

2005 -- 2007

COMPREHENSIVE

ALCOHOL AND DRUG ABUSE

SERVICES PLAN

FOR

SUSSEX COUNTY

ANNUAL UPDATE 2008

I. INTRODUCTION (one paragraph statement)

The Sussex County Alcohol and Substance Abuse Office is part of the Division of Community and Youth Services which includes the Human Services Advisory Council, the Youth Services Advisory Council, the Disabilities Services Advisory Council, the Mental Health Board and all of the related subcommittees that fall within each of these groups. This structure provides greater collaboration among staff and committee members to gather and share information efficiently and effectively.

In 2008 a reassessment and county planning focus groups will take place to determine the priority populations and substance abuse needs of the community. Based on this information, Request for Proposals (RFP) for these identified needs will be available to community providers and awards will be effective from January 2009 through December 2011.

A. Purpose and Utilization: (one – two paragraph statement)

The Sussex County Comprehensive Alcohol and Drug Abuse Service Plan will guide the Local Advisory Committee on Alcoholism and Drug Abuse (LACADA) and the Sussex County Board of Chosen Freeholders in delivering alcohol and drug abuse prevention, education and treatment services for Sussex County residents. This plan may also be used by other groups in the County for understanding the needs of this population and in identifying where there are no services available.

B. Plan Update Process: (two - three paragraphs explaining overall process in developing the 2008 plan update, to include information on meetings held, surveys conducted, stakeholders involved, etc..)

The County Alcoholism and Drug Abuse Services Coordinator facilitates the ongoing planning process to determine priorities for each calendar year. The PACADA provides recommendations regarding emerging trends, services needs and treatment utilization. Additional information is gathered from meeting with agencies not funded by DAS but providing substance abuse services and data from the Division of Addiction Services. The LACADA reviews the information from the Coordinator, and PACADA to determine the funding priorities. Based on this information a recommendation is made to the Sussex County Board of Chosen Freeholders for final approval of the plan.

C. Identify specific changes from prior year addiction services plan update:

Beginning in January 2007 the Morris/Sussex Vicinage changed their drug testing policies which resulted in more referrals to the County Substance Abuse Evaluator. In August 2007 the TASC evaluator was given the responsibility of facilitating all evaluations for the courts including probation. This eliminated the need for the County providing this service and will provide additional funding for treatment.

High Focus closed their Sparta office in June 2007. This location provided adolescent and adult Intensive Outpatient Programs and adolescent partial care for mental health services. This is a loss to the community due to the limited number of agencies that currently provide services in Sussex County.

Despite the continually flow of evaluations and recommendations for treatment over the last three years, there has been a continued decrease in referrals to adolescent outpatient treatment utilizing the Chapter 51 and Juvenile Justice Commission funds. There are several theories but no conclusions as to why this is occurring. Some of the theories involve the lack of case management in getting clients into treatment; clients entering a lower level of care from what was recommended; and the addition of home-based services now available through the ValuOptions system. Consequently, no funding will be specifically allocated for adolescent outpatient services in CY 2008. Adolescent and adult outpatient services will be funded through one contracted provider for CY 2008.

As a result of not funding evaluation services, LACADA recommends allocating additional funds to Freedom House, which will provide additional opportunities for clients to maintain their recovery and begin to lead productive lives.

II. NEEDS ASSESSMENT AND SERVICE PRIORITIES

A. New and Emerging Trends: (Please note changes in substance abuse trends and identify supporting data sources (examples: local surveys, PACADA input, crime reports))

The trends in Sussex County continue to be alcohol and heroin as the most abused substances, with prescription drugs continuing to increase in use among adolescents and adults. According to the 2006 Substance Abuse Overview for Sussex County prepared by the Division of Addiction Services, there were 466 (43%) County resident admissions for alcohol and 384 (35%) County resident admissions for heroin and other opiates between January and December of 2006. The State wide treatment admissions for 2006 indicated heroin and other opiates represented 41% of the total number of admissions and alcohol was 30% of the total number of admissions.

In 2007 to date there have been 7 deaths related to substance abuse: 3 cocaine, 1 alcohol and prescription drugs, 1 heroin, 2 prescription drugs (oxycontin and amphetamine).

B. Populations: (Describe the addiction service needs of the following populations within the county, as cited in New Jersey Public Law 1989, Chapter 51)

- 1) Youth: Juveniles referred from schools, probation and the judicial system can receive a substance abuse evaluation at no cost through funding from the Sussex County Youth Services Commission (SCYSC). This evaluation includes recommendations for the most appropriate level of care and local agencies that provide care. Despite ninety evaluations in eight months many of these cases have not followed through on treatment recommendations. This funding does not include case management for the referral process. The expectation has been that the referral source would provide the management and follow through to ensure the juvenile is in treatment. Another concern of juvenile services is the lack of treatment options available in the County. Sunrise House is currently the only adolescent provider of Intensive Outpatient Programs in the County and there is a concern they may discontinue this service. Inpatient treatment options are also limited, Daytop which is located in Morris County is the only local provider of residential treatment but this level of care is not appropriate or recommended for all clients needing this

service. These concerns are being discussed by the Sussex County Youth Services Commission as well as the PACADA and LACADA.

- 2) Drivers Under the Influence: Lack of transportation options and providers in the county leave this population with limited resources to address their substance abuse needs. There are only two agencies currently approved to be affiliates through the IDRC program.
- 3) Women: There are a few local programs that specialize in treatment for women. If they are involved with the Division of Youth and Family Services they can receive an evaluation and referral for treatment. Sunrise House has 2 programs for women and their children – an inpatient treatment program and a halfway house both in the County. Freedom House also provides transitional housing services to women with children in a Warren County location. Other than halfway house programs, women without children have the same options for treatment as men.
- 4) Disabled Persons: There is no system or planning committee currently in place to identify the substance abuse needs of disabled persons in the county.
- 5) Workforce (Employee Assistance Programs): Other than the County EAP which provided assistance to one client with alcohol problems, there is no information available on EAP programs in the county or what their needs might be.
- 6) Criminal Offenders: Substance abuse evaluations are available for drug court, pretrial intervention and probation clients through two funding sources. The TASC evaluator is funded through the judiciary and probation services were funded through the Chapter 51 funds. Beginning September 2007 all adult criminal offenders will be evaluated through the TASC evaluator. Juvenile criminal offenders receive evaluations through Juvenile Justice Commission funding. Another potential option for treatment for criminal offenders is the Drug Court Program. This population is also provided services through weekly education and information sessions in the jail, probation and in the juvenile detention center.

III. COUNTY ALCOHOLISM AND DRUG ABUSE SERVICE PROVIDER NETWORK

| Service Type | Projected Funding Allocation & Service Levels For CY08 | | Target Populations Addressed | Identify Areas Addressed In The 3 Year Plan | County Funds (Check if | Other Funds Applicable) |
|--|--|---------------|-------------------------------------|--|---------------------------|-------------------------------|
| | Amount \$ | Service Level | | | | |
| 1. <u>Prevention/Education/Early Intervention</u> | | | | | | |
| a. Center for Prevention & Counseling | a. \$19,616 | a. Level .5 | a. Youth, Criminal Offenders, Women | a. Early Intervention Community Education | a. | a. yes, various sources |
| b. Sunrise House | b. 0 | b. Level .5 | b. Youth, Criminal Offenders, Women | b. Early Intervention Community Education | b. | b. yes, various sources |
| c. Partnership for Social Services | c. 0 | c. Level .5 | c. Youth, Criminal Offenders, Women | c. Early Intervention Community Education | c. | c. |

III. COUNTY ALCOHOLISM AND DRUG ABUSE SERVICE PROVIDER NETWORK (cont'd)

| Service Type | Projected Funding Allocation & Service Levels For CY08 | | Target Populations Addressed | Identify Areas Addressed In The 3 Year Plan | County Funds (Check if | Other Funds Applicable) |
|-------------------------------------|--|----------------------|--|---|------------------------|-------------------------|
| 2. Sub-Acute Detoxification | Amount \$ | Service Level | | | | |
| a. Sunrise House | a. \$24,150 | a. Level III.7-D | a. Women, Criminal Offenders, Co-occurring disorders (some), Disabled, | a. Residential Detox | a. | a. yes, various sources |
| b. Saint Clare's | b. \$24,150 | b. Level III.7-D | b. Women, Criminal Offenders, Co-occurring disorders, Disabled | b. Residential Detox | b. | b. |
| 3. Ambulatory Detoxification | | | | | | |
| a. Saint Clare's | a. 0 | a. Level II.1-D | a. Women, Criminal Offenders, Co-occurring disorders, Disabled | a. NA | a. | a. |

III. COUNTY ALCOHOLISM AND DRUG ABUSE SERVICE PROVIDER NETWORK (cont'd)

| Service Type | Projected Funding Allocation & Service Levels For CY08 | | Target Populations Addressed | Identify Areas Addressed In The 3 Year Plan | County Funds (Check if | Other Funds Applicable) |
|---------------------------------------|--|--------------------|--|--|---------------------------|----------------------------|
| | Amount \$ | ASAM Service Level | | | | |
| 4. Outpatient Services | | | | | | |
| a. Newton Memorial Hospital | a. \$13,000 | a. Level I | a. Women, Criminal Offenders, Co-occurring disorders, DUI, Disabled | a. Outpatient Treatment | a. | a. |
| b. Sunrise House | b. \$40,000 | b. Level I & II.1 | b. Women, Criminal Offenders, Co-occurring disorders, DUI, Disabled, Youth | b. Intensive Outpatient and Outpatient Treatment | b. | b. |
| c. Capitol Care | c. 0 | c. Level I & II.1 | c. Women, Criminal Offenders, Disabled, Co-occurring disorders, DUI | c. Intensive Outpatient and Outpatient Treatment | c. | c. |
| d. Center for Prevention & Counseling | d. 0 | d. Level I | d. Women, Criminal Offenders, Disabled, Co-occurring disorders, DUI, Youth | d. Outpatient Treatment | d. | d. |
| e. Daytop | e. 0 | e. Level I & II.1 | e. Youth, Criminal Offenders | e. Intensive Outpatient and Outpatient Treatment | e. | e. |
| f. St. Clare's | f. 0 | f. Level I & II.1 | f. Women, Criminal Offenders, Disabled, Co-occurring disorders, DUI | f. Intensive Outpatient and Outpatient Treatment | f. | f. |

III. COUNTY ALCOHOLISM AND DRUG ABUSE SERVICE PROVIDER NETWORK (cont'd)

| Service Type | Projected Funding Allocation & Service Levels For CY08 | | Target Populations Addressed | Identify Areas Addressed In The 3 Year Plan | County Funds (Check if | Other Funds Applicable) |
|----------------------------------|--|--------------------|---|---|---------------------------|----------------------------|
| | Amount \$ | ASAM Service Level | | | | |
| 5. Residential Services | | | | | | |
| a. Sunrise House | a. \$68,668 | a. Level III.7 | a. Women, Criminal offenders, Disabled, Co-occurring disorders (some) | a. Short Term Residential | a. | a. |
| b. Saint Clare's | b. \$10,000 | b. Level III.7 | b. Women, Criminal offenders, Disabled, Co-occurring disorders | b. Short Term Residential | b. | b. |
| c. Daytop | c. 0 | c. Level III.5 | c. Youth, Criminal Offenders | c. Therapeutic Community | c. | c. yes, various sources |
| 6. Halfway House Services | | | | | | |
| a. Freedom House | a. \$61,590 | a. Level III.1 | a. Criminal Offenders, Women | a. Halfway house services | a. | a. yes, various sources |
| *male | \$38,000 | | | | | |
| *women's transitional services | \$23,590 | | | | | |
| b. Mrs. Wilson's | b. 0 | b. Level III.1 | b. Women | b. Halfway house services | b. | b. |

III. COUNTY ALCOHOLISM AND DRUG ABUSE SERVICE PROVIDER NETWORK (cont'd)

| Service Type | Projected Funding Allocation & Service Levels For CY08 | | Target Populations Addressed | Identify Areas Addressed In The 3 Year Plan | County Funds (Check if | Other Funds Applicable) |
|--|--|---------------|------------------------------|---|---------------------------|----------------------------|
| | Amount \$ | Service Level | | | | |
| 7. <u>Opioid Maintenance Therapy</u> a. Morris County Aftercare Clinic | a. 0 | a. | a. Criminal Offenders, Women | a. NA | a. | a. |

IV. EVALUATION

A. Process Evaluation:

1. Explain the county's process evaluation plan.

The Sussex County Office on Substance Abuse Services is evaluated by the New Jersey Department of Human Services, Division of Addiction Services (DAS) in the following manner:

The plan update and grant application is reviewed by DAS staff and clarifications and corrections are requested when needed.

Expenditure reports are submitted to DAS on a monthly basis and provide a detailed accounting and justification for grant and county match expenditures. Any changes in line item spending require DAS and County approval.

DAS forwards a list of performance objectives to each County as a condition of the grant award. The County is expected to comply with the objectives and show progress towards efforts to address deficiencies if present.

2. Are entities other than the county addictions authority involved in the process evaluation (i.e. YSC, HSAC, Mental Health Board)?

Yes, due to the organizational structure of the Division of Community and Youth Services the YSC, the HSAC and the Mental Health Board are all managed by staff in this Division so communication and collaboration occurs frequently if not daily.

3. What is the role of the LACADA in the evaluation process?

LACADA makes recommendations to the Coordinator and requests updates when concerns are identified.

B. Program Evaluation: (Monitoring of Treatment and Prevention Services/Contracts)

1. Describe the county program monitoring plan, and identify all monitoring tools/forms, etc.

Evaluation is an ongoing process, beginning with reviewing the monthly expenditure reports and bringing this information to LACADA at their meetings. A monthly expenditure report form is filled out and sent in from each provider. This form indicates the number of unduplicated clients' year to date and monthly as well as the units of service provided. Also listed is proof of residency and dates of service and level of care.

As of 2006 all of the county providers are using the NJ SAMS system. Prior to 2006 this was not the case – so data collection was time consuming and difficult to obtain.

2. Who performs the monitoring functions, and at what frequency?

The County coordinator contacts each provider whenever a question from a potential client or a referring agency arises. There is a contact person at each agency that is notified whenever a site visit is to be set up and the appropriate forms are sent out to the provider in a timely manner.

3. How are deficiencies addressed through the program monitoring process?

The primary contact is notified when a deficiency is discovered and solutions are discussed at that time and if necessary follow up communications at a later date.

4. Describe the LACADA's role in program evaluation.

LACADA members are encouraged to participate in the onsite monitoring of provider agencies and in 2007 one member did participate in the process. Many of the current members have attended previous site visits and do not have an interest in revisiting the same agency. Providers make periodic presentations to the LACADA when new initiatives are introduced.

5. Describe the types of technical assistance the county provides to its service providers.

When a new evaluator was hired she did not know the County system and procedures of operating. The Coordinator was responsible for orientating the evaluator to the process and people involved. Many community related providers do not understand the different sources of funding for substance abuse services and the eligibility requirements between them, such as Juvenile Justice Funding and Chapter 51 – the coordinator provides this information as needed. Consumers and family members are given assistance regarding agencies that have funding and what other options there are if no funding is available.

V. APPENDICES

Appendix I: Authority

A. Freeholder Resolution

(Attach signed Freeholder Board Resolution authorizing the County Comprehensive Alcohol and Drug Abuse Services Plan Update for CY08)

Will be forwarded once signed by the Freeholder Board on November 28, 2007.

Appendix II: County Agency Description

A. Local Advisory Committee on Alcoholism and Drug Abuse

(Provide information on LACADA membership and any change in By-laws)

Bob Allison – Community member
Judy Drake – Community member
Paige Gebhardt - Sussex County Community College, Allied Health Coordinator
Susan Longcor – Norwescap
Lorraine Sorg – Kittatinny Regional High School SAC
Virginia Shamlian – Social Services Director at low income housing development
David Weaver – Sussex County Prosecutor

Steve Oroho – Freeholder Liaison

Note: Despite several attempts and contacts for new members, membership is still below the expected minimum of ten. This is being addressed by LACADA and the Coordinator.

B. Providers Advisory Committee on Alcoholism and Drug Abuse

(Provide information on PACADA membership and any change in By-laws)

Kieran Ayre (chair) – Sunrise House
Barbara Adolphe – Center for Prevention and Counseling
Joanne Kedala – Saint Clare's
Pat Reihl – Freedom House
Dr. Belgrave – Newton Hospital
Tina Cooke – Capitol Care
Diane Friedberg – S.C. Senior Services
Julie Hallberg – Preferred Children's Services
Glen Burke – Addiction Specialist Associates
Pat Kibildis – S.C. Alliance and Disability Coordinator
Leslie Malnak – Lakeland Andover SAC
Teresa Mankin – TASC Evaluator
Susan Bowman – Social Services
Ann Harrington – Mrs. Wilson's
David Johnson – DYFS
Marcia Brands – Gateway Maternal Child Health
Yolander Hill -Stamper – Family Drug Court
Carol Benevy – S.C. Youth Services Coordinator
– S.C. Vo- Tech
– S.C. Health Educator

Steve Oroho - Freeholder Liaison

C. Table of Organization

(Provide a table of organization showing the administrative relationship with the Freeholder Board, the County A/D Office, other county agencies, etc.)

See attachments.

D. County Alliance Activities

(Provide a summary of current program activities)

Twelve municipal alliances represent all twenty-four municipalities in Sussex County. There are seven consortiums. The municipal alliances coordinate some amazing programs, including the Role Models program from the Hamburg Alliance, Senior Prom from the Central Alliance, the MAC II Teen Center from the Lenape Alliance, and Kids for Kids Training from the Hopatcong Alliance. Each alliance has individual bylaws.

There were five County-Wide Alliance meetings held on a variety of topics including: Fetal Alcohol Syndrome (FAS); Red Ribbon Day, Municipal Alliance Treasurer's Training, Municipal Alliance Committee Trainings and Senior's Operation Medication Awareness Day as well as a Senior Safety Program Day. A Committee and Volunteer Recognition Training and Dinner will be held. Four CASS meetings took place as well.

E. Intoxicated Driver Resource Center

(Identify the county IDRC and provide information on current service activities, including a list of IDRC affiliates)

Capitol Care Inc. assumed responsibility for the Intoxicated Drivers Program in April 2004. Through the collaboration with the County and the IPD, a well run and designed program has been established. The classes are every other weekend at the location of 185 Route 183, Stanhope, N.J. 07874. The classes run from 9:00am until 3:00pm. The class size ranges from 15-35 people per weekend. The average class size has been 20 people. This includes between 5-30 people the IDP schedules, along with the reschedules. As per the State of N.J. Order of Certification under the Intoxicated Driving offense, a person is ordered to satisfy the screening, evaluation, referral, program and fee requirements of the Intoxicated Driving Program and the Intoxicated Driver Resource Center.

Capitol Care meets with all County providers to discuss the IDRC Program in Sussex County yearly. In this meeting County representatives are invited along with the Chief of the IDP and the County monitoring representative. The providers are able to ask questions and also become familiar with the IDRC process and requirements. The mission and goals are discussed along with the expectation of the provider. Capitol Care has continued this process of meeting with all approved providers and keeping them informed of the ongoing changes within the Division of Addictions services. Current providers

are Capitol Care IOP and Center for Prevention and Counseling. Other providers are waiting approval from the IDP.

Capitol Care monitors about 53.3% of the cases from each class. These cases are those sent to treatment. About 2% of additional cases are those offenders having more than 3 offenses and come from the 48 hour programs.

The 2006 activities remained the same, with the addition of enhancements to the computer data system and the additional work that took place to meet the changing goals of DAS through the Licensing requirements within the State of New Jersey. The class sizes decreased, but we continued to hold classes and did not interrupt services to N.J. residents.

Our goal over the next year is to continue to represent the County as a quality provider, to continue to be a model IDRC program, to assist through active involvement with the conformity of all IDRC's, to ensure that agency providers continue to provide proper services and to follow the comprehensive guidelines of the State of New Jersey.

F. County Council on Alcoholism and Drug Abuse

The Center for Prevention & Counseling (CFPC) provides substance abuse prevention and counseling to all residents of Sussex County. CFPC's prevention programs reach the general population as well as high-risk groups, such as pregnant women, adolescents, young parents, senior citizens, people who are disabled, incarcerated juveniles and adults, people with co-occurring mental health and substance abuse problems, children of substance abusers, and people who are in recovery.

Examples of some of CFPC's programs are as follows:

- Life Skills Training, a skill-based program for at-risk youth ages 8-14
- Path to Independence, a skill-based program for at-risk youth ages 16-21
- Strengthening Families, a family education program for families with children ages 8-17
- Senior Sense, an educational program for seniors regarding medication management and alcohol use
- Keys to InnerVisions, a program teaching decision making skills to adolescents and young adults
- A Center for Youth, an after school program for 3rd – 6th graders
- Changes, a 16-week educational program for people receiving DUIs
- Education for incarcerated adults and juveniles (funded through Chapter 51 funds)
- Educational groups for people in early recovery (funded through Chapter 51 funds)
- Sussex County Coalition for Healthy and Safe Families, focusing on reducing youth use of drugs, including alcohol
- Partnership for Healthy Adolescents, focusing on gang prevention activities and other adolescent health issues
- Community Action for Tobacco Truths (CATT), a coalition focused on reducing smoking in Sussex County
- REBEL, a youth-led anti-tobacco coalition

- Project STRONG, a program utilizing the Phoenix Curriculum to build resiliency in youth
- Project YES, a program utilizing the Peers Making Peace curriculum to create peer mediation programs in Sussex County schools
- DEFY (Drug Education for Youth) and REBEL (Reaching Everyone By Exposing Lies), two youth coalitions focused on reducing youth use of drugs, including tobacco, as well as promoting drug-free lifestyles among youth
- Speakers' Bureau, covering such topics as addiction and recovery, FAS prevention, AIDS prevention, domestic violence, date rape prevention, parenting, youth and drugs, bullying prevention, etc.
- Resource Center, providing a lending library of books and audio/visual materials, pamphlets, etc., as well as disseminating over 100,000 pieces of prevention literature each year
- School of Health and Addiction Studies, providing over 60 workshops yearly on addiction-related topics
- Information and referral services, providing over 2000 referrals each year to 12-Step and other programs

Substance abuse evaluations and counseling are provided to youth, adults and families. Referrals are received from the courts, schools and other social service providers. Services are provided on a sliding scale. CFPC is licensed by DAS to provide outpatient substance abuse counseling.

CFPC works with the County of Sussex on substance abuse prevention initiatives whenever possible through active membership and/or attendance at PACADA, LACADA and CASS meetings. CFPC also works closely with the Alliances, providing them with training and with educational programs for their communities.