinates treatment with other services and work activities. The SAI is funded through a combination of State and Federal dollars.

The SARD (Substance Abuse Research Demonstration) is now fully integrated into the SAI. DFD refers to the entire program as the SAI. The intensive case management model piloted in the SARD is now available in eight (8) counties and will be statewide by the end of FY2006.

In SFY2004-2005, the total statewide GA/TANF unduplicated referrals, NCADD assessments and treatment entries were 4,563, 4,379, and 3,286 respectively; the duplicated numbers (e.g., volume of clients) for the same categories were significantly high because of multiple episodes of care: 8,092 (77% ?), 6,491 (48% ?) and 5,274 (60% ?). The average episodes of care per client is approximately two (2), but the range is between one (1) and eight (8) episodes.

Funding Amount and Source: $6,800,000 Care Coordination, $18,200,000 for services. Combined State and Federal Funding

DEPARTMENT OF LABOR AND WORKFORCE DEVELOPMENT

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

Prevention Information

Business Services

EMPLOYER HUMAN RESOURCES SUPPORT SERVICES

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

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

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

Intervention & Referral Information

WORKFORCE NEW JERSEY

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

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

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

Division of Vocational Rehabilitation Services

VOCATIONAL REHABILITATION SERVICES

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

Service Information: This program serves individuals whose substance abuse prevents them from holding a job, and who can benefit from intervention. There were 3,048 participants served ranging in age from 16-64 during FY 2005.

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 counseling 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. By providing these services absenteeism, workers' compensation claims, grievances and workplace injuries decrease and productivity increases.

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

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

DEPARTMENT OF LAW AND PUBLIC SAFETY

Prevention Information

Division of Alcoholic Beverage Control

MEDIA CAMPAIGN ADDRESSING ALCOHOL ON CAMPUS

As part of a Federal grant provided by the Office of Juvenile Justice Delinquency Prevention (OJJDP), a wide variety of programs have been implemented by the Division of Alcoholic Beverage Control to educate and enhance community efforts to combat underage drinking and raise awareness to the dangers of alcohol abuse.

Funding Amount: **$7,500**
Funding Source: **Federal**

DANGERS OF ALCOHOL BILLBOARD/CALENDAR INITIATIVE

Within the "Media Campaign Addressing Alcohol on Campus," students serving as peer educators will conduct a media campaign offering educational programs, campus-wide events and social marketing campaigns designed to change students' attitudes about alcohol. Public service announcements will be created to be shown on campus and local cable stations.

Service Information: Outcome measures include behavior, knowledge and attitudes.

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

COPS IN SHOPS PROGRAM/COMPLIANCE CHECKS

As part of a Federal grant provided by the Office of Juvenile Justice Delinquency Prevention (OJJDP), a wide variety of programs have been implemented by the Division of Alcoholic Beverage Control to educate and enhance community efforts to combat underage drinking and awareness to the dangers of alcohol abuse.

"Cops in Shops" is a Statewide initiative designed to curtail underage drinking by bringing local undercover police officers and retail establishments together to both deter the sale of alcohol to underage individuals and to stop adults from attempting to purchase alcohol for people under the legal age. Within "Compliance Checks," police officers, working undercover as patrons in retail consumption premises, will conduct surveillance operations identifying underage purchasers and those who sell to them.

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

Funding Amount: **$162,777**
Funding Source: **Federal**

COLLEGE SUMMIT ON UNDERAGE DRINKING

As part of a Federal grant provided by the Office of Juvenile Justice Delinquency Prevention (OJJDP), a wide variety of programs have been implemented by the Division of Alcoholic Beverage Control to educate and enhance community efforts to combat underage drinking and awareness to the dangers of alcohol abuse.

In the "College Summit on Underage Drinking" program, mini-college summits will bring together community leaders, law enforcement, retailers, prevention specialists, fraternities, sororities and college representatives to discuss problems related to underage drinking in the college environment.
Service Information: Outcome measures include behavioral intentions, attitudes and knowledge.

Funding Amount: **$50,000**
Funding Source: **Federal**

FATAL VISION GOGGLES

As part of a Federal grant provided by the Office of Juvenile Justice Delinquency Prevention (OJJDP), a wide variety of programs have been implemented by the Division of Alcoholic Beverage Control to educate and enhance community efforts to combat underage drinking and awareness to the dangers of alcohol abuse.

In the "Fatal Vision Goggles" program, middle, junior and high school students use these goggles, and learn first hand about the dangers of over-consumption of alcohol and drunk-driving. The goggles graphically illustrate the potentially fatal consequences of alcohol impairment.

Service Information: Outcome measures include behavioral intentions, attitudes, knowledge and increased onset of age of first use.

Funding Amount: **$30,000**
Funding Source: **Federal**

ABC INVESTIGATIVE UNIT COMPLIANCE CHECKS

As part of a Federal grant provided by the Office of Juvenile Justice Delinquency Prevention (OJJDP), a wide variety of programs have been implemented by the Division of Alcoholic Beverage Control to educate and enhance community efforts to combat underage drinking and awareness to the dangers of alcohol abuse.

The "ABC Investigative Unit Compliance Checks" program's primary objective is to survey licensed establishments throughout the state for the sale of alcoholic beverages to underage persons and identify the seller and the underage purchaser.

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

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

LOLLANOBOOZA

As part of a Federal grant provided by the Office of Juvenile Justice Delinquency Prevention (OJJDP), a wide variety of programs have been implemented by the Division of Alcoholic Beverage Control to educate and enhance community efforts to combat underage drinking and awareness to the dangers of alcohol abuse.

Lollapalooza is a program designed to attempt to modify a campus culture that promotes alcohol. The name is based on the annual alternative concert tour.

Funding Amount: **$17,000**
Funding Source: **Federal**

PUBLIC SERVICE ANNOUNCEMENTS/EDUCATIONAL VIDEOS/ALCOHOL AWARENESS MEDIA

As part of a Federal grant provided by the Office of Juvenile Justice Delinquency Prevention (OJJDP), a wide variety of programs have been implemented by the Division of Alcoholic Beverage Control to educate and enhance community efforts to combat underage drinking and awareness to the dangers of alcohol abuse.

Within the "Public Service Announcements/Educational Videos/Alcohol Awareness Media" program, announcements are aired on cable television stations and targeted for specific times during the year. In addition, educational videos and/or CD ROMs will be produced to highlight a specific program or area.

Funding Amount: **$27,500**
Funding Source: **Federal**

Division of State Police

COMMUNITY PARTNERSHIP/YOUNG CITIZENS PATROL PROGRAM

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

The program delivers strategies focused on the development of social competence, communication skills, respect, responsibilities, decision making, conflict resolution, a sense of purpose and selecting positive alternatives. This initiative has been

coordinated with several law enforcement agencies, the State Department of Education, the Automobile Association of America (AAA), and the Young Citizens Corp.

Funding Amount: **$3,237,456**
Funding Source: **State**

DRUNK DRIVING FUND PROGRAM

The primary objective is to detect and remove drunk drivers from the roadway. This is accomplished by conducting sobriety checkpoints where anti-drinking driving pamphlets are distributed to every passing motorist. DWI mobile patrols choose areas where there is a high incidence of motor vehicle accidents with alcohol as a contributing factor.

Funding Amount: **$1,047,000**
Funding Source: **State**

EMPLOYEE ASSISTANCE PROGRAM (EAP)

The general purpose of the New Jersey State Police Employee Assistance Program is to help those individuals with persistent behavioral, medical or personal problems. The program provides information, confidential professional assistance and subsequent referral services.

Funding Amount: **$653,444**
Funding Source: **State**

New Jersey Racing Commission

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

Beginning in FY2003, 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: **Variable**
Funding Source: **Dedicated (Assessed to Racing Industry)**

RANDOM URINE TESTING

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

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

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

RANDOM BREATHALYZER TESTING

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

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

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

Office Of Highway And Traffic Safety

IMPROVING THE CAMPUS CLIMATE

The training seminars are designed to inform local law enforcement officers about ABC laws and regulations. There are no separate costs requiring a special allocation for this program. The program provides funds to conduct alcohol and drug impairment training workshops for campus police. The training provides campus police officers with information that will help them to identify the signs and symptoms of substance use and abuse on the college campus. Funds are distributed at College of NJ, Jersey City University, and Stockton College.

Funding Amount: **$101,782**
Funding Source: **Federal**

RUTGERS COMPREHENSIVE ALCOHOL AND TRAFFIC EDUCATION AND ENFORCEMENT PROGRAM

A program designed to achieve the goal of reducing alcohol-related and traffic safety- related incidents through enhanced activities and expanded enforcement activities that will be implemented on Rutgers University campuses.

Funding Amount: $62,900
Funding Source: Federal

COPS IN SHOPS

The program focused on curbing and preventing the illegal purchase of alcohol by underage persons by bringing together a partnership of liquor retailers and law enforcement. The program also targeted adults who purchase alcoholic beverages.

Funding Amount: $109,128
Funding Source: Federal

DWI TRAINING

This program provided formal training to approximately 800 state and municipal police officers in the DWI Law Enforcement Course. The course included instruction in detection, apprehension, processing and prosecution of DWI offenders as well as standardized field sobriety testing and horizontal gaze nystagmus.

Funding Amount: $423,968
Funding Source: Federal

ZERO ALCOHOL TOLERANCE

Funds are provided for supplies and teaching aids that are used to educate students on the consequences of alcohol use and drinking and driving.

Funding Amount: $39,517
Funding Source: Federal

Intervention & Referral Information

Division of State Police

EMPLOYEE ASSISTANCE PROGRAM (EAP)

The general purpose of the New Jersey State Police Employee Assistance Program is to help those individuals with persistent behavioral, medical or personal problems. The program provides information, confidential professional assistance and subsequent referral services.

Funding Amount: **$486,000**
Funding Source: **State**

Juvenile Justice Commission (JJC)

JUVENILE ACCOUNTABILITY INCENTIVE BLOCK GRANT (JAIBG)

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 11 program areas, one of which is substance abuse. Funds are used to continue contracts for drug abuse assessment of adjudicated delinquents referred to the JJC as well as other aspects of drug treatment programs in operation at the Commission.

Funding Amount and Source: **$252,654** **Federal**
$12,133 **State**

Treatment Information

Division of Criminal Justice (DCJ)

BYRNE FORMULA GRANT PROGRAM

"Correctional Substance Abuse Treatment Programs"

The Mountainview Correctional facility operates a therapeutic community, substance abuse treatment program for 88 offenders.

Funding Amount: **$105,616**
Funding Source: **Federal**

"Community Based Programs"

(The community based programs listed below are interdisciplinary programs that include substance abuse prevention/treatment as a component of a larger, comprehensive strategy; it is not possible to determine the amount of funding that is directed solely for the substance abuse components).

The Newark Safer Cities Initiative is a collaboration among criminal justice agencies, community groups, social services and treatment providers that provides intensive law enforcement oversight and social/treatment services to a select group of high risk offenders. A grant to the Department of Corrections supports the Initiative by providing funding for two social worker positions to assist offenders who max out in prison to transition into the community. Needs assessments are conducted in areas such as housing, substance abuse, employment, etc. Category: Intervention and Treatment, Award Date July 2005.

Funding Amount: **$79,293**
Funding Source: **Federal**

RESIDENTIAL SUBSTANCE ABUSE TREATMENT FOR STATE PRISONERS (RSTAT) PROGRAM

"First Step"

"First Step "is an adult therapeutic community, substance abuse treatment program that serves 188 inmates at the Department of Corrections' Garden State Correctional facility. Award Date: March 2004

Funding Amount: **$400,000**
Funding Source: **Federal**

"No Return"

"No Return" is an adult therapeutic community, substance abuse treatment program that serves 166 inmates at the Department of Corrections' Garden State Correctional facility. Award Date: September 2004
Funding Amount: **$305,570**
Funding Source: **Federal**

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.

Service Information: In FY2005, the program had expenditures of $148,000.

Funding Amount: **Variable**
Funding Source: **Dedicated (Assessed to Racing Industry)**

Juvenile Justice Commission (JJC)

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 program. An administrator coordinates all aspects of substance abuse treatment. Substance abuse counselors provide assessment, case management, counseling, aftercare referral and follow up. A substance abuse program liaison interfaces with NJTSB classification to ensure prop-

er referrals to the Substance Abuse Program, 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 a random basis and additional testing for cause is done in order to maintain a drug free environment.

Funding Amount and Source: **$325,820** **Federal**
$108,607 **State**

DEVELOPING OPPORTUNITIES AND VALUES THROUGH EDUCATION AND SUBSTNACE ABUSE TREATMENT (DOVES)

The JJC Residential Substance Abuse Program for Females at the Valentine Residential Community Home provides treatment, placement, aftercare referral and evaluation to participants of this 12-bed program. (Two beds are designated for "relapse intervention".) And administrator coordinates all aspects of substance abuse treatment. Substance abuse counselors provide assessment, case management, counseling, aftercare referral and follow up. Gender specificity is paramount. Participants are also provided the opportunity to learn various skills to assist with job searches as well as health related issues such as first aid, planned parenthood and parenting skills.

Funding Amount and Source: **$300,633** **Federal**
$402,211 **State**

NJ DEPARTMENT OF HEALTH AND SENIOR SERVICES-CONTRACTED BEDS

Through a memorandum of Agreement (MOA) between the Department of Health and the Juvenile Justice Commission (JJC), substance abuse rehabilitation services are provided by the Department of Health and Senior Services (DHSS), Division of Addiction Services, to juvenile substance abusers under the custody and care of the Commission. The Commission has the use of 61 beds and reimburses the DHSS for eight beds via the MOA. JJC also has access to 793 treatment bed days for young adults at the Discovery House Program. The following programs utilize the DHSS' services: Integrity in Newark, Integrity in Secaucus, New Hope in Marlborough, New Hope in Secaucus, and Newark Renaissance - Treatment and Discovery House.

Funding Amount: **$213,948**
Funding Source: **Federal (Grants-in-Aid)**

THIRD PARTY CONTRACT: NEWARK RENAISSANCE - RELAPSE

The Commission is contracting for 8 beds at Newark-Renaissance for utilization for relapse/intervention beds in the Northern Region for aftercare clients.

Funding Amount: **$200,000**
Funding Source: **State (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 principles of cognitive-behavioral and motivational therapies and is supported by a customized social learning curriculum.

Funding Amount: **$1,000,000**
Funding Source: **State**

JJC RESDIENTIAL COMMUNITY HOME: Ocean County RCH

Ocean RCH, located in Ocean County serves up to 40 male residents. It utilizes the principles of cognitive-behavioral and motivational therapies and is supported by a customized social learning curriculum.

Funding Amount: **$900,000**
Funding Source: **State**

DEPARTMENT OF MILITARY AND VETERANS' AFFAIRS

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

Prevention Information

New Jersey National Guard

AFTER SCHOOL PROGRAM

Currently, the New Jersey National Guard is involved mostly in the prevention arena. There is a substance abuse program designed to intervene and refer soldiers that either come forward with a concern or are recommended by their Command; however, those services are mainly provided by the active duty component at Fort Dix.

Service Information: The New Jersey National Guard and the Jersey City Department of Recreation reduces risk factors by providing safe havens for youth during the critical hours of 3:00-7:00 pm when most parents/guardians are still at work. This program is located in Hudson County where a total of 3,030 children from grades 5-12 participated. During the hours when youth spend their time at the Jersey City Armory, the risk of drug use is reduced by providing a drug, alcohol and smoke free environment. The program is measured by the number of participants.

Funding Amount: **$35,100**
Funding Source: **Federal**

RED RIBBON CAMPAIGN

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

Service Information: The New Jersey National Guard, DEA and the New Jersey Prevention Network distributed an estimated 24,000 red ribbons to schools, law enforcement agencies and community-based organizations with the goal of bringing awareness of the current drug problem to the forefront. This program served 3,850 students in grades 5-12 located in Sussex and Union counties. The program is measured by the number of information brochures, red ribbons, videos and CD ROMs distributed, as well as the number of students that were reached through drug awareness presentations.

Funding Amount: **$35,00**
Funding Source: **Federal**

YOUTH CAMPS - NJ NATIONAL GUARD - COUNTER DRUG TASK FORCE

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

Service Information: This program served 264 children in grades 5 and 6 as well as 13 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: **$30,780**
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: Six thousand one hundred seventy 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: **$155,261**
Funding Source: **Federal**

DEPARTMENT OF PERSONNEL

Employee Advisory Services.

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

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

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

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

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

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

Funding is provided by direct State Appropriations and Revenues Received.

GCADA ENABLING LEGISLATION

CHAPTER 51, LAWS OF 1989
(Assembly Bill No. 1774, approved March 27, 1989)

AN ACT establishing a Governor's Council on Alcoholism and Drug Abuse, supplementing Title 26 of the Revised Statutes, amending P.L. 1983, c.531 and N.J.S.2C:35:15, repealing P.L. 1983, c.304 and section 4 of P.L. 1975, and making an appropriation therefore.

BE IT ENACTED **by the Senate and General Assembly of the State of New Jersey:**

C.26:2BB-1 Findings, declarations.

1. The Legislature finds and declares that: alcoholism and drug abuse are major health problems facing the residents of this State; aspects of these problems extend into many areas under various State departments; placement in, but not of, the State Department of the Treasury is the most appropriate and logical location for focusing a coordinated planning and review effort to ameliorate these problems and for establishing a Governor's Council on Alcoholism and Drug Abuse as an independent coordinating, planning, research and review body regarding all aspects of alcoholism and drug abuse; and a merger of the Division of Alcoholism and the Division of Narcotic and Drug Abuse Control within the State Department of Health will enhance the effectiveness of the State's role in formulating comprehensive and integrated public policy and providing effective treatment prevention and public awareness efforts against alcoholism and drug abuse.

The legislature further finds and declares that: as the cooperation and active participation of all communities in the State is necessary to achieve the goal of reducing alcoholism and drug abuse, there should be established within the Governor's Council on Alcoholism and Drug Abuse, an Alliance to Prevent Alcoholism and Drug Abuse, to unite the communities of this State in a coordinated and comprehensive effort; and that the full resources of this State including counties, municipalities and residents of the State must be mobilized in a persistent and sustained manner in order to achieve a response capable of meaningfully addressing not only the symptoms but the root causes of this pervasive problem.

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

2. There is created a 24-member council in, but not of, the Department of Treasury which shall be designated as the Governor's Council on Alcoholism and Drug Abuse. For the purposes of complying with the provision 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 of by any board or officer thereof. The council shall consist of 10 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 Chancellor of Higher Education, and the Administrative Director of the Administrative Office of the Courts. As ex officio member many 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 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. Thirteen members of the council shall constitute a quorum. The council may establish any advisory committees deemed 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 (X.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 with the limits of funds appropriated or otherwise made available for this purpose.

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

3. 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 services 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.

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

4. 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 recommendation 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 grant;

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.52:148-1 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.

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

5. 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 in 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 the 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.

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

6. 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.52:140-1 et seq.).

C.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 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 awarding of grants to municipalities and P.L.1989, c.51 (C.26:BB-1 et al.) and funds derived from the "Drug Enforcement and Demand Reduction Fund" and 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.521 (C.26:2B-33), is authorized to receive from the Governor's Council on Alcoholism and Drug Abuse monies made available pursuant to this section. The designated county agency or individual shall establish a separate fund for the receipt and disbursement of these monies.

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

8. A. Each Local Advisory Committee on Alcoholism and Drug Abuse, established pursuant to section 4 of P.L.1983, c.531 (C.26:2BB-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 (C54:32C-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.

C.26:2BB-9 Municipal Alliance Committee.

9. 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 local civic associations; representatives of local religious groups; and private citizens.

The Municipal Alliance Committee, in consultation with the Local Advisory 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.

C.26:2BB-10 Rules, regulations.

10. 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.

C.26:2BB-11 Advisory commission abolished.

11. 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.

C.26-2BB-12 Supersede, repeal of inconsistent acts.

12. 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.

13. Section 3 of P.L.1983, c.531 (C.26:2B-32) is amended to read as follows:

C.26:2B-32 Fund established.

3. An Alcohol Education, Rehabilitation and Enforcement Fund is established as a nonlapsing, revolving fund in a separate account in the Department of Health. The fund shall be credited with 10.75% of the tax revenues collected pursuant to section 3 of P.L.198 c.62 (.54:32C-31). Interest received on monies in the fund shall be credited to the fund. Pursuant to the formula set forth in section 5 of this act, monies appropriated pursuant to law shall only be distributed to the counties by the Department of Health, without the assessment of administrative costs, to develop and implement an annual comprehensive plan for treatment of alcoholics and drug abusers and for the expenditures established in section 2 of this act.

14. Section 4 of P.L.1983, c.531 (C.26:2B-33) is amended to read as follows:

C.26:2B-33 Plan for community services.

4.A. The governing body of each county, in conjunction with the county agency, or individual, designated by the county with the responsibility for planning services and programs for the care or rehabilitation of alcoholics and drug abusers, shall submit to the Deputy Commissioner for the Division of Alcoholism and Drug Abuse and the Governor's Council on Alcoholism and Drug Abuse an annual comprehensive plan for the provision of community services to meet the needs of alco-

holics and drug abusers.

B. The annual comprehensive plan shall address the needs of urban areas with a population of 100,000 or over and shall demonstrate linkage with existing resources which serve alcoholics and drug abusers and their families. Special attention in the plan shall be given to alcoholism and drug abuse and youth; drinking and drug abusing drivers; women and alcoholism and drug abuse; the disabled and alcoholism and drug abuse; alcoholism and drug abuse on the job; alcoholism and drug abuse and crime; public information; and education programs as defined in subsection c. of this section. Each county shall identify, within its annual comprehensive plan, the Intoxicated Driver Resource Center which shall service its population, as is required under subsection (f) of R.S.39-4-50. The plan may involve the provision of programs and services by the county, by an agreement with a State agency, by private organizations, including volunteer groups, or by some specified combination of the above.

If the State in any year fails to deposit a minimum of 10.75% of the receipts derived from the tax under section 3 of P.L.1980, c.62 (C.54:32C-3), a county may reduce or eliminate, or both, the operation of existing programs currently being funded from the proceeds deposited in the Alcohol Education, Rehabilitation and Enforcement Fund.

C. Programs established with the funding for education as provided in section 2 of this act shall include all courses in the public schools required pursuant to P.L.1987, c.389 (C.18A:40A-1 et seq.), programs for students included in the annual comprehensive plan for each county, and in-service training programs for teachers and administrative support staff including nurses, guidance counselors, child study team members, and librarians. All monies dedicated in section 2 of this act for education shall be allocated through the designated county alcoholism and drug abuse agency and all programs shall be consistent with the annual comprehensive county plan submitted to the Deputy Commissioner for the Division of Alcoholism and Drug Abuse and the Governor's Council on Alcoholism and Drug Abuse pursuant to this section. Monies dedicated to education from the fund shall be first allocated in an amount not to exceed 20% of the annual education allotment for the in-service training programs, which shall be conducted in each county through the office of the county alcoholism and drug abuse coordinator in consultation with the county superintendent of schools, local boards of education, local councils on alcoholism and drug abuse and institutions of higher learning, including the Rutgers University Center of Alcohol Studies. The remaining money in the education allotment shall be assigned to offset the costs of programs such as those which assist employees, provide intervention for staff members, assist and provide intervention for students and focus on research and educate about youth and drinking and using drugs. These funds shall not replace any funds being currently spent on education and training by the country.

D. The governing body of each county, in conjunction with the county agency, or individual, designated by the county with responsibility for services and programs for the care or rehabilitation of alcoholics and drug abusers, shall establish a governing body in development of the annual comprehensive plan. The advisory committee shall consist of no less than ten nor more 16 members and shall be appointed by the governing body. At least two of the members shall be recovering alcoholics and at least two of the members shall be recovering drug abusers. The committee shall include the county prosecutor or his designee, a wide range of public and private organizations involved in the treatment of alcohol and drug-related

problems and other individuals with interest or experience in issues concerning alcohol and drug abuse. Each committee shall, to the maximum extent feasible, represent the various socioeconomic, racial and ethnic groups of the county in which it serves.

Within 60 days of the effective date of P.L.9189, c.51 (C.26:2BB-1 et al.), the Local Advisory Committee on Alcoholism and Drug Abuse shall organize and elect a chairman from among its members.

E. The Deputy Commissioner for the Division of Alcoholism and Drug Abuse shall review the county plan pursuant to a procedure developed by the deputy commissioner. In determining whether to approve an annual comprehensive plan under this act, the deputy commissioner shall consider whether the plan is designed to meet the goals and objectives of the "Alcoholism Treatment and Rehabilitation Act," P.L.1975, c.305 (C.26:2B-7 et seq.) and weather implementation of the plan is feasible. Each county plan submitted to the deputy commissioner shall be presumed valid; provided it is in substantial compliance with the provisions of this act. Where the department fails to approve a county plan, the county may request a court hearing on that determination.

15. Section 5 of P.L.1983, c.531 (C.26:2B-34) is amended to read as follows:

C.26:2B-34 Allotment formula.

5.A. Allotments to each county whose annual comprehensive plan is approved pursuant to the provisions of section 4 of this act shall be made on the basis of the following formula:

$$\text{County Allotment} = \text{Population of County} \times \frac{\text{Total Funds Appropriated}}{\text{Population of State}}$$

$$\text{X.5} \times \frac{\text{Per Capita Income of State (3 yr. average)}}{\text{Per Capita Income of County (3 yr. average)}}$$

$$+ .5 \times \frac{\text{Need in County}}{\text{Need in State}}$$

in which Need in County and Need in State are estimated of the prevalence of alcoholism according to the current New Jersey Behavioral Health Services Plan. The funds dedicated for the provision of educational programs pursuant to section 2 of this act shall be allocated to the counties on the basis of this formula.

B. As a condition for receiving the allotment calculated in subsection a. of this section, a county shall contribute a sum not less than 25% of that county's allotment to fund community services for alcoholics pursuant to the county's annual comprehensive plan. Those alcoholism education, prevention and treatment programs already existing in a county may be combined under the county plan which establishes the annual comprehensive plan to be approved by the Deputy Commissioner for the Division of Alcoholism and Drug Abuse in the Department of Health. In determining the sum of money to be contributed to each county, the require 25% minimum county contribution may include any monies currently appropriated by the county to meet the needs of alcoholism programs.

16. N.J.S.2C:35-15 is amended to read as follows:

Mandatory drug enforcement and demand reduction penalties; collection; disposi-

tion; suspension.

2C:35-15 Mandatory Drug Enforcement and Demand Reduction Penalties; Collection; Disposition; Suspension.

A. In addition to any disposition authorized by this title, the provisions of section 24 of P.L.1982, c.77 (C.2A:4A-43), or any other statute indicating the dispositions that can be ordered for an adjudication of delinquency, every person convicted of or adjudicated delinquent for a violation of any offense defined in this chapter or chapter 36 of this title shall be assessed for each such offense a penalty fixed at:

(1) $3,000.00 in the case of a crime of the first degree;
(2) $2,000.00 in the case of a crime of the second degree;
(3) $1,000.00 in the case of a crime of the third degree
(4) $750.00 in the case of a crime of the fourth degree;
(5) $500.00 in the case of a disorderly persons or petty disorderly persons offense.

Every bill placed in supervisory treatment pursuant to the provisions of N.J.S.2C:36A-1 or N.J.S.2C:43-12 for a violation of any offense defined in this chapter or chapter 36 of this title shall be assessed the penalty prescribed herein and applicable to the degree of the offense charged, except that the court shall not impose more than one such penalty regardless of the number of offenses charged. If the person is charged with more than one offense, the court shall impose as a condition of supervisory treatment the penalty applicable to the highest degree offense for which the person is charged.

All penalties provided for in this section shall be in addition to and not in lieu of any fine authorized by law or required to be imposed pursuant to the provision of N.J.S.2C:35-12.

B. All penalties provided for in this section shall be collected as provided for collection of fines and restitutions in section 3 of 1979, c.396 (C.2C:36-4), and shall be forwarded to the Department of the Treasury as provided in subsection c. of this section.

C. All monies collected pursuant to this section shall be forwarded to the Department of Treasury to be deposited in a nonlapsing revolving fund to be known as the "Drug Enforcement and Demand Reduction Fund." Monies in the fund shall be appropriated by the Legislature on an annual basis for the purposes of funding the Alliance to Prevent Alcoholism and Drug Abuse and other alcohol and drug abuse programs and shall not be used to fund administrative costs.

D. All monies, including fines and restitution, collected from a person convicted of or adjudicated delinquent for an offense or places in supervisory treatment pursuant to N.J.S.2C:43-12 shall be applied first to any Violent Crimes Compensation Board penalty imposed pursuant to section 2 of P.L.1979, c.396 (C.2C:43-3.1), and shall next be applied to any forensic laboratory fee assessed pursuant to N.J.S.2C:35-20, and shall next be applied to any penalty imposed pursuant to this section.

E. The court may suspend the collection of a penalty imposed pursuant to this section: provided the defendant agrees to enter a residential drug rehabilitation

program approved by the court; and further provided that the defendant agrees to pay for all or some portion of the costs associated with the rehabilitation program. In this case, the collection of a penalty imposed pursuant to this section shall be suspended during the defendant's participation in the approved rehabilitation program. Upon successful completion of the program, the defendant may apply to the court to reduce the penalty imposed pursuant to this section by any amount actually paid by the defendant for his participation in the program. The court shall not reduce the penalty pursuant to this subsection unless the defendant establishes to the satisfaction of the court that he has successfully completed the rehabilitation program. If the defendant participation is for any reason terminated before his successful completion of the rehabilitation program, collection of the entire penalty imposed pursuant to this section shall be enforced. Nothing in this section shall be deemed to affect or suspend any other financial sanctions imposed pursuant to this chapter of chapter 36 of this title.

C.26:2BB-13 Evaluation.

17. 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 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 structure pursuant to P.L.1989, c.51 (C.25.2BB-1 et al.)

C.26:2BB-14 Continuation of funding.

18. 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 recommendation 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.

19. There is appropriated to the Governor's Council on Alcoholism and Drug Abuse $300,000 from the General Fund for administrative costs.

20. There is appropriated to the Department of Health $2,000,000 from the General Fund for State licensed or approved drug abuse prevention and treatment programs. The department shall distribute the monies appropriated herein with ninety days of the effective date of this section.

Repealer.

21. Section 4 of P.L.1975, c.305 (C.26:2B-10) and P.L.1983, c.304 (C.26:2G-4.1 et seq.) are repealed.

22. This act shall take effect on the 120th day after enactment, except that sections 20 and 22 shall take effect immediately.

STATEMENT

The bill establishes a Governor's Council on Alcoholism and Drug Abuse as an independent body in, but not of, the Department of the Treasury; a Division of Alcoholism and Drug Abuse within the Department of health; and an Alliance to Prevent Alcoholism and Drug Abuse within the newly established Governor's Council. An appropriation is made of $2 million to the Department of Health and $300,000 to the Governor's Council.

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.