



THE PERSONAL TOLL OF ADDICTION

Responding to the Opioid Crisis



Annual Report
Fiscal Year 2014-2015



On Tuesday, May 12, 2015 about 150 people gathered to be part of the dedication of the newest Men's Recovery Housing in Berks County: Camp Joy. The event included a dedication ceremony and tours of the facility.



Kevin Barnhardt, Berks County Commissioner, addresses attendees during the dedication ceremony.



The cutting of the ribbon. Pictured from left to right: Kim Johnson, President & CEO of YMCA of Reading & Berks County, George Vogel, Executive Director of COCA, and Christian Leinbach, Berks County Commissioner Chair.

Read more about the event:

www.cocaberks.org/camp-joy-open-house.html



ANNUAL REPORT

Fiscal Year 2014-2015

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Mission

To provide leadership in the development and implementation of policies and programs related to a system of prevention and intervention services that prevent the onset of addiction, and treatment services that promote recovery.

Message from the Executive Director

As long as we have been publishing this Annual Report reflecting prior year data on services provided through the Council on Chemical Abuse, that period of time is exactly how long “From the Director” has appeared in the report. My piece usually focuses on an item of the report that is relevant and one that I believe is worthy of highlighting, that is... up until this year.

Over the past year, there has been a significant increase in the casualties and fatalities due to heroin and other opioid usage. It has infiltrated our schools targeting a very vulnerable population. Maybe it is because of my three daughters that this year’s version is written from a father’s perspective.

As my daughters grew up, there was always the lingering question relative to their own use of drugs. Curiosity, experimentation, peer pressure, socialization, etc. were all points of vulnerability, and despite my being vigilant (hyper-vigilant as my daughters might tell you), I always carried with me the question “what do I do if?” I believe every loving parent carries that same fear. I also believe that I would, as would other loving parents, do anything, at any cost, to get help for my daughter(s). Early in my career, I probably would have carried the notion, that somehow, a daughter/son can go to “rehab” and return drug free, never to use again.

Unfortunately, it does not work that way. Treatment is only the start of managing the disease of addiction. Much the same as any other disease, other factors come in to play. As addiction literally sucks the life out of a person, so too can treatment and long-term recovery build a life of physical healing, emotional stability and the restoration of the spirit to live. Treatment can and does work! But it is not due to a single or multiple stops at a rehab; but more so, the continued commitment and necessary support for the person to live an addiction-free life...And that is called recovery. As the old adage goes...Recovery works if you work recovery. Whether we like it or not, recovery is a day-to-day, month-to-month commitment. And yet, there are no guarantees. Relapses can occur. But the more recovery support a person can garner, the better the outcome. This support can, and many times does come from the family. However, it can also be found in a 12-step “room” with a group of strangers who share the common hope of recovery. Recovery comes in many forms, and for that matter, in many places. With my youngest now at age 24, my greatest question has been slightly muted and perhaps, may never need to be asked. But, if it does, I now know that it is perhaps the most treatable of all chronic diseases and the restoration of a damaged life is achievable.



George J. Vogel, Jr.
Executive Director

Recovery Works: A Walk with a Purpose

In honor of National Recovery Month, two significant events were held on Saturday, September 19, 2015, to bring the community together to celebrate recovery. The day began at Reading Area Community College where about 400 individuals gathered for the Recovery Walk. Participants wore bright yellow t-shirts with the slogan “The Pathway to Recovery.” The walkers, carrying their message of hope, marched through the center of Reading, up Penn Street, to City Park. There they were joined by enthusiastic supporters for Soberstock, an annual recovery festival. Soberstock brings together live music, guest speakers, food vendors and kid-friendly activities to celebrate sober living. This year’s attendance approximated 700 and spoke to the strength of Berks County’s recovery movement.

According to national research, over 23.5 million Americans are in long-term recovery from addiction to alcohol and other drugs. When applied to the population in Berks County, that amounts to about 32,000 people.



The Opioid Crisis in Berks County



Berks County, as other communities across the United States, is confronted with a rapidly escalating public health crisis clearly linked to the use and misuse of heroin and other opioids.

Understanding Today's Epidemic

The root of this crisis has been linked to the dramatic increase in the prescribing of opioid painkillers. Prescription opioid pain medications have the same effects as heroin when taken in ways other than prescribed. Research now suggests that abuse of these drugs may open the door to heroin addiction. Some individuals report turning to heroin because it is cheaper and more easily available than prescription opioids.

The Pennsylvania State Coroners Association reported that 2,489 individuals died from drug-related causes in 2014, a 20 percent increase from 2013¹. The Association also noted that the projection of deaths in 2015 would continue to rise. In Berks County, a total of 54 overdose deaths were linked to opioid drugs with 33 attributed to heroin and 21 to prescription medications in 2014. Deaths related to opioid drugs have begun to touch the lives of local youth, our county's most vulnerable population. During 2014, at least five deaths of youth under the age of 21 were directly attributed to opioid drug overdoses. The use of opioids continued to increase during 2015, where for the first time ever, the number of COCA-funded treatment admissions for opioids exceeded alcohol as the primary drug of choice.

¹ *The Center for Rural Pennsylvania (2015). Heroin: Combating this Growing Epidemic.*



Opioid Overdose Prevention: People Matter

An overdose can occur when an individual accidentally or intentionally misuses/abuses an opioid drug, which can result in death. Naloxone is a non-addictive medicine that has been very successful in reviving a person from an overdose. Typically used by emergency medical technicians (EMTs) and police, Naloxone can also be used by non-traditional "first responders" such as schools and family members. COCA has established a Naloxone training and distribution system for the general public or for anyone who has the potential to make a life-saving difference involving individuals who are experiencing an opioid overdose.

In conjunction with Naloxone distribution is the prevention of further overdoses by linking survivors to opioid treatment resources. The Outreach and Engagement Project, sometimes referred to as a "warm hand-off," offers the 24/7 services of a person with personal under-

Naloxone: A Life-Saving Tool in the Opioid Crisis

Naloxone is a medication that can reverse an overdose that is caused by an opioid drug (i.e. prescription pain medication or heroin). When administered during an overdose, naloxone blocks the effects of opioids on the brain and restores breathing within two to eight minutes. **Naloxone** has been used safely by emergency medical professionals for more than 40 years and has only one function - to reverse the effects of opioids on the brain and respiratory system in order to prevent death. Just as automated external defibrillators (AEDs) are now routinely accessible as an emergency response to individuals in cardiac arrest, **Naloxone** availability is critical as a life-saving tool for opioid overdoses. *From the SAMSHA Overdose Toolkit, 2014*

FREE **Naloxone** kits are now available to Berks County residents through the Council on Chemical Abuse. Get your Naloxone kit by following just 3 easy steps. Visit www.cocaberks.org/getnaloxone.html to start the process.

standing of addiction and recovery. This person reaches out to the overdose survivor and his/her family guiding them to the appropriate treatment and recovery services. It is our belief that this “warm hand-off” offers the overdose survivor and his/her family, the critical support needed to take the first steps towards recovery from opioid addiction.

Call (610) 376-8669, Ext. 104, or visit our website at www.cocaberks.org for further information.

Our Local Response

Proven strategies are being utilized in Berks County to treat opioid addiction. COCA maintains a full continuum of treatment services that support recovery. Our local response to opioid drugs, with the exception of methadone, has historically centered on a drug-free treatment. Fortunately, with research into medication-assisted treatment (MAT), we know that specific medications, coupled with counseling, can result in positive outcomes for individuals suffering from addiction to opioid drugs. MAT-approved medications can reduce withdrawal and craving. When used properly, these medications do not create a new addiction and offer a viable pathway to recovery.

Over the past 40 years, COCA has recognized the importance of MAT approaches to opioid addiction through our support of methadone services. Berks County’s methadone out-patient clinic is operated by New Directions Treatment Services. Currently, this program is at full capacity serving 300 individuals. The expansion of this program has been prohibited in part due to local zoning restrictions.

In recent years, some Berks County addiction treatment providers have begun incorporating other medications into their treatment regimens. These medications include Buprenorphine, Suboxone, and Naltrexone (trade name

“ We will not arrest our way out of this problem. I strongly support a three prong approach to this epidemic which includes: Education/Prevention Treatment and Enforcement. ”

- John Adams, Berks County District Attorney

Vivitrol®). The decision to use a prescribed medication is made by the individual based on a physician’s recommendation. The selected medication is administered under a physician’s supervision in coordination with the individual’s counseling. The cost of medications remains a critical barrier to the expansion of these services. COCA continues to seek out funding resources to expand the availability of MAT services and ultimately save lives of individuals trapped in an addiction to opioid drugs.



What is PA Stop.org?

You may see PA Stop posters or brochures with the phrase “Anyone can become addicted. Anyone.” The PA STOP campaign is designed to educate Pennsylvanians about the risks of prescription painkillers and heroin use, the relationship between the two, and what to do when you need help. PA STOP is working to prevent non-medical use of prescription painkillers and, in so doing, to break the connection between heroin and prescription painkillers.

For more information visit: PAStop.org



People on medication-assisted treatment are in recovery and are abstinent. Being on medication is not the same as using. But medication alone will not often cure this medical disease. If any one aspect of the bio-psycho-social treatment model is eliminated, the chance of sobriety is diminished. Labelling a person as an ‘addict’ is derogatory and stigmatizing. Patients are not ‘the’ disease of addiction, but rather they are people ‘with’ the disease of addiction.

- Dr. William Santoro, Reading Health System



Opportunity & Possibility



No silver bullet exists to prevent substance abuse. With our youth exposed to more dangerous and highly addictive drugs, we must fortify our efforts to bring proven prevention programs to our schools and communities.

Botvin LifeSkills® Training: Our Investment in Berks Youth

COCA has always strived to bring the highest quality prevention programs to Berks County schools and communities. In the world of evidenced-based substance abuse prevention, Botvin LifeSkills® Training (LST) has been recognized as one of the premier programs. The LST curriculum moves beyond just teaching information about the dangers of drug abuse. LST promotes healthy alternatives to risky behavior. The program has been proven to reduce alcohol, tobacco, drug use and violence by targeting the major social and psychological risk factors that promote the initiation of substance use.

With the assistance of the Berks County Intermediate Unit, COCA has reached out to county school administrators to offer the opportunity to integrate LST into their middle school curriculum. Through collaborative planning, COCA, over the past year, has facilitated LST in 50 classrooms. Beyond providing direct classroom instruction, COCA offers teacher training so school districts can fully sustain this dynamic prevention program. Our LST initiative has produced encouraging results. During the 2014/15 school year, over 1,100 young people received LST with administrators expressing a heightened commitment to bring evidence-based prevention programs to their school districts in the upcoming years.

Coalition Recognition

COCA recognizes the on-going efforts of the following coalitions to address substance abuse issues in their communities:

Boyertown Area PAYS Task Force
Brandywine Heights Community Task Force
Kutztown University President's Roundtable
Kutztown Strong
Northeast Community Springboard Coalition

Not As Advertised

K2 The word on the street is that this drug is harmless. That could not be further from the truth. K2, also known as spice and synthetic marijuana, is made up of toxic mind-altering chemicals. Sprayed on plant materials, it can be smoked, or sold as liquid to be used in electronic vaping devices. The drug is sold in colorful packets or plastic vaping bottles under a variety of names. The effects from these substances are unpredictable and one-time use could lead to life-threatening seizures and death. The chemical composition of these products change so often it causes dramatically different effects than the user anticipated. And due to the newness of this dangerous drug, the long-term effects are still being assessed.

Vaping E-cigarettes and vaping devices have been steadily gaining popularity in both Berks County and nationwide. These portable and fairly inconspicuous devices are used to inhale a vapor containing nicotine or other substances, including marijuana. The vapors, also known as e-juices, are often available in flavors that may appeal to children and teens including cotton candy, bubble gum, chocolate and mint. These devices and e-juice products are not regulated by the FDA and more research is being done to determine long-term health effects including second hand "smoke" effects. The same advertising techniques as the tobacco industry used years ago to target youth to smoke are being used by the manufacturers of vaping products. It is like history repeating itself, demonstrating the same deception with a very similar and potentially harmful product. E-cigarettes have the potential to lure a new generation of youth into the trap of nicotine addiction.



*Pictured right is a vape device.
(Not to scale)*

Stronger Together: Faith-Based Partnerships

Addiction is not only a physical affliction. It is a disease of the mind and the spirit. The complexity of issues related to addiction requires strong partnerships with all sectors in the community. Faith-based organizations have a long history of providing compassionate care to people in need. They are often the first place to which people turn when facing personal challenges and many times serve as a safety net for those in need. As the heart of many communities, faith-based organizations bring a spiritual perspective when responding to individuals or family members struggling with addiction. Historically, churches and synagogues have supported recovery by serving as host sites for various 12-step meetings.

Personal faith is a powerful catalyst towards regaining physical, mental, and spiritual health and for some, is a very important pathway to recovery. As a means of expanding our addiction and recovery resources, COCA recognizes the value of building stronger partnerships with faith-based organizations. This past year, COCA offered a variety of educational programs that highlighted faith-based approaches to treatment and recovery. Teen Challenge, Celebrate Recovery, and Common Ground presented as part of the "Pathways to Recovery Lunch and Learn" series. A community forum, *Many Communities, One Message!*, brought together over 50 community members and professionals to explore how we can work together to better understand addiction. These programs set the groundwork for further collaborations with faith-based organizations. On May 14, 2016, COCA will be convening a forum with local clergy. Focusing on the common themes of spirituality and recovery, it is our belief that this forum will serve as a catalyst to further engage faith-based organizations in our local efforts to address addiction.

“In addiction, our spiritual connection is the first thing to go and in recovery it is the last thing to come back. So we have to pay particular attention to cultivating our spiritual connection. Unless our recovery program addresses our mind, body, and spirit, we will never experience the freedom we deserve.”

- Rev. Tom Scornavacchi,
Common Ground Recovery Ministries



Time to Talk: Parents

Waiting for the “right moment” to talk with your kids about drugs may result in no talk at all. Any moment can be the right moment for a parent to initiate the discussion, and the younger the better. Use these guidelines for your talk:

Plan ahead – What do you want to say? What are your expectations? Use few (if any) accusatory statements.

Show Love and Concern – Talk with your child, not at them. Your words should convey love and concern for them and an exchange of dialog that leaves the “door open” for you or your child to bring up the conversation again.

Continue the Conversation – Do not make this a one-time concern, meaning when the conversation ends, no further talk ensues. Use periodic follow up to let your child know you’re interested in their life. It is okay to ask what is going on at school and with friends. Sometimes current news allows the opportunity to bring the conversation with your son or daughter to the forefront.

The substances students come in contact with today are much more addictive (heroin), much more dangerous (K2), and much more easily accessible than in the past. As they get older, their desire for independence will grow and so, if asking about the party they are going to, you may get the response “Don’t you trust me?” You do, which is why you are asking. Let them know if they feel compromised or want to leave the party, you will pick them up with no questions asked. Be more than their friend... be their parent and caretaker. It’s time to talk!

For more information about talking with your son or daughter and parent resources call (610) 376-8669 Ext. 107 or visit our website: www.cocaberks.org/resources-reading-pa/parents.html

Impacting the Community

Outcomes & Accomplishments

July 1, 2014 to June 30, 2015

Prevention

Alcohol, Tobacco, and Other Drug (ATOD) Education

Youth participants in single service events across Berks County	11,509
Youth participants receiving COCA ATOD recurring curriculum sessions	2,318
Schools receiving ATOD curriculum services/educational presentations	57
Community groups receiving ATOD educational presentations	48
Professional training participants	850
Parent program participants	904

Gambling Education*

Youth participants receiving COCA gambling recurring curriculum services	215
Participants in single service gambling prevention presentations	422
Gambling prevention materials distributed	4,052
Community awareness billboards located across Berks County	45

** Gambling is an activity that implies an element of risk, where money or something of sentimental or monetary value could be won or lost by the participant. Research has shown that gambling activates the reward system in the brain in much the same way that a drug does. There are commonalities between gambling disorders and other addictions (alcohol, tobacco and illicit drugs) among youth and therefore, similar prevention strategies are believed to be effective.*

Intervention

Youth

Pregnant or parenting teen mother participants in addiction and parenting education	112
Youth participants completing Underage Drinking Program (UDP)	187
Students receiving Student Assistance Program (SAP) assessments	989
Berks County Elementary and Secondary SAP teams	60

Youth and Adults

Calls received through Berks Talkline	1,949
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Adult

Drug and Alcohol Center hotline calls	621
Clients receiving drop-in services at the Drug and Alcohol Center	69
Berks County Jail inmates screened for drug and alcohol problems	2,585
Berks County Jail inmates receiving addiction-specific education and intervention assistance	1,586
Assessments provided for Berks County Children and Youth Services	48
Urine drug tests conducted	28,689
Berks County Jail inmates released directly to residential drug or alcohol treatment	205

Please note that programmatic and financial information presented in this annual report is only for those services funded partially or in-full by the Council on Chemical Abuse. There are additional entities, both public and private, which fund drug and alcohol activities in the community. As such, the data contained herein is not reflective of the entirety of drug and alcohol prevention, intervention, and treatment services provided in Berks County.



Building Hope

When you think of heroin addiction, you think of people in the gutters-people with needles in their arms. I wasn't in the gutter-I was put in treatment court due to retail theft. When I got in there I decided to do whatever they told me to do. The first month or two was tough, they ask you to do a lot of things. I was put on Naltrexone (Medication-assisted Treatment drug)-that saved my life and my life matters.

- Joe, Person in Long-Term Recovery



You can view Joe's whole speech from the October 1, 2015 Commissioner's meeting at www.cocaberks.org/recoverystands.html

Treatment*

Number of requests to COCA for treatment access **4,650**

Treatment Episodes

Outpatient treatment	917
Methadone maintenance	153
Buprenorphine	16
Intensive outpatient	302
Partial hospitalization	210
Detoxification (Detox)	279
Residential treatment	
Short-term (under 30 days)	300
Moderate-term (30-90 days)	5
Long-term (over 90 days)	13
Halfway house	7
Transitional/Recovery housing	339
TOTAL treatment episodes	2,741
Individuals funded for treatment	1,901

**In accordance with federal and state requirements, pregnant women are afforded preference in regard to access to treatment services funded by COCA.*

Client Demographics

Ethnicity	
White	60%
Hispanic	26%
African American	10%
Other	4%
Gender	
Male	79%
Female	21%
Age	
Under 18	1%
18 - 30	40%
31 - 45	37%
46 and older	22%

Intensive Case Management Services

General population	54
Pregnant women with children	213
Transitional/Recovery housing	339

Recovery Support Services

Individual recovery services	125
Post treatment support group participants	472

In Remembrance

Bud Haines

March 25, 1922 - July 19, 2015



"I don't know, but in my lifetime people were always seeing something in me that I guess I didn't see in myself. I do know it takes time for people to change."

Bud Haines, September 2014

Joseph "Bud" Haines, a longtime resident of Reading, was a neighborhood leader who always courageously fought for a better community. Bud dedicated his life to his country both as a staff sergeant during World War II and as a civilian leader in community and labor organizations. He served several different terms on the COCA Board of Directors where his input and insight were beneficial for developing programs in Berks County. He was a member of the Police Civil Service Board and a director of the Junior Herd Drill Team. But Bud will best be remembered as the organizer in the 1980s of the West Side Concerned Citizens. He sought to uplift his neighborhood and worked tirelessly with law enforcement to make the neighborhood a drug free and overall safer place to live. Although he received numerous threats, he courageously continued to fight for a better community. Bud's legacy will always be his unwavering belief that working together, people can make a difference.

Glenn Goodman

May 8, 1951 - October 10, 2015



Glenn T. Goodman, a longtime friend of Bill W., was committed to helping others in their recovery journeys. Glenn worked for the Caron Foundation for many years, lastly as a Volunteer Coordinator. But he will best be remembered as a living, breathing, walking example of recovery from addiction and alcoholism. Glenn showed unconditional love to countless individuals. He changed alcoholics' lives by introducing them to the Big Book of Alcoholics Anonymous, and he led so many people on the path of recovery. Somehow Glenn was able to show compassion, maintain the integrity of the 12 Steps and still carry a message about taking responsibility for doing the footwork necessary for recovery.

In the words of one of many he sponsored: "If Glenn wasn't in my life, I don't know if I would be here alive and sober – as an emotionally and physically healthy human being – today. Glenn, thank you for your service."

Business Overview

County Commissioners

(as of June 30, 2015)

Christian Y. Leinbach, *Chair*
Kevin S. Barnhardt
Mark C. Scott, Esq.

Board of Directors

(as of June 30, 2015)

Robert Bagenstose, *President*
Jeffrey Auman, *Vice President*
Dr. Joan M. Lewis, *Treasurer*
Carl W. Brown, Jr., *Secretary*
Danelle Bower
Brian Engelhardt
Dr. Jill M. Hackman
Juanita Morales
Scott Rehr
Michael S. Rivera
Kevin Rudy
Carl R. Sabold, Jr.
Gloria Seifrit
Robert Williams
Thomas Xavios

COCA Staff Members

(as of June 30, 2015)

George J. Vogel, Jr., *Executive Director*
Paige Carroll, *Prevention Specialist*
Susan Cawley, *Fiscal Technician*
Anais Clemente-Colon, *Intake Benefits Coordinator*
Teresa M. Detweiler, *Prevention Specialist*
Marcia Goodman-Hinnershitz, *Director of Planning & Resource Development*
Tiffani Jones-Montgomery, *Prevention Specialist*
Jennifer L. Kaucher, *Prevention Specialist*
Sara Liu, *Fiscal Technician*
Minna Lopez, *Administrative Support Specialist*
Christa L. McCusker, *Prevention Specialist*
Leila Pagan, *Intake Benefits Coordinator*
Kathleen F. Noll, *Program Analyst*
Stanley J. Papademetriou, *Assistant Administrator*
Paul Russell, *Systems Administrator*
Sonia Santiago, *Prevention Specialist*
Nickie Seshan, *Office Manager*
Jaclyn Steed, *Prevention Program Manager*
Yvonne Stroman, *Program Representative*
Jennifer Wang, *Chief Fiscal Officer*

COCA Honorees

Annual Conference Award Recipients

Diane Shepler, *President's Award*
Jodi Holland, *Algot "Al" Eckstrom Recovery Award*
Rick Snyderman, *Betty J. McDonough Treatment Award*
Pasquale "Pat" Leporace, *Francis "Fran" Drexler Public Safety Award*
Kutztown Strong & Brandywine Heights Task Force, *Joseph "Bud" Haines Community Award*
Daniel Boone School District, *Roger S. Hertz Education Award*

ALL IN Scholarship Recipient

Shelby Vanderslice, *Daniel Boone High School*
Rachel Fegely, *Kutztown High School*

Independent Contractors

(as of June 30, 2015)

Jobany Bedoya	Mike Reese
Ryan Bradley	Daniel T. Pfost
Andrew Eisenhauer	David Reyher
Morgan Hamer	Jonathan Santiago
Diane Lillington	

“Building Hope

Suboxone is a tool that I utilize in order to stay clean from drugs. Many times I've tried to do it in a conventional way with just meetings, a sponsor, home group, etc. only to end up using again. Suboxone has helped me to maintain sobriety and reach goals that I would've never reached!

- Pedro M., *Person in Long-Term Recovery*



Revenues and Expenditures

July 1, 2014 to June 30, 2015

Revenues From All Funding Sources

DDAP Federal Block Grant	\$1,773,948	22.60%
Berks County Funds	\$1,566,008	19.95%
DDAP State Base Allocation	\$1,062,599	13.53%
Behavioral Health Special Initiative	\$914,373	11.65%
Reinvestment Fund	\$471,493	6.01%
Act 152	\$286,344	3.65%
PA Commission On Crime & Delinquency Grants	\$281,073	3.58%
Restrictive Intermediate Punishment (RIP)	\$276,752	3.53%
Housing & Urban Development (HUD)	\$249,115	3.17%
State Gaming Fund	\$242,206	3.09%
Other Council Fees and Income.....	\$209,934	2.67%
Mental Health/Developmental Disabilities Program (MH/DD).....	\$134,318	1.71%
Tobacco Control Grant	\$132,912	1.69%
Drug Treatment Court Grants	\$100,378	1.28%
Homeless Assistance Program (HAP)	\$90,000	1.15%
Human Services Development Fund (HSDF)	\$59,600	0.76%
Total Revenues From All Funding Sources	\$7,851,053	100.00%

Net Expenditures

Recovery Housing	\$1,396,817	17.79%
Prevention Services	\$1,118,119	14.24%
Case Management & Other Support Services	\$907,396	11.56%
Rehabilitation & Halfway Houses	\$901,687	11.48%
Administration & Client Education	\$721,707	9.19%
Outpatient Drug-Free	\$705,846	8.99%
Intake & Referral	\$549,194	7.00%
Detoxification	\$438,780	5.59%
Other Intervention	\$277,341	3.53%
Partial Hospitalization	\$276,818	3.53%
Methadone Maintenance	\$184,553	2.35%
Tobacco Control Programs	\$132,912	1.69%
Student Assistance Programs	\$124,160	1.58%
Intensive Outpatient	\$115,723	1.47%
Total Net Expenditures	\$7,851,053	100.00%



Addiction is characterized by inability to consistently abstain, impairment in behavioral control, craving, diminished recognition of significant problems with one’s behaviors and interpersonal relationships, and a dysfunctional emotional response. Like other chronic diseases, addiction often involves cycles of relapse and remission. Without treatment or engagement in recovery activities, addiction is progressive and can result in disability or premature death.



- American Society of Addiction Medicine

Retrieved from: <http://www.asam.org/for-the-public/definition-of-addiction>

Dear reader,

I currently find myself in a recovery house, after having spent several weeks in a residential treatment center. Before entering treatment, my drug use was the primary passion of my existence. My life was completely unmanageable. In addition, I was missing school, not on track to graduate, and obviously, no diploma. I was stealing from both my family and my friends. I was killing myself and hurting my family. Now that I am sober and in recovery, the confusion and hurt has gone away. I can actually see a future for myself. Treatment and recovery do work and I am a living example of its benefits.

- Jenna F.