

Sussex County

Comprehensive Alcoholism and Drug Abuse Services Plan

Section I: Introduction

The purpose of the Sussex County Alcoholism and Drug Abuse Services Plan is to provide the County with the identified needs for prevention and treatment services for alcohol and substance abuse and create guidelines to assist with the prioritization of these service needs. In addition, this Plan incorporates the identified needs of other County Planning Bodies.

Since 2001 Sussex County has been making strong strides to address human services issues within the County. This process consisted of reorganizing the County Government, creating a Department of Health and Human Services as well as a Division of Community Services. By creating this process Sussex County began looking at human services as part of a continuum of care. We began looking at all grant areas and services holistically instead of separate entities. The County ensured that they followed the identified Division of Addiction Services standards when incorporating this process. In moving toward this goal, the comprehensive treatment planning process is being moved from a one-year to a three-year process.

In CY 2004 Sussex County began the process to complete the Comprehensive Alcoholism and Drug Abuse Services Plan. This process began in March with the implementation of the Needs Assessment. The County held four meetings between March and May focusing on Quantitative Data (Chart Book, Municipal Chart Book and Substance Abuse Overview); Qualitative Data to review our strengths and weaknesses regarding prevention and treatment services for substance abuse; and finally the prioritization for prevention and treatment needs in the County. These meetings were comprised of various members of the community including representatives from DYFS, Family Court, Human Services Provides, Substance Abuse Treatment Providers, LACADA Members, the Municipal Alliance Coordinator, hospital employees, and County employees from the Divisions of Senior Services, Community Services, and Youth Services. These meetings were very productive in that they encompassed cross system communication between local and state governing bodies who provide various forms of prevention and treatment services. This ensured that all services were accounted for, minimizing the risk of duplication of services and identifying clear gaps in services.

After the completion of the Needs Assessment, the County Alcohol Coordinator met with the coordinators from Senior Services, Youth Services and the Human Services Advisory Counsel. During this meeting we reviewed the emerging trends and inventory of current prevention and treatment resources. The coordinators also compared the common themes and differences between each of their identified Plans. The County Alcohol Coordinator then took this information to three LACADA Planning Meetings between July and August. At these Planning Meetings members of the LACADA reviewed all aspects of the Needs Assessment, including a detailed description of the outcomes for all four Needs Assessment Meetings. This incorporated

the identified County current needs, emerging trends and gaps in services as it relates to other identified Needs Assessments and Plans. These include the 2004 Municipal Alliance Needs Assessment, the 2003 County-wide Health and Human Services Needs Assessment conducted through the HSAC and the County Youth Services Plan.

Section II: Needs Assessment

The Sussex County Needs Assessment for Alcohol and Substance Abuse Prevention and Treatment occurred between March and May of 2004. During this process we identified the current needs for prevention and treatment services. The following are a list of these services in ranking order:

Prevention Services:

1. Mental Health Prevention Programs focused on Family Management; Community Education to minimize the stigma that is attached to Mental Illness; and Community Awareness targeting youth and older adults.
2. Community based Prevention Programs targeting violent/delinquent behaviors on a local level. These services should consist of After-school programming, Parenting programs, Family Management Programs; and science based programs such as BABES.
3. Community education programs focused on domestic violence and abuse. This would include implementing the Child Assault Program (CAP) in all applicable County schools.
4. Community based recreational programs that include transportation for all ages, concentrating on seniors and youth to address the issues of isolation and disengagement. This could include financial assistance voucher programs for recreational services; YMCAs; and Community newsletters for all community centers to ensure awareness of services.
5. Community Awareness programs targeting the economically disadvantaged. These programs should consist of various voucher programs and community newsletters for all residents to provide education on available resources.

During this process there were various recurring themes that emerged. These themes consisted of the need for community awareness and education; the need for services on a local level; the need for the provision of transportation; and the need for services targeting youth and older adults. In addition, the Needs Assessment identified five key municipalities as target areas for services. These municipalities include Sussex Borough, Vernon, Franklin, Hopatcong and Newton.

Treatment Services:

1. Intensive Outpatient Services- this should include programs that target all populations, however the needs of adult males between the ages of 18-24 where noted.
2. Outpatient Drug Free-this should include programs implemented by local licensed providers with a focus on co-occurring disorders.
3. Substance Abuse Partial Care- this should include programs implemented by local licensed providers with a focus on co-occurring disorders.

4. Substance Abuse Halfway House this should include local services that address all populations.
5. Therapeutic Community-this should include the creation of a Therapeutic Community in Sussex County that would serve Co-Occurring Disorders, indigents, and Criminal Offenders.
6. Short-term Residential-this program should provide services for co-occurring disorder, and criminal offenders and the indigent population.
7. Sub-acute Residential Detoxification-this should include the creation of additional sub-acute residential detoxification programs in Sussex County that would serve Co-Occurring Disorders, indigents, and Criminal Offenders.
8. Acute Care Inpatient Detoxification
9. Early Intervention-this service should provide resources for women with children, pregnant women and postpartum women.

During this process there were various recurring themes that emerged. These themes consisted of the need for additional funding and services provided within Sussex County. In addition, the key populations to be served through treatment programs are co-occurring disorders, indigents and criminal offenders.

The County is in the process of developing and planning services to meet the demands of these emerging trends. This process is recognized through the reorganization of County Government and the implementation of the County-wide Needs Assessment. Many of the identified trends for the Alcohol and Substance Abuse Needs Assessment mirror those identified in the County Needs Assessment. Due to the incorporation of these processes the County is streamlining their community resources and funds to meet the needs of the community through a comprehensive continuum of care for human services. This ensures that we are not duplicating services across the local systems and are meeting the identified gaps in services.

Currently, there are various treatment providers within Sussex County that provide outpatient counseling to both the adult and adolescent populations. Within the County, there are two treatment facilities which provide adult intensive outpatient services and four facilities which provide adolescent intensive outpatient services. There is one halfway house for women with children located in the County and one male halfway house located out of the County. There is one adult long-term residential and one adolescent long-term residential out of the County. There is one short-term residential program in the County for both adolescents and adults, provided through Sunrise House. There are no outpatient detoxification services provided within the County, but there are two providers outside of the County. Sunrise House provides residential detoxification services to adults and we have one out of County provider. Currently, Sussex County does not have any outpatient opioid maintenance therapy services available.

There are currently service gaps along the treatment continuum. Sussex County has limited treatment providers located within the County. Although there are providers out of the County which provide services to our residents, lack of transportation in our rural community and lack of funding for the indigent population leaves us with a consistent inaccessibility to services. There is also a lack of services for the co-

occurring population, specifically for clients who are being prescribed psychotropic medications to manage their symptoms. As determined by the Needs Assessment, current treatment resources support services for underserved populations and special needs populations. There are various resources available for women, youth, criminal offenders, and persons with disabilities. However due to lack of funding these services are limited and do not meet the needs for persons with co-occurring disorders.

Section III Alcoholism and Drug Abuse Service Delivery Network

A. Treatment Services

Priority Area	% Allocated	Type of Service	LOS
Education	12%	Community Based programs needed	243 classes/sessions
Early Intervention	7.6%	Screen, Assess and refer both adults and adolescents to treatment programs that are cost effective and least restrictive and provide education services for substance abuse.	125 evaluations
Outpatient Treatment	8%	Provide individual and or group counseling to monitor a self help program.	248 sessions
Intensive Outpatient Treatment	16.4%	Minimum of 9 nine hours weekly case management and Group counseling. This level of care seems to be the median of treatment modalities providing monitoring, counseling, random drug screening and pro-social group involvement	501 sessions
Partial Care	0%	N/A	0

continued

Priority Area	% Allocated	Type of Service	LOS
Halfway house Services	11%	Provides a residence that is away from the "home" environment which allows continued education and job opportunities in a semi-structured setting.	529 days
Therapeutic Community	0%	N/A	0
Short Term Residential	27%	Acute care that provides initial treatment services in a controlled environment	609 days
Sub-acute and acute Detoxification	17%	Provides a medically monitored transition from intoxication to detoxification.	261 days
Supplement IDRC	1%	Addresses the DWI clientele with a structured curriculum that has the ability to refer to more intensive treatment.	20 classes

The rationale for prioritizing the service areas as outlined above stemmed from the needs assessment and the allocation requirements of the Chapter 51 Grant. The following are the priorities in ranking order through the needs assessment:

1. Intensive Outpatient services
2. Outpatient Drug Free Services
3. Substance Abuse Partial Care (We did not recommend funding this area in the Plan since no programs exist in Sussex County and there is limited transportation available making the service inaccessible.)
4. Substance Abuse Halfway House
5. Therapeutic Community (We did not recommend funding this area in the Plan since no programs exist in Sussex County and there is limited transportation available making the service inaccessible.)
6. Short-Term Residential
7. Detoxification Services
8. Early Intervention Service

9. Education services are recommended for funding since they are highlighted as a funding priority in the Chapter 51 Grant. They play a crucial role in our Continuum of Care.

B. Target Populations

1. Planning efforts:

During the needs assessment process, persons with Co-occurring Disorders, Criminal Offenders and Indigent persons were listed as the priority populations to be served.

The County has been working to meet the needs of persons with Co-Occurring disorders. The MICA Task Force was formed in 2003. Since the inception of the program they have had six meetings to establish its existence. During these meetings subcommittees were formed to address education, advocacy, resources, and program. The subcommittees are chaired by volunteers who are professionals in the field. There will be four executive committee meetings and six Task Force meetings for 2005. These subcommittees have already begun to create a video library of the most current media. This will act as a key resource to the communities and programs. The Task Force is also in the planning stages of creating a directory of services that would be available to professionals and consumers alike.

To support the educational endeavors of the Task Force, they are holding a MICA-conference in March 2005 to address the holistic approach to treating and supporting the MICA client. This conference will include professional education. The goal in 2006 is to have a conference that has Continuing Education Units for Social Workers and LPC, CPS and CADC recertification.

In the endeavor to meet the needs of the Criminal Offenders the County has initiated a Drug Court and a County Substance Abuse evaluator. Since its recent inception, the Drug Court and the County Substance Abuse evaluator have collaborated to ensure that there are no duplications of services. In this effort, all potential clients have a means to be properly evaluated and referred to identified needed services, where funding streams are available and at the best suited treatment site.

To meet the needs for the target population of Indigent persons the County has been working with providers through the County Evaluator. Due to the evaluator's knowledge and expertise he has been able to work with some treatment providers to provide scholarship treatment slots for those who are needy and have a high urgency. This has helped the indigent population by networking and advocating for services within the County, State, and across the country if necessary.

The planning efforts undertaken to address the needs of persons with disabilities, youth and women related to substance abuse have been continuing in a positive manner.

The County's offices on Substance Abuse and Disability Services have been working together to provide joint services. These services consist of joint tables at

the County Fall Festival for October 2004 and the planning of the Pregnant Pause Event scheduled for May 2005.

Regarding services for youth, the two offices (Substance Abuse and Youth Services) have been collaborating their endeavors. This was the first year the County did joint RFP's for substance abuse treatment services and monitored programs together. In addition, there is constant communication between County Staff relating to the needs of youth with substance abuse issues.

There is also consistent communication between the County and agencies which primarily service women such as Domestic Abuse Services, Inc., and Project Self-Sufficiency. The County annually attends and supports the Women's Task Force conference presented by the Center for Prevention and Counseling.

2. Available Addition Services:

The following are addiction services which address the identified needs of the target populations. Sunrise House has a halfway house for women with children in Franklin which is in the County and are also beginning a "Mommy and Me" program at their Lafayette site which is also in the County.

Youth services include long-term residential treatment services at Daytop Village in Morris County. With a recent closing of Daytop Village's intensive outpatient treatment at the Saint Clare's Franklin unit, a new contract has been awarded to Sunrise House to support their "Teen and Clean Program." High Focus, Addictions Specialist Associates, and the Center for Prevention and Counseling continue to provide adolescent care and also take some MICA clients. Detoxification services are contracted out of County through Saint Clare's in Boonton and New Hope for adolescents.

At a recent MICA Task Force meeting, all treatment providers in attendance were willing to embrace and accept most MICA clients into their programs. This change in attitude seems to be closing the gap that has always been a separation of services.

Section IV: Evaluation (Current (CY 2004) activities and proposed CY 2005-2007 activities)

A.

Education Services	
CFPC	100 professional training classes 80 education sessions at Detention Center 50 education sessions at the Jail 2-8 week sessions of relapse prevention education services
Contact- Community Services (ALA-CALL)	400 phone contacts
Early Intervention	
County of Sussex	187.5 Evaluations

Residential Services	
Sunrise House	312.2 days Residential/Adult
Outpatient Services	
St. Clare's Hospital	84.2 days Residential/Adult
Newton Memorial Hospital	83.3 group session/13.8 individual sessions of outpatient services
Daytop	50 adolescent outpatient sessions
Sunrise House	617.5 sessions
St. Clare's Hospital	85.5 group session/46 intensive sessions
PRCC	
Sunrise House	83.41 days
Daytop	140.75 days
Halfway House	
Freedom House	541.2 days for males
Detoxification	
Sunrise House	120.5 days
St. Clare's Hospital	120.5 days
New Hope Foundation	26.32 days for adolescents

Continuum of Care

In looking at the programs that exist, funding is exhausted in the short-term residential program in March leaving a nine month gap in treatment services. For clients in the age range of 19-24, there are limited resources to fund those that are indigent. This problem seems to arise as a young person ages out of youth programs and does not have adult services in place to bridge the gap. This leads to incarceration, emergency room care visits, and often times no treatment when treatment should be the first protocol.

The geography of the County creates natural barriers that make transportation logistics very difficult. The problem is exacerbated by limited transit resources. Being bordered by New York and Pennsylvania also limit inter-County collaborations.

The County could benefit from an increase in funding for short-term residential care by not reallocating funds from existing programs but by requesting additional funding for 1000 units of service.

The County's role in coordinating addiction services among the various advisory bodies continue to be a very productive process. In all of County's plans and Needs Assessment, the need for substance abuse services has risen to the top. Due to this, the Youth Services Commission is currently funding and meeting the needs of the County's youth population related to substance abuse issues. In addition, 2004 was the first year that the Human Services Advisory Council has funded substance abuse treatment services. We are making great strides in collaborating our endeavors to meet the needs for substance abuse treatment along the Continuum of Care. In addition due to the collaborative efforts of the Mental Health Board and the PACADA, the MICA Task

Force was created. This Task Force will play a key role in educating the community on co-occurring disorders.

The Sussex County Division of Community Services - Substance Abuse and Alcohol has been designated as the agency in the County that coordinates and maintains the activities that evaluates the addiction services development process in the Annual County Comprehensive Alcoholism and Drug Abuse Plan. The Local Advisory Committee on Alcoholism and Drug Abuse meets at least six times per year. The Professional Advisory Committee meets at least four times per year. The development process is reviewed and evaluated at these regularly scheduled meetings. The request for proposal, planning and monitoring process are reviewed and refined as needed to meet the evaluation of addiction services development process.

A. Program Evaluation

1. The County of Sussex is subject to the provisions of New Jersey's "Local Public Contracts Law (N.J.S.A. 40A:11-1 et. seq.)." The law includes the policies and procedures local governments must follow for both competitive bidding and contracting. The County Comprehensive Alcohol and Drug Abuse contract is subject to competitive contracting process, involving issuance of requests-for-proposals (RFP) to solicit vendors for services. Staff from the Sussex County Health and Human Services Department is responsible for drafting the service specifications that include, but are not limited to, types of services solicited, treatment modalities, levels of service, and units of service. Staff is also responsible for drafting the forms to be completed for proposals that provide the format used to understand how services will be performed. Additionally, staff is responsible for drafting the criteria that will be used to evaluate and rank proposals. The County's Purchasing Agent is responsible for drafting the mandatory requirements of the RFP that include, but are not limited to, legal and professional certifications that must be completed and documents that must be forwarded with each proposal. This information, coupled with the staff items, make up the RFP package.

Once the RFP package is completed, a resolution must be adopted by the County's governing body declaring its intent to initiate the competitive contracting process. Upon passage of the resolution a legal notice is published in the official newspaper of the County 20 days prior to the deadline for submissions of proposals. (The legal notice includes information related to the services being solicited, to whom vendors should request an RFP package, and the date, time, and location submissions are due.) The time, date and location for proposal submissions are at 11:00 a.m. on Fridays in the offices of the Board of Chosen Freeholders. After the deadline, no proposals are allowed to be accepted; the Purchasing Agent unseals the proposal submissions and reviews the contents to ensure accuracy and completeness relating to the mandatory requirements.

Finding no deficiencies, copies of the proposals are then forwarded to the staff of the Health and Human Services Department. It is the responsibility of the staff to convene an *ad hoc* committee to evaluate and rank the proposals according to the methodology and criteria established in the RFP solicitation. Such a committee is often comprised of Department staff and County administrative officials (i.e. Purchasing

Agent, Treasurer, and County Administrator). After evaluating and ranking the proposals Department staff report the committee's recommendations to the pertinent advisory body; copies of the proposals are also distributed. (For proposals solicited under the County Comprehensive Alcohol and Drug Abuse contract recommendations will be forwarded to the Local Advisory Council on Alcoholism and Drug Abuse (LACADA).) The advisory body also evaluates and ranks the proposals and compares its recommendations with those proffered by the *ad hoc* committee. Upon deliberation final recommendations are made for award of funding to the Board of Chosen Freeholders. Department staff is responsible for preparing the resolutions and contracts to be voted on by the Board. Once approved by the Freeholder Board, copies of the resolutions and contracts are then forwarded to the successful vendors who in turn complete the necessary documentation to execute the contracts.

2. Evaluation of programs in Sussex County is an ongoing process. Funded agencies submit a quarterly program report and a quarterly expenditure report. Copies of the ADADS form are sent to the Division of Community Services - Substance Abuse and Alcohol and are made a part of the permanent file. On-site visits are conducted by the Coordinator of Substance Abuse and Alcohol once per year for renewal contracts and twice per year for new contracts. More frequent monitoring will be instituted on a case by case basis, if problems occur or technical assistance is needed. A monitoring subcommittee of the Local Advisory Committee on Alcoholism and Drug Abuse participates in a site visit during the fourth quarter.

The quarterly report serves as the mechanism for agencies to document compliance to the level of service outlined in their subcontract with Sussex County. A client identification number and/or initials for each client is a requirement on the County form. This is cross-checked with the ADADS form and during the site review.

The quarterly expenditure report serves as the mechanism for agencies to document compliance to the budget outlined in their subcontract with Sussex County. All contracts are on a cost reimbursement basis.

This process not only evaluates performance in the areas of goal attainment and program administration, but also serves as a reference during the allocation process.

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LACADA

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ALLIANCE COORDINATOR

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COUNTY ALLIANCE STEERING COMMITTEE (CASS)

County Alliance Activities

Local Planning Mission:

To link the County planning efforts, County Alliance Steering Sub-Committees (CASS) were established as sub-committees of the LACADA. The CASS assists the County Alliance Coordinator in development of the annual County Alliance Plans.

The Mission Statement of the Sussex County Municipal Alliance: To coordinate grant funds, distributed by the Governor's Council on Alcoholism and Drug Abuse, for the development and implementation of prevention/ education programs for all levels of the Biopsychosocial model to individuals from all 24 Sussex County municipalities.

Membership in the County Alliance Steering Sub-Committee includes:

Member	Affiliation
Kieran Ayre	Sunrise House
Samantha Brennan	TASC, PACADA member
Rebecca Carlson	Center for Prevention and Counseling
Nona Dalrymple	Big Brothers, Big Sisters
Judy Drake	Samaritan Inn
Christine Florio	S.C. County Alliance Coordinator
Judi Fuqua	GCADA State Coordinator
Pat Kibildis	S.C. Substance Abuse Coordinator
Tina Kuck	Capitol Care
Susan Longcor	LACADA member
Barry Worman	County Superintendent of Schools

Progress Report and Activities

The Sussex County Alliances are in their thirteenth year of funding. There are eleven Alliances currently representing twenty-one out of the twenty-four municipalities in the County. Southwestern Alliance will not be operating as of 2005 and their funding of \$12,810 will be allocated and processed through a Request for Proposal to the remaining Municipal Alliances.

The role of the County Alliance Coordinator is to work directly with the Alliance Steering Committee and the LACADA to develop the County Alliance Plan. The Coordinator provides technical assistance to the municipalities when needed.

Each Alliance is required to match their grant amount 100%, 25% cash and 75% in-kind. All 2005 Municipal Alliance Plans meet the Prevention Unification Goals and Objectives. The County is planning a community-wide program in collaboration with the Sussex County Division of Disability Services for May 2005 called Pregnant Pause. This program will address the risks of drinking alcohol while pregnant and the facts about fetal alcohol syndrome. Every fall, we participate in a Red Ribbon Event at

Sussex County Community College. The remaining portion of carry-over funds will be allocated and processed through a Request for Proposal to the Municipal Alliances.

The Action Alliance consists of Newton, Andover Township, Andover Borough and Green Township. They sponsor Project Graduation, DARE, Green Township Peer to Peer, Andover Township School Based Activities, Freshman Orientation, and Project Adventure. Action will receive \$18,019.

The Central Alliance consists of Lafayette, Frankford Township and Branchville. They will be providing D.A.R.E., Project Graduation, Outdoor Adventure, High on Baseball, Teen Center, Communities Creating a Difference, Medication Education Conference, Senior Prom and Playground Activities. \$9,739 is the funding level.

The Franklin/Hardyston Alliance will providing drug-free activities at the Franklin Armory, Healthy Choices Program, Franklin PALS, Hardyston PALS, Senior Arts and Crafts, D.A.R.E., Hardyston Day Camp, Project Graduation, Substance Abuse Curriculum. They will receive \$10,781.

Hamburg will be providing D.A.R.E., Project Graduation, Fun Without Drugs, and Role Models. Hamburg will receive \$3,197.

Hopatcong is sponsoring their Kids for Kids peer leaders program; Project Graduation, Safe Homes, Red Ribbon Week, Family Support Group, Project Quest, and D.A.R.E. Hopatcong will receive \$14,350.

Lenape Alliance consists of Byram, Stanhope and Netcong. They will be sponsoring Project Graduation, D.A.R.E., MAC Teen Center, Peer Counseling, After School Program, Community Education Programs, and Adolescent Presentations. Lenape will receive \$11,800.

The Ogdensburg Alliance will use their funding for prevention with Family Fun Night, Graduation Activities, D.A.R.E., ATOD Awareness, Fun Fair, Introduction to ATOD Awareness, Ad in 8th Grade Yearbook, and Senior's Activities. Ogdensburg will receive \$3,331.

Sparta Alliance will be sponsoring DARE, Project Graduation, Project Experience and additional drug-free activities/events. Sparta will receive \$13,982.

Sandyston/Walpack/Montague Alliance - This is a consortium of three small communities with a big dedication to prevention of alcohol and drugs. They will be doing Red Ribbon Week, a Senior Luncheon, Cross Age Training, Project Seek and At Risk Counseling. Sandyston/Walpack/Montague receives \$6,966.

Sussex/Wantage Alliance will be providing Ropes Course and Project Adventure, K-2 Drug Program, Recreation Prevention Activities, Arm Your Child with Assets Program, Positive Alternative Group (PAG), D.A.R.E., Project Graduation, Red Ribbon Week Activities, STEP Training for Effective Parenting, and Senior Citizen Drug Program. Sussex/Wantage will be receiving \$12,011.

Vernon Township Alliance will be providing D.A.R.E., Peer Leader Program, Summer Recreation, Latch Key Program, and Center for Family Management. Vernon will receive \$19,167.

Intoxicated Driver Resource Center

Capitol Care Inc. assumed responsibility for the Intoxicated Drivers Program in April 2004. The first class was the first week of May 2004. Through the collaboration with the County and the IDP, a well run and designed program has been established. The classes are every other weekend. The classes run from 9:00 am till 3:00 pm. The class size ranges from 25-35 people per weekend. The average class size is 30 people. This includes the 40 people the IDP schedules, along with the reschedules.

In July 2004 Capitol Care met with all County providers to discuss the Sussex County program. In this meeting County representatives were invited along with the chief of the IDP and the County monitoring representative. The providers were able to ask questions and also become familiar with Capitol Care as the new provider. The mission and goals were discussed along with the expectation of the provider.

Capitol Care monitors about 20% 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.

The 2005 activities will remain the same. The plan is to be able to have class sizes of 40 persons. The classes will continue to run every other weekend. Capitol Care will be moving to a new building and transportation to and from the building will be explored to ensure that those living in districts will have accessibility to the new building.

County Council on Alcoholism and Drug Abuse

Summary of Current ('04) and Proposed ('05) Activities

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

- Life Skills Training, a skill-based program for at-risk youth ages 8-14
- Strengthening Families, a family education program for families with children ages 8-17
- Family Empowerment Project, a family education program for families that are homeless
- Senior Sense, an educational program for seniors regarding medication management and alcohol use
- A Center for Youth, an after school program for 3rd – 6th graders
- Changes, a 16-week educational program for people receiving DWIs
- Education for incarcerated adults and juveniles (funded through Chapter 51 funds)
- Educational groups for people in early recovery (funded through Chapter 51 funds)

In addition, prevention programs are provided for the community at-large through the following:

- 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
- Communities Against Tobacco, a coalition focused on reducing smoking in Sussex County
- Violence Prevention Initiative, focused on reducing youth violence
- 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 (Scholarships are available through Chapter 51 funds.)

- Information and referral services, providing over 1300 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 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.