

**THE WARREN COUNTY COMPREHENSIVE PLAN
FOR THE ORGANIZATION AND DELIVERY OF
ALCOHOL AND DRUG ABUSE SERVICES**

PLANNING CYCLE 2020-2023



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1. FOUNDATIONS, PURPOSE AND PRINCIPLES

A. STATUTORY AND POLICY FOUNDATIONS

Every four years, New Jersey's 21 counties prepare a County Comprehensive Plan (CCP) for Alcoholism and Drug Abuse Prevention, Treatment and Recovery Support Services according to a) the statutory requirements of state legislation establishing the Alcoholism, Education, Rehabilitation and Enforcement Fund (AEREF), (P.L.1983, c.531, amended by chapter 51 of P.L.1989) and b) the requirements of state planning policy. The CCP documents the county's current and emergent drug use trends as well as both the availability and organization of substance abuse services across the county's continuum of prevention, early intervention, treatment and recovery support. The enabling legislation further stipulates that the CCPs pay special attention to the needs of youth, drivers under the influence, women, persons with a disability, employees, and criminal offenders. Since 2008, Division policy requires the counties to add persons with co-occurring disorders and senior citizens to that list. On the basis of this documented need and analysis of measurable service "gaps," counties are charged with the responsibility to propose a rational investment plan for the expenditure of AEREF dollars plus supplementary state appropriations, both of which are distributed to the counties according to the relative weight of their populations, per capita income, and treatment needs, in order to close the identified service "gaps."

B. ADMINISTRATIVE FOUNDATIONS

Every four years, counties prepare a CCP and submit it for review to the Assistant Director for Planning, Research, Evaluation, and Prevention, or PREP, in the Division of Mental Health and Addiction Services (DMHAS) of the New Jersey Department of Human Services (DHS). PREP reviews each CCP for compliance with all aforementioned requirements, a process that provides counties technical assistance in the use of data in decision-making as well as in the articulation of clear and logical relationships between county priorities and proposed investments in service programs. Each year, counties evaluate their progress implementing the CCP and report that evaluation to PREP. Allowance is made for the counties to adjust the CCP according to "lessons learned" from whatever obstacles were encountered in any given year.

The CCP is also submitted to the Governor's Council on Alcoholism and Drug Abuse (GCADA). Thus, in the domain of prevention, the CCP is designed to coordinate with the strategic plans of both the Regional Prevention Coalitions and Municipal Alliances.

C. PURPOSE AND PRINCIPLES

Purpose: The purpose of the CCP is to rationally relate existing county resources to the behavioral health needs of persons using legal drugs like alcohol and prescription medicines or illegal drugs like marijuana, heroin, cocaine and various hallucinogens. The DMHAS, in collaboration with the state's 21 Local Advisory Committees on Alcoholism and Drug Abuse as represented by the 21 county alcoholism and drug abuse directors, CADADs, recognizes that this purpose is best achieved by involving county residents and treatment providers, called "community stakeholders", in both identifying the strategic priorities of the plan and monitoring its successful implementation. Thus, the CCP is the product of a community-based process that recommends to county authorities the best ways to ensure that county resources serve to: 1) protect county residents from the bio-psycho-social disease of substance abuse, 2) ensure access for county residents to client-centered detoxification and rehabilitative treatment, and 3) support the recovery of persons after treatment discharge.

Principles: County Comprehensive Planning is grounded in:

- 1) *Epidemiological community surveillance.* As a local public health authority, the county will both *observe* the changing prevalence of substance abuse and *monitor* the changing capacity of the local health care system to respond to it.
- 2) “*Gap analysis.*” As the product of *surveillance*, the CCP will evaluate “gaps” both in coverage of total treatment demand and in the county’s continuum of care. Because treatment need and demand always exceed treatment capacity, the CCP seeks to reduce disease incidence (prevention, early intervention, and recovery support services) and expand access to treatment services over the short, medium, and long terms.
- 3) *Resource allocation.* As the product of “gap analysis”, the CCP will recommend “best uses” of AEREF and other state and county resources to meet *feasible* goals and objectives for the maintenance and continuous improvement of the county’s substance abuse continuum of care.¹

Final

¹ For a glossary of planning terminology used in the CCP, please see Appendix One.

2. THE VISION FOR THE 2020-2023 COUNTY COMPREHENSIVE PLAN

Upon reviewing the vision for the 2020-2023 County Comprehensive Plan, the Local Advisory Committee on Alcohol and Drug Abuse (LACADA) in collaboration with the Stigma-Free Communities Task Force are interested in using stigma-free language throughout the plan, recognizing alcoholism and addiction as chronic diseases that cause suffering and often stem from trauma, not a moral failing. With that in mind, the statement has been amended as follows:

Warren County envisions a future for all residents facing the chronic disease of substance misuse in which there is a fully developed, client centered, recovery oriented system of care comprised of prevention, early intervention, withdrawal management, treatment and recovery support services that reduces the overall risk for substance misuse in the local environment, meets the clinical treatment and recovery needs of the county.

3. THE COMMUNITY-BASED COMPREHENSIVE PLANNING PROCESS

1. Indicate the source and kind of the data that was used in conducting the county needs assessment.

SOURCE	QUANTITATIVE		QUALITATIVE	
	YES	NO	YES	NO
1. NEW JERSEY DMHAS	YES	NO	YES	NO
2. GCADA	YES	NO	YES	NO
3. MOBILIZING ACTION THROUGH PLANNING AND PARTNERSHIPS, MAPP (CDC/NJDOH SPONSORED)	YES	NO	YES	NO
4. REGIONAL PREVENTION COALITIONS	YES	NO	YES	NO
5. COUNTY PLANNING BODIES	YES	NO	YES	NO
6. HOSPITAL COMMUNITY HEALTH PLAN	YES	NO	YES	NO
7. MUNICIPAL ALLIANCES	YES	NO	YES	NO
8. TREATMENT PROVIDERS	YES	NO	YES	NO
9. FOUNDATIONS	YES	NO	YES	NO
10. FAITH-BASED ORGANIZATIONS	YES	NO	YES	NO
11. ADVOCACY ORGANIZATIONS	YES	NO	YES	NO

12. OTHER CIVIC ASSOCIATIONS	YES	NO	YES	NO
13. RECOVERY COMMUNITY	YES	NO	YES	NO

2. How did the county organize and conduct outreach to its residents, service providers and their consumers, civic, church and other community and governmental leaders to inform them about the county’s comprehensive alcoholism and drug abuse planning process and invite their participation?

In 2018 Warren County participated in the North Jersey Health Collaborative (NJHC) *Community Voice Survey*ⁱ that set out to identify concerns related to health and well-being. There were specific questions added to gain perceptions of alcohol and drug use and awareness of treatment resources for those completing the survey:

- Do people believe they have access to good quality care for substance use disorders
- Does the responder use drugs to excess, does drug use cause problems in their lives
- Does the responder drink to excess, does alcohol use cause problems in their lives
- Do they know where to find information on substance use prevention for themselves or someone they know
- Do they know how to find substance use treatment for themselves or a loved one
- Do they know places to properly dispose of unwanted prescription medications.

The responses to the survey were meant to provide county residents perspective on what they felt was available to them in Warren County. The survey was distributed through the Warren County Department of Human Services and Warren County Health Department to all the various consumer led Advisory Boards such as the Local Advisory Committee on Alcohol and Drug Abuse (LACADA); Professional Advisory Committee on Alcohol and Drug Abuse (PACADA); Warren County Human Services Advisory Council (HSAC); the County Mental Health Board; the Youth Services Coordinating Council; and Advisory Council on Disabilities, as well as to service providers and made accessible through the Warren County Library. Surveys were completed online and in paper format, including at two large county community events in Hackettstown and Phillipsburg, and were available in multiple languages. Between January and May 2018, 604 Warren County residents completed the survey. The Planning Committee reviewed the survey data and used the data in the planning process.

Information was also gathered in preparation for the Plan from the following groups: County Alliance Steering Committee (CASS), Municipal Alliance Coordinators, Coalition for Safe and Healthy Communities (heretofore referred to as the Coalition), and the Governor’s Council on Alcohol and Drug Abuse (GCADA). These collaborative efforts developed a forum for community-based prevention and education efforts.

Throughout the planning process the Department engaged key stakeholders to ensure we had sufficient input from the community.

Input from both St. Luke’s Warren Hospital and Atlantic Health-Hackettstown Hospital, law enforcement, the Addictions Awareness Task Force and municipalities and community members at large have been instrumental in developing this plan.

3. Which of the following participated directly in the development of the CCP?

1. Members of the County Board of Freeholder	YES	NO
2. County Executive (If not applicable leave blank)	YES	NO
3. County Department Heads	YES	NO
4. County Department Representatives or Staffs	YES	NO
5. LACADA Representatives	YES	NO
6. PACADA Representatives	YES	NO
7. CASS Representatives	YES	NO
8. County Mental Health Boards	YES	NO
9. County Mental Health Administrators	YES	NO
10. Children System of Care Representatives	YES	NO
11. Youth Services Commissions	YES	NO
12. County Interagency Coordinating Committee	YES	NO
13. Regional Prevention Coalition Representatives	YES	NO
14. Municipal Alliances Representatives	YES	NO
15. Other community groups or institutions	YES	NO
16. General Public	YES	NO

4. Briefly evaluate your community outreach experience over the last three years of preparing your 2020-2023 CCP. What role did the LACADA play in the community participation campaign? What approaches worked well, less than well, or not at all to generate community participation and a balance of “interests” among the participants?

In preparation for the 2020-2023 CCP, Warren County has engaged in community outreach over the past three years to encourage participation in an accurate and representative plan for the County. Warren County has utilized LACADA, Mental Health Board, PACADA, PAC, Municipal Alliance, County Interagency Coordinating Council (CIACC) and Human Services Advisory Council (HSAC) involvement. Information gathered at these advisory council meetings, focus groups and committee recommendations are shared with the state and other key stakeholders. The LACADA committee has been involved with the site review report process, Chapter 51 budget allocation conversations and the County Competitive Contract process. Participation at fairs, conferences and other community events has allowed the County to reach community members in various environments. Events include the Warren County Fair, joint meetings with the Mental Health Board (MHB) and LACADA, Knock Out Opioid Day, Addictions Awareness Task Force Access to Care conference, and municipal community days. Ongoing outreach for committee membership encourages

community members to become involved in learning how to advocate for their community. The Warren County Board of Chosen Freeholders passed the following resolutions in recognition of substance misuse within the community:

- April 2017, Knock Out Opioid Abuse Proclamation
- November 2018, Stigma Free Resolution declaring all of Warren County a stigma-free community
- April 2017 and 2018, Alcohol Awareness Month
- December 2017 and 2018, National Impaired Driving Prevention Month.

Atlantic Health is in the process of completing a Community Health Needs Assessment that the County has been actively involved in. Warren County notifies community members of events, trainings, services and support groups in their area. County staff also attended outside committees, conferences and events to gain perspectives that can make an impact within the County, as well as collaborating with stakeholders in neighboring Counties to share community outreach experiences and successes. This collaboration has given a better understanding of the similarities between the local communities and the best practices available to use within Warren.

5. What methods were used to enable participants to voice their concerns and suggestions in the planning process? On a scale of 1 (lowest) to five (highest), indicate the value of each method you used for enabling the community to participate in the planning process?

1. Countywide Town Hall Meeting	YES	NO	1	2	3	4	5
2. Within-County Regional Town Hall Meeting	YES	NO	1	2	3	4	5
3. Key Informant Interviews	YES	NO	1	2	3	4	5
4. Topical Focus Groups	YES	NO	1	2	3	4	5
5. Special Population Focus Groups	YES	NO	1	2	3	4	5
6. Social Media Blogs or Chat Rooms	YES	NO	1	2	3	4	5
7. Web-based Surveys	YES	NO	1	2	3	4	5
8. Planning Committee with Sub-Committees	YES	NO	1	2	3	4	5
9. Any method not mentioned in this list?	YES	NO	1	2	3	4	5

If you answered “Yes” to item 9, briefly describe that method.

In 2018 Warren County participated in the North Jersey Health Collaborative (NJHC) *Community Voice Survey*ⁱⁱ that developed to identify concerns related to health and well-being, with specific questions added to gain perceptions of alcohol and drug use and awareness of treatment resources for those completing the survey. The survey was created based on the County Health Rankings and

Roadmaps Model, with outcomes that would identify essential elements of health available in the community.

6. Briefly discuss your scores in the previous table? Knowing what you know now, would you recommend any different approaches to engaging participants when preparing the next CCP?

We were satisfied with the methods we used in providing a comprehensive assessment of the needs for Warren County in the preparation for this plan. The County relies on provider relationships to collaborate in determining the gaps in services and provided the necessary resources to fill those gaps, where able. An area we would like to improve upon would be in accessing web-based services and online surveys to gather more input for those residents who are harder to reach in a rural county. Our County Freeholder has formed a committee to look at the online presence of all Departments, with the aim to improve information sharing and gathering. An updated website is forthcoming as part of that process, in which the public should have better access to resources within the community. The Department of Human Services and the County Health Department have already utilized the County Facebook page to post surveys for public feedback, which will continue to grow over time as more and more people are made aware of the site through public notifications.

7. How were the needs of the C51 subpopulations identified and evaluated in the planning process?

a. Offenders: Our County Prosecutor is invested in the work of the CFHSC and has committed staff and resources to sit on both our LACADA and CASS. We have met with the Warden at the Warren County Correctional Facility regarding a grant they received to provide Medicated Assisted Treatment (MAT) to inmates, in which we provided technical assistance on the grant application and referral for service providers to assist with the educational portion of MAT. People Helping People was the agency the jail contracted with to provide a 12-week educational program to inmates to accompany Suboxone treatment for eligible inmates.
b. Intoxicated Drivers: Staff reviewed Intoxicated Driver Resource Center (IDRC) reports and spoke with the County designated IDRC Program Director to discuss trends in utilization as well as gaps in the services.
c. Women – We reviewed the special population reports in an effort to be able to better understand treatment needs. We consulted with treatment providers, LACADA members, the Director of our Domestic and Sexual Assault Crisis Center’s Heal, Empower and Rebuild (HER) program, an Intensive Outpatient Program for women with dependent children. In addition, the majority of respondents (73%) to the Community Voice Survey were women.
d. Youth - We have involved our County Assistant Mental Health Administrator and County Juvenile Justice Coordinator/Children’s Services Coordinator in planning. We recognize that the treatment of youth behavioral health and substance abuse are being managed by a separate entity; however, for some of the youth they are only less than 12 months away from entering the adult system.
e. Disabled - We will continue to work closely with the Warren County Department of Human Services, Division of Aging and Disability Services to identify needs of this population. On treatment provider site visits we do monitor a programs’ accessibility and their ability to treat individuals with disabilities.

f. Workforce: Utilization of substance abuse treatment by workforce in Warren County often have other resources for treatment (i.e. Insurance and private pay), as such this is not a priority population in this plan.

g. Seniors: We will continue to work closely with the Warren County Department of Human Services, Division of Aging and Disability Services to identify needs of this population, specifically with ADRC Connection for seniors and disabled community residents. Several of our Municipal Alliances do offer prescription drug awareness programs, as does the Division of Aging and Disability Services. This population has been identified as a growing population in the abuse of prescription drugs and will be monitored. As such, this is an area the County would like to spend more time on in the coming years to determine the gaps in services and how to best bridge them to better serve this population.

h. Co-occurring: Our county Assistant Mental Health Administrator has been a part of the planning process, and additionally we have had representation from Family Guidance Center of Warren County, our Outpatient Mental Health and Substance Abuse Treatment agency who has contributed to the plan. Warren created an Integrated Behavioral Health program through the County Competitive Process with Atlantic Health System in 2018. We also sought input from the LACADA, Mental Health Board and the Systems Review Committee, and we will continue to collaborate with providers to gain information on how best services should be offered for this population.

8. Overall, did your planning process help to build and strengthen collaborative relationships among the county, other departments or offices of government, or other stakeholders in the community? Please elaborate.

Warren County's planning process did assist in building a collaborative relationship between many partners, including: Warren County Health Department, law enforcement, community members, and local and professional advisory committees. The Northwest Regional Learning Collaborative (RLC) developed by the Division of Mental Health and Addiction Services (DMHAS) encouraged interagency planning, support and technical assistance along with the NJCADAD (County Alcohol and Drug Addiction Directors) meetings held at the state level. The RLC further allowed discussion on how to best address the demand for services in a fee for service environment. County and statewide coalitions and public policy events allowed educational opportunities and connection to a variety of resources that benefited Warren County.

In collaborating with the Prosecutor's office, we have developed joint initiatives that address both youth and adult mental health and substance use issues. We intend further expansion of these programs, including Crisis Intervention Team (CIT) training, Operation Helping Hand and suicide prevention, that will focus on the co-occurring focus of the County.

4. PREVENTION

LOOKING BACK: PREVENTION ACCOMPLISHMENTS 2016-2019

The County's goal of prevention services in our 2016-2019 Plan, was to reduce/decrease substance use and abuse among all of its citizens through an active, assertive process of developing conditions and processes that move communities, individuals, and families toward well-being. Through the funding of evidence-based programs, Warren County assisted in providing youth access to prevention education on

the dangers of substance misuse. Warren’s financial investment in prevention includes \$14,791 in AEREF/State allocation of Chapter 51 funding, as described in Annex A of the regulation. This figure is subject to change annually, based on funding allocation changes at the State level.

Warren County has subcontracted AEREF prevention funding to the Family Guidance Center (FGC) Second Step Program, an evidence based prevention program. Approximately 128 students have directly benefited from this program over the past three years, which is greater than original goal of 75 youth. Per the chart below, the service numbers for each year of the contract has surpassed the original goal:

Years	2016	2017	2018	2019
Number of Students	39	39	33	Not yet complete

Programming targets students who are more likely to engage in risky behaviors, due to identified risk factors, such as early aggressiveness, antisocial behavior, low perception of harm towards alcohol and drug use, poor academic scores or school absence, and associating with drug or alcohol-using peers. The students were identified by the school’s administration as part of the anti-bullying regulations put out by the state, as the program facilitators felt these youth would most closely correspond with the high risk factors for alcohol and drug use based on correlating risk factors. As a result, prevention education was provided to these identified youth in one municipality’s middle school classrooms. This has complimented the overall goal of both the Municipal Alliance Program and the Coalition.

Funding for the Second Step program was increased in the 2018 and 2019 fiscal years to purchase additional curriculum to the seventh and eighth grades, respectively. This curriculum, Too Good for Drugs, is meant to enhance the program already in place with up-to-date material as facilitators felt this would improve the current program. It is an evidence-based program using social and emotional learning in promoting pro-social behaviors and attitudes, encouraging healthy relationships and resistance to substance abuse, conflict and negative peer pressure. The facilitators plan to purchase this curriculum for the 9th grade students who also attend this program in the next plan year.

Within the Municipal Alliance Program, youth are served by a grant from GCADA for the administration of Drug Education Demand Reduction (DEDR) funds. The purpose of these funds is to plan for and develop local community and evidence-based addiction prevention strategies and programs in schools to all students. The Municipal Alliance serves students in all school districts within the County.

The Coalition for Safe and Healthy Communities is a two-county coalition for Warren and Sussex Counties, whose mission is to create healthy and safe communities free of substance misuse, addiction and other related issues to people of all ages. Their focus is to educate about and prevent underage drinking, prescription drug misuse, use of illegal substances including heroin and marijuana, and to track any new and emerging drug trends. In collaboration with key stakeholders, the Coalition offers community education and awareness programming, conferences, prescription drop boxes for proper disposal of medications, Narcan trainings, and policy and advocacy efforts. The Coalition has collaborated with several community stakeholders in developing ways to target potential dangers for substance misuse through school, pharmacy, law enforcement and community education.

SUMMARY OF THE WARREN COUNTY ANNUAL ALLIANCE PLAN FOR THE EXPENDITURE OF FUNDS DERIVED FROM THE “DRUG ENFORCEMENT AND DEMAND REDUCTION (DEDR) FUND.”

In Warren County, the amount of DEDR funding is \$171,866.00. Twelve (12) Alliances are funded, and 19 of the 22 (86%) Warren County municipalities are participating. Five Alliances are regional in that they serve two or more municipalities, while the remaining seven represent individual towns or townships. The “Drug Priority” for eight (8) of the alliances is problem drinking, while illicit drug use is the priority for 4 alliances. All twelve Municipal Alliances are in year five (5) of a six (6) year plan. The County Alliance Steering Subcommittee (CASS) monitors and approves the plans prior to submission to the Governor’s Council on Alcoholism and Drug Abuse (GCADA)

Many of the alliance programs have continued to incorporate environmental strategies using the Strategic Prevention Framework into their interventions. Measuring community-level change is an area that nearly all their alliance programs continue to achieve. Of the seven Community Anti-Drug Coalitions of America (CADCA) strategies to address environmental change: Provide Information; Provide Support; Enhance Skills are the areas that most Alliance funded programs most widely used. Programs that address the four remaining strategies: Improve Access/Reduce Barriers; Changing Consequences; Physical Design and Changing Policies are continuing to become evident in the local Alliance programs.

Several of the Alliance programs have very active community participation while the more rural townships have experienced greater difficulty in this area. Further, as several of the programs are school-based, involving the outside community presents a challenge.

Examples of the Prevention programs sponsored by our Alliances from 2018-2020 include:

- Senior Wellness Education Programs
- After-school activities such as theatrical arts, wellness, and mentoring programs for at-risk youth
- Prevention Education Programs such as Footprints for Life and Forest Friends
- Red Ribbon Week activities
- Education and community substance abuse awareness through local community-based activities
- Mentoring Programs
- Summer Recreation Programs
- DARE/LEAD Programs
- Intergenerational Programs
- TIPS Trainings

The Countywide Prevention activities provide on-going training for high school students throughout the county. Fourteen students from six of the seven county high schools were funded for the Lindsey Meyer Teen Institute where they were taught effective prevention strategies (Strategic Prevention Framework/SPF Model, CADCA Strategies for Community Change) in a culturally competent manner. The students will be working within their school body and local community to implement community-wide projects and campaigns.

ASSESSING THE NEEDS FOR PREVENTION PROGRAMS

The County anticipates many changes in the coming years that will affect funding allocations and priorities within the community. Marijuana legislation appears imminent on the State level, while many local governments, both county and municipal, are opposing the planned legislation before it even goes into effect. This legislation is likely to have an impact on youth perception toward perceived risks of marijuana, if not other drugs and alcohol as well. The use of vaping is on the rise in our communities' schools and this is further compounded with the ability of youth to access illegal substances to smoke within the devices. We anticipate a significant reduction in County funding that has historically been allocated for substance use treatment services across the continuum of care in the County. That will require prioritizing the greatest need to the individuals seeking services in the County.

Risk factors that influence attitudes and norms related to substance use include the following:

- Early aggressiveness or antisocial behavior persisting into early adolescence predicts later adolescent aggressiveness, drug abuse, and alcohol problems
- Low perception of harm towards alcohol and drug use
- Adolescents who have a low commitment to school or do poorly are more likely to become alcohol involved
- Associating with drug or alcohol-using peers, or being rejected by peers can create problem behaviors

According to the 2010 Middle School Surveyⁱⁱⁱ, Warren County had the third highest ratio of protective factors, such as youth involved in sports and/or school activities and good grades. However, despite these ratios, the County's rate of alcohol use and un-prescribed medications were the 4th and 3rd highest rates when compared to all other NJ counties. According to the New Jersey Violent Death Reporting System (NJVDRS)^{iv} report from September 2018, Warren County is also reported to have the highest rates of suicide attempts for youth ages 10-24, per capita (NJVDRS, NJDOH Suicide Prevention Conference, September 2018). Additionally, data in Substance Abuse and Mental Health Services Administration (SAMHSA)^v, there is a high correlation to substance use and suicide. Stigma also plays a strong role in keeping families and schools from referring youth for treatment for substance use and mental health issues, therefore prolonging the point in which they receive needed services. Use of substances to the point of abuse involves negative consequences that can include juvenile arrests, unstable families and poor physical health outcomes.

The goal for Warren County prevention services is to build resiliency in youth to say no and be less likely to make poor decisions than those who are isolated. The program targets middle school-age children in preparing them to navigate adolescence with communication, coping and decision-making skills that help them to make good choices and avoid pitfalls such as peer pressure and substance misuse.

LOOKING FORWARD: THE 2020 - 2023 COUNTY PREVENTION PLAN

According to the Substance Use Navigator (SUN) assigned to the County, there is a lack of a standardized instrument in assessing youth for substance use. Additionally there is an estimated under-reporting of families and schools, highlighting the stigma of substance use and mental illness. This is a national issue seen within our county. The stigma of co-occurring disorders and having a lack of a valid assessment instrument hinders identifying youth in need of services. The County intends to continue to fund the in-school prevention program by increasing students' knowledge of the impacts of alcohol and drug use. The County will also continue working with the SUN, Regional Coalition, and Municipal Alliances and by expanding its Stigma-Free Communities initiative to include all municipalities, with the goal to bring awareness of the importance of identifying problem behaviors early that can lead to later substance misuse. In bringing about awareness to students, parents, teachers and administrators, those youth with identified risk factors will have a stronger support system and knowledge base of where to seek help when needed.

The County faces a challenge in that the mental health programs and substance use programs do not provide a holistic picture within the community when it comes to capturing data for the planning process, mainly due to the lack of cohesion between the services. Our local hospitals have seen an increase in youth admissions over the past few years that have shown an increase in mental health admissions but the same has not been seen at the substance use programs, as noted in the key informant interviews held by the SUN. Through recovery and peer supports, we envision linking prevention more to the continuum of care within the County. This will be accomplished through identifying the source of the problem through various associative factors, such as absenteeism, aggressive behavior within the school system and referrals to the Station House Adjustment program, a diversion program for youth involved with law enforcement to better engage them within their communities and keep them out of detention. Youth surveys will be conducted to determine substance use frequency in relation to other community problems and assessing whether or not there is a link between them. Once the youth are identified, the objective will be to provide education, opportunities for community involvement and to link them to appropriate recovery and peer supports to sustain increased knowledge and an individual plan for abstinence.

THE PREVENTION LOGIC MODEL NARRATIVES

Need Capacity Gap

Based on the 2010 Middle School Survey^{vi}, Warren County has the third highest protective factors as compared to risk factors in the State. However, according to NJCares.gov website^{vii} (that provides a real-time dashboard of opioid related data and information) 2017 Opioid Prescription Dispensations, 70% of Warren County residents are being prescribed opiates. Data from the NJ Substance Abuse Monitoring Systems (NJSAMS)^{viii} shows that almost 32% of admissions in 2018 for treatment are for alcohol and 46% for heroin and other opiates. Just under 5% of those admissions were for residents age 21 and under. Based on key informant interviews by the SUN, there is an estimated under-reporting of substance use in youth by parents and schools.

Low perception of harm has led to increased use of substances by youth that can result in community problems such as criminal activity and negative health consequences, including overdose deaths. By providing prevention education, youth can increase their knowledge about risk factors and change

behaviors accordingly. This increased knowledge can strengthen resiliency to say no in an environment with such a high prevalence of abuse.

Social Costs/Community Problems

Warren County has one of the highest rates of youth suicide attempts in the State^{ix}. According to the New Jersey State Health Assessment Data^x, Warren County's suicide rate is 11.7 per 100,000 residents, while New Jersey's rate is eight (8) per 100,000 residents. According to SAMHSA^{xi} there is a high correlation between substance use and suicide. Stigma also plays a strong role in keeping families and schools from referring youth for treatment for substance use and mental health issues. If youth are not referred to treatment, whether due to stigma or low perception of harm, substance use in youth can lead to criminal activity and negative health consequences, including overdose deaths or motor vehicle accidents resulting in death.

Through surveys and funded program reports, the County will work to glean valuable data of potential social costs and negative outcomes of substance misuse among youth. Through education and shared information to law enforcement, school personnel, youth, parents and medical personnel, the hope is to create a collective community of preventative measures. Working with the County Municipal Alliances and Coalition for a Healthy & Safe Community will provide a seamless connection between prevention and the continuum of care.

Quantitative and Qualitative Evidence

We analyzed PRIDE survey data from the 2015-2016^{xii} school year to determine our baseline of the following indicators of past use, perception of risk and accessibility. This data represents eight schools that participated and includes the Warren Hills Middle School.

- 15.1% of surveyed 10th grade students and 37.3 % of 12th grade students in Warren County admitted to past 30 day use of alcohol in 2015-2016.
- While 73.2% of surveyed 10th grade students and 71% of 12th grade students perceive alcohol as a moderate or great risk, only 58.7% of 10th grade students and 36.4% of 12th grade students perceive marijuana to be a moderate or great risk.
- 31% of surveyed 12th grade students and 19.4% of 8th grade students perceive prescription drugs as being relatively easy to get.

In retrospect, initial data collected can be improved to provide more valid information regarding the impact prevention programs are having on youth identified as high risk for later substance misuse, law enforcement encounters and other potential negative outcomes that may correlate with increased youth substance use. The County will take the time to research evidence based measurement tools to assess current programs on gaining the most accurate data sets to improve on prevention programs for residents and put them into effect through this next planning process.

Goal

While it is difficult to measure the impact prevention programs have on future substance misuse among youth, data collected for this program can be improved to look at correlating factors between youth substance use, known risk factors such as absenteeism, aggressive behavior in school and the long-term

resiliency of youth abstinence through exposure to evidence-based educational programs. Following the youth from middle school through high school may be a way to determine the benefits of the program.

Protective factors against alcohol and drug use will be increased through education, identification and implementation. Ideally, the County would like to see this program expanded to multiples schools over the next few years, as funding allows.

Objectives

2020

To increase at risk youth's knowledge of risk factors in early substance use, including negative engagement with law enforcement, negative mental and physical health impacts and potential for overdose death. The goal is to strengthen the youth's resiliency to say no while living in an environment where substance use may be encouraged.

2021

The County will review outcome of 2020 Q1 and Q2 Quarterly Contract Performance Reports (QCPRs) to determine effectiveness of the funded initiative and will assess if the prevention education goals are effectively being met.

2022

Evaluate effectiveness of targeted interventions offered in 2021 and repeat and/or revise the programs offered based on needs assessment.

2023

Evaluate effectiveness of targeted interventions offered in 2022 and repeat and/or revise the programs offered based on needs assessment.

Strategies

The County will fund a program that will reach the adolescent middle school population with risk factors for Substance Use Disorder. This will include, but not be limited to, students with low academic achievement and students with history of anti-social and violent behavior as identified by school administrators in their anti-bullying regulation requirements.

The County and LACADA will review QCPRs from Quarter 1 and Q2, and adjustments in the Addictions Appendix of the County Competitive Contract will be made if need be to refine the goals of Prevention/Education. The County will monitor through the QCPRs that the funded provider is reporting data that addresses the identified outcomes.

Annual Cost

We anticipate funding the program at a minimum of \$14,025, based on available funds.

Annual Outputs

We anticipate funding for a minimum of 25 students.

Annual Outcomes/Community Benefits

65% of students will report improvement in being able to identify risk factors for use of alcohol and drugs.

50% of students will improve school attendance.

50% of students will have less disciplinary actions for anti-social and violent behavior.

Participating Partners

Collaboration will continue with the Warren County Department of Human Services, community providers, and LACADA.

2020-2023 EVIDENCE-BASED, PREVENTION EDUCATION PROGRAM(S)

Name: An evidence-based program that uses various skill building workbooks, didactic lectures and interactive approaches to create an program for at-risk students. This program will address students to assist in the prevention of substance use, violence, anger, truancy and juvenile delinquency. The program will build protective factors and reduce risk factors of substance use, delinquency and truancy.

Description: The program is effective in working with at risk students, and has been integrated into the classrooms working with identified students to prevent substance use, teenage violence, school dropout, truancy and juvenile detention. It decreases risk factors among students while increasing protective factors.

Objectives: Students with risk factors for Substance Use Disorder will increase protective factors by being able to improve their ability to identify the risks of alcohol and drug use.

Location or Setting for its Delivery: Target population will be middle school classrooms in at least two Warren County schools

Expected Number of People to Be Served: A minimum of 25 students.

Cost of Program: A minimum of \$14,025, based on available funding.

Evaluation Plan: The program will be evaluated based on the projected outcomes of reducing absenteeism among at-risk youths, pre- and post-test score improvement on youth knowledge of risk factors while using alcohol and or drugs, and a decrease in anti-social and/or violent behavior at school. The County will also look at other factors that may affect youth substance youth in order to help improve the prevention programs within the community. These will include looking at Station House Adjustment programs and recidivism rates among youth, number of youth successfully engaging in treatment and recovery supports, and increasing primary care physician's knowledge of area resources for addictions services and mental health services to help connect their patients in a holistic way to care.

5. EARLY INTERVENTION

LOOKING BACK: EARLY INTERVENTION ACCOMPLISHMENTS 2016-2019

In putting together the plan for 2016-2019, the Warren County Substance Use Coordinator and LACADA felt the county Law Enforcement (LE) and Emergency Medical Services (EMS) personnel had limited knowledge on how to respond to overdose risk factors, particularly for heroin and opioids. It is well documented that the highest risk time for an individual to overdose again is after a prior overdose. The administration of Naloxone should be part of an overdose early intervention program. It was for this purpose that during the 2016-2017 planning cycle, the County and LACADA identified Screening, Brief Intervention, Referral and Treatment (SBIRT) as an evidence-based practice in which to reduce the dependence on substances by the community. They identified Community Prevention Resources (CARES) through a competitive contract process as the provider of SBIRT that began in 2018 in which 32 officers received training for one municipality's police department. At the annual site review, the provider reported while they could not speak to whether there was a decrease in overdoses in that municipality specifically due to the program, there was an increase in referrals from the police department that received the training, and therefore more people had access to recovery support services. Prior to implementation of the program, three officers would refer to CARES, but once the entire department had the training they had the ability to outreach with materials and resource cards provided at those trainings. The goal is to offer training to all municipal police departments in the County, County EMS personnel and school Substance Use Coordinators at all County schools. SBIRT is beneficial in reducing stigma and providing professional development to the County's first responders with real time response and action toward recovery support services. CARES has also provided several Naloxone trainings throughout the county for any community member interested in learning how to administer, including to local LE and EMS.

In 2017, County Freeholder Jason Sarnoski and Doug Steinhardt a leader in the community and advocate for addictions awareness/reduction in the County established the Addictions Awareness Task Force. They have met on a monthly basis over the past two years, created a logo and held an Access to Care Conference in October 2018. The goal for the upcoming year is to form focus groups on how best to tackle the opioid crisis within Warren County. They work collaboratively with all addiction services providers in the County, as well as community volunteers interested in advocacy for providing a continuum of care to all citizens.

The County has collaborated with the Warren County Prosecutor's Office since 2014 in offering Crisis Intervention Team training to local law enforcement and behavioral health providers to provide a concerted effort in responding to individuals in crisis in the community. In addition to the majority of municipal police departments having trained CIT officers, most mental health and substance use providers in the county have had staff attend this week-long training, as have the NJ State Police located in Hope and Washington Township and 911 operators. The goal is to continue to offer this training on a yearly basis to increase the number of first responders and behavioral health professionals knowledgeable about County resources and aware of how to collaborate effectively with each other to help residents in crisis. The training is followed up with a minimum of one meeting annually to discuss issues related to mental health and substance use among LE and behavioral health professionals.

The National Institute of Mental Health^{xiii} reports that one in five Americans has a mental illness or substance use disorder, yet many are reluctant to seek help or simply don't know where to turn for care. Recognizing mental health and substance use challenges can be difficult, which is why it is so important for everyone to understand the warning signs and risk factors. According to NJSAMS data^{xiv}, 37% of

those discharged from substance use treatment in 2017 identified as having a mental health problem. The Warren County Community Voice Survey^{xv} reflected 81% of respondents knew where to find information on substance use prevention for themselves or a loved one and 80% knew how to find substance use treatment. When broken out by age the percentages decreased to 70% and 72% respectively for respondents age 65-74. Mental Health First Aid teaches participants how to identify, understand and respond to signs of mental illnesses and substance use disorders. The 8-hour training will teach participants how to identify risk factors and warning signs of mental health concerns, build understanding of their impact and provide an overview of common treatments. When provided in the community local resources can be given for participants to learn more of what's available to them and their loved ones.

ASSESSING THE NEEDS FOR EARLY INTERVENTION PROGRAMS

NJCares.gov 2017 preliminary data^{xvi} shows 36 drug related deaths reported in Warren County, 16 due to heroin and 25 due to fentanyl/analogs (chemically manufactured or synthetic drugs made to respond similarly to other substances, such as opiates). This is an increase of 116% from 2016 drug-related deaths in the County. At the end of October 2018 there were 148 recorded administrations of Naloxone by LE and EMS, up 104% from 2017.

According to a key informant interview, the greatest barrier we face is having a higher need for services in the community than resources to assist and the perception that providers are receiving fewer referrals from other County providers. Hospital discharges are often connected to mental health services over substance use services or vice versa, even when there is a co-occurring need that could benefit from an integrated approach. In providing evidence-based trainings, such as SBIRT, Mental Health First Aid (MHFA) and CIT, can only increase the awareness of local resources among providers, law enforcement and the community to increase linkage to treatment and recovery supports.

LOOKING FORWARD: THE 2020 TO 2023 EARLY INTERVENTION PLAN

Warren County Law Enforcement (LE), Emergency Medical Services (EMS) personnel, school personnel, medical providers and the aging population have limited knowledge about the complexity of substance use disorder. Even more challenging is their ability to assess use, address detoxification and withdrawal and implement the appropriate level of care regarding treatment. Without this knowledge the social costs are reflected in increased emergency room visits and EMT/EMS and police calls. This further compounds community problems with limited persons to respond to other health emergencies.

Law enforcement, EMS, school personnel and medical providers do not know the intervention constructs of screening, assessment, diagnosis, and levels of care. Screening, Brief Intervention, Referral and Treatment (SBIRT) is an evidence-based practice to increase knowledge of available services within the community that LE, EMS, school personnel and medical providers can learn to provide early intervention for those in the community that are at-risk. It offers first responders an opportunity for early intervention to individuals who have experienced an overdose. It is documented that the highest risk time for an individual to overdose again is after a prior overdose. The administration of Naloxone should be part of an overdose early intervention program.

Further strengthening the knowledge and capacity for early intervention within LE, EMS, school and medical personnel is in the provision of CIT and MHFA trainings. The goal for the County is to continue to offer CIT at least once annually and MHFA for both the youth and the adult populations.

THE EARLY INTERVENTION LOGIC MODEL NARRATIVES

Need Capacity Gap

Warren County Law Enforcement (LE), Emergency Medical Services (EMS) personnel, school personnel, medical providers and the aging population have limited knowledge on how to bring anyone face to face with the reality of the disorder, detoxify someone and begin treatment. LE, EMS, school personnel and medical providers do not know the intervention constructs of screening, assessment, diagnosis, and levels of care. Screening, Brief Intervention, Referral and Treatment is an evidence-based practice to increase knowledge of available services within the community that LE, EMS, school personnel and medical providers can learn to provide early intervention for those in the community that are at-risk.

It is documented that the highest risk time for an individual to overdose again is after a prior overdose. The administration of Naloxone should be part of an overdose early intervention program. LE, EMS and family members are often the first responders at an overdose. Having the SBIRT training gives them an opportunity to provide an early intervention to the individual who has overdosed.

CIT and MHFA provide further awareness of available resources for mental health and substance use services to LE, EMS, school professionals and medical personnel. Providing these trainings also offers an opportunity for professionals in these entities to build collaborative relationships, strengthening the community's ability to support those most in need of services.

Social Costs/Community Problems

Warren County Law Enforcement (LE), Emergency Medical Services (EMS) personnel, school personnel, medical providers and the aging population have limited knowledge how to respond to early intervention. They are not traditionally trained on assessing an individual on their levels of intoxication or withdrawal symptoms, therefore prohibiting the intervention process to progress. They often feel frustrated and helpless at responding to the same individuals repeatedly to provide Naloxone, which frequently leads to stigmatizing the individual with a substance use disorder. Increased calls to the same households for the same individuals also decreases the number of emergency personnel able to respond to other medical emergencies in the same communities. Providing evidence-based trainings, like SBIRT, CIT and MHFA within these communities can help empower these groups to connect individuals to available resource and reduce overdose calls and stigma by building a community of supportive individuals around those with a substance use disorder.

While it is difficult to determine the number of individuals that will be impacted by prevention efforts, it should be noted that the number of overdose deaths in the first and second quarters of 2019 have reduced by 60% compared to 2018 during the same time period^{xvii}. There are many factors attributing to the drop in numbers. Narcan trainings provided throughout the county (thus increasing access within households to the overdose-reversal agent). An increase in media coverage regarding the risks of fentanyl in the opiate supply that may deter someone from using. Other evidence-based programs running in the community such as the Opioid Overdose Recovery Program (OORP) that provides Recovery Support Specialists immediately to an individual who has overdosed and is seen in the ED. However, the impact SBIRT has made within the community cannot be discounted either, as it has the power to foster a stronger relationship between first responders and individuals with a substance use disorder to get the support they need to begin their path to recovery.

Quantitative/Qualitative Evidence

Per the NJCares.gov data^{xviii} the 2017 preliminary data shows 36 drug related deaths reported in Warren County, 16 due to heroin and 25 due to Fentanyl/Analogues. This is an increase of 116% from 2016 drug related deaths in the County. At the end of October 2018, there were 148 recorded administrations of Naloxone by Law Enforcement and Emergency Medical Services, up 104% from 2017.

Goal

By increasing LE, EMS, school and medical personnel's ability to identify an individual with a substance use and/or mental health need and make a referral to an appropriate program within the community, thereby reducing County overdoses and increasing the number of individuals linked to treatment.

More often than not, LE, EMS, or school and medical personnel interact with an individual who is overdosing. Providing them with the tools on how to quickly assess the individual and then refer them for an appropriate level of care is another opportunity for someone to access needed treatment on their way to recovery and should not be overlooked.

The short-term goal is to provide SBIRT training to at least one entire police department and/or Emergency Service Team per year, with more as the program is able considering cost, scheduling availability and time allowed. A medium-term goal is to increase LEs and EMTs implementation of SBIRT in their daily encounters with individuals under the influence of drugs and/or alcohol, with the long-term goal of decreasing use in individuals with a substance use disorder that interact with LEs and EMTs.

In addition, providing Crisis Intervention Team training to all law enforcement personnel within the County on an annual basis, in collaboration with the Warren County Prosecutor's Office. Building a team network of LE and behavioral health professionals responding to individuals in crisis due to a mental health and/or substance use issue. The goal of the program is to provide additional resources for LE to make responders aware of the programs operating in the community as they respond to such crises. Further, Mental Health First Aid (MHFA) will be offered at least once annually, as needed, to all community members interested in learning how to help someone with a mental illness and/or substance use disorder in crisis access available services.

Objectives

2020

Identify based on 2019 Overdose data which Police Departments and Emergency Medical Services should receive training in Year One. Task Force partners will identify training needs and will be trained on SBIRT. If possible, expand to multiple PDs throughout County. In addition, WC DHS in collaboration with the LACADA planning committee, will look at surveys of individuals who have been admitted to withdrawal management programs and then transitioned to treatment facilities. This will assist in determining gaps for those attempting to move through the continuum of care. Intervention is an organized effort by people in the addiction environment that help break walls to seeking admission to treatment.

In collaboration with the Warren County Prosecutor's office, offer at least once annually CIT training to LE, EMS and behavioral health personnel within the County. WC DHS will offer to all community members MHFA in collaboration with the Division of Mental Health and Addiction Services (DMHAS) and other providers offering an adult and youth course.

2021

Identify based on 2020 Overdose data which Police Departments and Emergency Medical Services should receive training in Year Two. Encourage those departments that have not sent a member to CIT in past year to participate in this year's training. Continue to offer MHFA trainings in all communities as needed and requested.

Identify gaps in continuum of care and establish what programs are needed and what funding is available to fill the need. This information will be gathered through key informant interviews, surveys, focus groups and committee meeting discussions, as well as looking at state and national data.

2022

Identify based on 2021 Overdose data which Police Departments and Emergency Medical Services should receive training in Year Three (3). Encourage those departments that have not sent a member to CIT in past year to participate in this year's training. Continue to offer MHFA trainings in all communities as needed and requested.

Identify gaps in continuum of care and establish what programs are needed and what funding is available to fill the need. This information will be gathered through key informant interviews, surveys, focus groups and committee meeting discussions, as well as looking at state and national data.

Strategies

Provide community trainings that include SBIRT, CIT and MHFA where requested and identified as a high needs area.

Annual Cost

We anticipate at a minimum the cost to be \$15,000 per year.

Annual Output

We anticipate a minimum of 25 Officers and 25 EMS will be trained annually. Number of individuals screened and referred for treatment will be assessed to determine the success of the training process.

Annual Outcomes

We anticipate an annual reduction in the overall overdoses in the County and an increase in the number of individuals linked to treatment/recovery.

Participating Partners

Collaboration between the Warren County Department of Human Services, Division of Administration will continue with the LACADA, NJCADAD, Warren County Prosecutor's Office, Municipal police and EMS agencies, local hospitals, recovery advocates and community prevention resources.

2020-2023 EVIDENCE-BASED, EARLY INTERVENTION PROGRAM(S)

Name: Screening, Brief Intervention, and Referral to Treatment (SBIRT)

Description: Per SAMHSA^{xix}, SBIRT “is an evidence-based practice used to identify, reduce and prevent problematic use, abuse and dependence on alcohol and illicit drug use.” Training is offered in two modules totaling 4 hours in which officers are taught how to redefine their understanding of substance abuse problems, how to identify those problems, intervene with an individual experiencing a substance use problem, what treatment looks like and how to refer someone for treatment. The purpose is to assist officers who encounter someone with a substance use problem in engaging that person in understanding their behavior as at risk of developing, if not already, into a substance-related health problem and how to get help as needed.

Objectives: Identify based on previous year's Overdose data which Police Departments and Emergency Medical Services should receive training. Improve reporting already created to include number of screenings resulting from training.

Location or Setting for its Delivery: County Police Departments, EMS providers, school personnel, medical professionals, community members.

Expected Number of People to Be Served: At a minimum, 25 Officers and 25 EMS personnel per year.

Cost of Program: Minimum of \$15,000, based on available funding.

Evaluation Plan: During training officers are given pre- and post-tests to assess and increase their knowledge of addiction as a disease, the purpose of SBIRT, perception of alcohol in relation to problematic behavior on a severity scale, types of treatment modalities available for individuals with a substance use disorder, and available resources in the county. The program is required to submit quarterly reports demonstrating the number of individuals trained, screenings completed and referrals made to the treatment and recovery resources, as well as technical assistance provided to the officers.

6. TREATMENT ACCESS

LOOKING BACK: TREATMENT ACCESS ACCOMPLISHMENTS, 2016-2019

The County's goal in the 2016-2019 Planning Cycle was to ensure individuals received the appropriate level of treatment to address their substance use disorder based on the lack of withdrawal management services and short- or long-term residential treatment providers within the County for limited income individuals. An added challenge was the loss of a provider in neighboring Sussex County in 2015 that made up for 19% of Warren County demand in 2012. With the State Medicaid expansion and Fee for Service (FFS) access to services became more readily available to those eligible for that benefit. The expansion also allowed new providers into the County, including Medicated Assisted Treatment providers within the community and County jail.

For 2018 the combined AEREF and County funding allocated for Substance Use Treatment was \$228,454 and over 500 clients were served in this year. Warren County Department of Human Services, Division of Administration continued to struggle with end-of-the-year unexpended substance misuse treatment funds due to other funding sources becoming available with the FFS waiver. Based on conversations between the State and CADADs, more creative ways are needed to provide a full continuum of services in substance use treatment for individuals in need in the County.

ASSESSING NEEDS FOR TREATMENT ACCESS PROGRAMS

Warren County continues to struggle providing a continuum of care for its addicted residents due to limited insurance, lack of transportation and lack of facilities that cover all levels of treatment. Warren County continues to support residents through the continuum of care, no matter where it is found.

Access to resources within the County have proven challenging when subcontracting with providers that are at a great distance based on what type of treatment is needed. Warren County does not have inpatient substance use providers serving uninsured or working poor individuals within the County. Based on the Community Voice Survey^{xx}, the median household income in Warren County is \$72,999, slightly lower than the Statewide median household income of \$73,702. However, there is a great portion of individuals living below the poverty level within certain municipalities, including Phillipsburg at 19.6% and 13% in Hackettstown. In comparison, those living below the poverty level in the County as a whole is 7.9% and Statewide is 10.9%. Further, families in Washington Boro residing below the poverty level is 9.3% against the county's overall level at 5.7% and statewide 8.1%. The United Way Asset limited, income constrained, employed (ALICE) criteria determined that 32% of Warren County households meet this criteria and the unemployment rate for the County as of August 2018 was 4.2%.

Work-life balance is not conducive to treatment that is over 60 miles from their home, support system and place of employment. This has resulted in shorter stays and leaving treatment against medical advice (AMA). In fact, it was found at a site review for a short-term inpatient facility that 100% of individuals admitted to treatment during 2018 left AMA within a span of two weeks from admission. In contrast, outpatient and intensive outpatient providers that are located in the County showed a marked increase in treatment provision in 2018, expending the majority of their funding before the end of the third quarter.

LOOKING FORWARD: THE 2020 TO 2023 TREATMENT ACCESS PLAN

The County wants to ensure providers of all levels of care on the continuum by funding residential treatment, including withdrawal management as well as outpatient services for individuals who are uninsured or for whom there are no other financial resources available. Include funding for transportation, case management and other wrap-around services as needed/where appropriate. Providers will be identified through a County-wide competitive contract process. We will also monitor the needs of the aging population and increase funding as needed.

We anticipate a reduction in County funding that will significantly reduce available funding that has been historically put toward substance use treatment services across the continuum of care in the County. Therefore our goal is to prioritize the greatest need to the individual needs and services required for Warren County residents during the 2020-2023 plan years.

THE TREATMENT ACCESS LOGIC MODEL NARRATIVES

Capacity Gap

Warren County has a scarcity of addiction services providers for individuals with limited to no income or insurance. All inpatient providers for this population are located far outside the boundaries of the county, including withdrawal management, short-term and long-term residential stays, halfway houses and licensed sober living environments. For individuals who require a higher level of care than outpatient treatment, they must travel far from their families and places of employment to access help. Often this leads to discontinuing of treatment against medical advice, before they are ready to embrace full recovery, due to obligations at home, whether real or perceived. This puts a burden on the individual interested in recovery, their support system and community as a whole. These individuals are at higher risk for overdose due to their start of treatment and reduction of use, which can lead to higher incidences of first responder calls and ED use, further burdening an already burdened system.

Social Costs/Community Problems

Warren County residents often find it difficult to access the appropriate level of care due to the location of the providers and lack of treatment on demand availability. These factors contribute to individuals who continue to use alcohol or drugs despite knowing they need treatment. Crime, homelessness and lack of regular medical care can be anticipated to increase. Continued use by individuals who use heroin or other opioids may result in overdose and possibly death. Law Enforcement and Emergency Medical Services, as well as hospital emergency departments, may be overburdened with responding to these medical emergencies.

With continued use there is also the impact on the family, including on the foster system and parents inability to maintain their parental rights due to continued use. The Community Voice Survey^{xxi} reflected the older population (ages 65-74) perceived their community had safe, high-quality child care at a lesser percentage than those ages 18-44, who were more likely to be parents (51% to 69%, respectively). On the other hand, 63% of respondents' ages 18-44 perceived they had access to good quality care for substance use disorders, in comparison to 44% of adults ages 65-74. One conclusion we might make from this data is that more younger people are relying on their parents and grandparents to assist in the role of caregiver while they continue to use substances or seek treatment.

Quantitative and Qualitative Evidence

In 2016 and 2017, 24% of Warren County’s treatment admissions were for residential treatment or withdrawal management^{xxiii}. In-county resources are not available in the treatment continuum. Most County residents had to travel a minimum 60-75 minutes to access treatment and regularly did not complete treatment often due to the distance from their support system.

Goal

Ensure individuals in Warren County receive the appropriate level of treatment to address their substance use disorder, including all levels of care as outlined in the American Society of Addiction Medicine (ASAM) criteria.

Objectives

2020

Ensure sufficient providers of all levels of care on the continuum by funding residential treatment, including withdrawal management as well as outpatient services for individuals who are uninsured or for whom there are no other financial resources available. Include funding for transportation, case management and wraparound services as needed/where appropriate.

2021 and 2022

To review the previous year’s levels of service (LOS) for contracted providers and make recommendations for changes in LOS and allocations as may be necessary.

Strategies

For the first year of the plan, utilize a competitive contract process to identify and fund services across the continuum. For the second year, the Department and LACADA will review all LOS and treatment data from the previous year’s 1st and 2nd quarters to have input into 2021 funding allocations. The third year will again utilize the competitive contract process for funding allocations.

Annual Cost

County: \$107,000 – subject to available funds
AEREF/State: \$177,981 – subject to available funds
Total: \$284,981

Annual Outputs

Est. Detox-10 individuals
Est. STR (incl. Co-Occurring)-10 individuals
Est. adult OP/IOP-100 individuals
Est. Halfway House-5 individuals

Annual Outcomes

The County anticipates these early interventions will reduce recidivism rates, increase the number of individuals in recovery, reduce the number of alcohol/drug related visits to area Emergency Departments and reduce the number of deaths related to alcohol/drugs.

Participating Partners

WC DHS, Division of Administration
CADAD
LACADA
New Hope Foundation
Family Guidance Center of Warren County
Freedom House

Final

2020-2023 EVIDENCE-BASED, TREATMENT ACCESS PROGRAM(S)

Name: Any licensed contracted provider within the continuum of care.

Description: Licensed treatment providers that are able to provide withdrawal management, short-term and/or long-term residential treatment, halfway house, sober-living environments, and recovery supports. In addition to the evidence-based treatment services already provided at these facilities, services can also include transportation to and from residential treatment providers, case management services to keep individuals engaged while awaiting in-patient stays, transitional services to higher or lower levels of care, harm reduction practices and other wraparound services that will encourage individuals with, or at risk of developing, a substance use disorder on their path to recovery.

Objectives: To provide substance use treatment services to Warren County residents within the continuum of care

Location or Setting for its Delivery: Various providers within and out of the County providing evidence-based practices within treatment settings as set forth by the ASAM criteria.

Expected Number of People to Be Served: minimum of 500 individuals per year

Cost of Program: Subject to available funding

Evaluation Plan: The Department of Human Services (DHS) through the Substance Abuse Coordinator will conduct annual site monitoring visits to determine LOS are being met and the providers are submitting accurate funding reports. DHS requires all contracted agencies to provide quarterly reports demonstrating the number of individuals served, services provided and outcomes of their treatment. In addition, programmatic reviews will take place as deemed necessary by authorization of the Annex A in which the program is not meeting it's required LOS, timely submission of reports, poor community reviews and other requirements as laid out by the Annex A.

7. RECOVERY SUPPORT SERVICES

LOOKING BACK: RECOVERY SUPPORT ACCOMPLISHMENTS 2016-2019

Warren County did not allocate AEREF funding toward recovery supports in the 2016-2019 planning period, but did utilize county funding dollars in this level of care. Through 2016-2019 there was a review and change to the recovery support providers due to performance outcomes. Over the course of their new contract, the current provider has worked on developing relationships with the out-of-county inpatient providers and in-county providers, including one of the two area hospitals and all law enforcement agencies, to build better relationships in order to gain referrals for their recovery support system. They have also distributed written material throughout the recovery community, including AA/NA meeting sites, to advertise their services.

Family Guidance Center of Warren County was awarded the Opioid Overdose Recovery Program grant through the Division of Mental Health & Addiction Services (DMHAS) in 2018, in which they receive state funded dollars to run the program. This program offers Recovery Specialists and Patient

Navigators to meet with individuals who have experienced a Naloxone reversal following an opioid overdose in the Emergency Department (ED). Individuals receive non-clinical assistance, recovery supports and appropriate referrals for assessment and substance use disorder treatment. The program saw 136 individuals in 2018, 62% of whom accepted services and 38% who declined^{xxiii}. Many of the individuals that have been seen through this program at the ED have done so multiple times, often declining services at the initial meeting but accepting them on subsequent visits. For those individuals that come to the area EDs without having had a Naloxone reversal, other recovery support service programs work to engage these individuals in accessing treatment.

ASSESSING NEEDS FOR RECOVERY SUPPORT SERVICES PROGRAMS

Based on key informant interviews, there is a breakdown between the referral process for recovery support following a discharge from inpatient treatment stays back into the community, as well as from outpatient providers that see an individual at a minimum of once a month. CARES reported their main source of referrals for services is from one local hospital, local police and County probation. Despite receiving minimal referrals, they are seeing a high need for services that has greatly taxed their volunteer services, to which they have provided a 6-hour training to add 10 more volunteers at the end of 2018.

Re-entry from the local jail and the state prison system can be particularly challenging for someone with a history of substance misuse, especially when returning to the community in which access to alcohol and/or drugs is readily available. Approximately 40-60% of inmates at the Warren County Correctional Facility are reported to have a substance abuse history^{xxiv}. The jail has a program for inmates to receive Medicated Assisted Treatment (MAT) while incarcerated, however they are often left without resources when discharged. This is especially true since bail reform took effect in January 2017, where many individuals are in the jail for less than 48 hours, giving the staff at the jail little time to determine their needs let alone connect them to the appropriate resources in the community. Further, according to the New Jersey Substance Abuse Monitoring System (NJSAMS)^{xxv}, 31% of Warren County residents admitted to substance abuse treatment in 2017 were on probation/parole, slightly below the percentage of individuals without any legal issues also seeking treatment that year. Therefore, the local jail provides a huge outreach opportunity for recovery support services to help individuals develop a recovery plan prior to discharge, with the goal to reduce recidivism.

The Warren County Department of Human Services and Office of the Attorney General through the Warren County jail, are in the process of submitting a Medicated Assisted Treatment (MAT) grant with NJ Department of Corrections (NJDOC) to develop an MAT program that will link inmates to community resources and other recovery support services. These may include, but not be limited to, employment and/or education opportunities, substance use and mental health counseling, and linkages to wraparound services upon discharge.

LOOKING FORWARD: 2020-2023 RECOVERY SUPPORT SERVICES PLAN

According to SAMHSA^{xxvi}, the recovery support principle is based on a person's ability to be in charge of their own recovery process, the hope that recovery is possible and that it involves not only themselves but also the strengths and responsibilities of their family and community. Addiction has a ripple effect that influences not only the individual but also the community in which they live, which is also true of the recovery aspect of their lives^{xxvii}. With full support from their community, including family and friends, an individual can have opportunities for housing, employment and education to empower them to maintain recovery over time.

Warren County would like to be able to offer within their recovery supports a model of certified peer and family supports to all residents at risk of and diagnosed with a substance use disorder. Due to the rural nature of the county, individuals seeking substance use treatment face challenges in regards to transportation to and from treatment centers; safe, stable affordable housing, especially for those with a criminal record or prior eviction; and employment and educational opportunities for all.

According to SAMHSA^{xxviii}, recovery is a process in which an individual needs the support of their family, friends and community. Peer supports for the family system is a beneficial component in the recovery process for someone with a substance use disorder. Recovery Support Specialists are individuals who have lived experience with substance use disorder who can help guide individuals toward appropriate levels of care, support them through the process and encourage them to continue even as they face setbacks and challenges. This can also be true for family support specialists who have lived with a loved one that experienced a substance use disorder, as they will have the perspective of what worked best and what did not, in helping others through the system of care.

The County will ensure availability of a variety of peer recovery support services to meet the needs of the community thus reducing the number of individuals relapsing and needing further treatment.

We are considering designating AEREF funds to recovery support services from treatment funding due to Fee for Service (FFS) and other state initiatives that have affected spending at the treatment provider agencies. We would also like to research the opportunity of offering certified peer Family Recovery Support Specialists to provide the much needed support family members require as they work with a family member with a substance use disorder.

In addition to recovery supports, the county has established an active Stigma Free Initiative to include substance use disorder in order to spread awareness throughout the county on the disease aspect of the disorder and the necessity of community supports to help someone attain recovery and live within the community as a contributing member to a thriving community.

THE RECOVERY SUPPORT LOGIC MODEL NARRATIVES

Capacity Gap

Based on the site review to the current provider of peer recovery supports in the County, the treatment demand is greater than the amount of volunteer hours available and the program would benefit in being able to provide more supervision hours to provide support for both staff and volunteers. Providing peer recovery supports to County jail inmates may also reduce recidivism rates. Family supports can help families with a loved one with a substance use disorder on how to reach out for help for themselves and their family member. Peer recovery supports are often created and provided mainly by peers with similar life experiences on how to attain recovery and how to sustain it. They have the ability to supplement the formal treatment system, such as medicated assisted treatment (MAT), residential, and outpatient services, by aiding an individual to move along the recovery continuum that may sometimes include relapse.

Social Costs/Community Problems

Addiction has a ripple effect that influences not only the individual but also the community in which they live, which is also true of the recovery aspect of their lives^{xxvix}. With full support from their

community, including family and friends, an individual can have opportunities for housing, employment and education to empower them to maintain recovery over time.

An individual with a substance use disorder faces many challenges without a positive support system. These can include risk of relapse, the ability to maintain sober housing, gain and retain employment, and sustaining successful recovery when living in the same environment that may have contributed to their substance use. A positive peer support system can be influential in helping them obtain and sustain long-term recovery.

Qualitative and Quantitative Evidence

Goal

To increase the number of individuals with a substance use disorder obtain and sustain recovery through a strong, positive community support system that can help guide them through treatment, education and linkages to other wraparound support services.

Objectives

2020

Ensure a minimum of one provider of certified peer recovery support services receives designated funding.

2021, 2022 & 2023

Review previous years' LOS for contracted provider(s) and make recommendations for changes in LOS and allocations as may be necessary.

1. What program or strategy will the county employ to achieve each annual objective? That is, how does the county plan to meet its objectives?

In the first year, use the needs assessment and competitive contract process to identify and fund a minimum of one provider of certified peer recovery support services. In the second, third and fourth years, the Department and LACADA will review the previous year's level of service (LOS) from 1st and 2nd quarter to have input into following year's funding allocations.

2. How much will it cost each year to meet the annual objectives?

County: TBD, based on competitive contracts
AEREF/State: TBD, based on available funding
Total: TBD, based on competitive contract

3. Once the strategy is implemented, how many residents do you anticipate will be sustained in their recovery? That is, what do you expect will be the annual "outputs" of the county's investments?

A minimum of 68 individuals will receive certified peer recovery support services.

4. What will be the annual outcomes, or community benefits, of the strategy? Please estimate the social cost-offsets for the community.

Reduction in relapse rates

Individuals served will self-report meeting their Wellness goal by remaining abstinent.

Individuals served will self-report improvement in relationships and social networks.

5. Whose participation beyond the county's initiative will be needed to execute the strategy or any of its parts?

WC DHS, Division of Administration

CADAD

LACADA

Provider(s) TBD

2020-2023 RECOVERY SUPPORT PROGRAM(S)

Name: Certified Peer Recovery Support Specialists

Description: Any program able to provide certified Peer or Family Recovery Support Specialists to assist an individual with a substance use disorder on their path of recovery. Services may include transportation to and from treatment, employment services and job training, case management to help provide linkages to other services (legal, social services, clinical, etc.), child care, housing, relapse prevention, life skills, etc. through in-person and telephone supports.

Objectives: To reduce relapse rates, homelessness and crime for individuals in recovery. To connect individuals and their families to treatment programs and other support services for individuals with a substance use disorder to gain and maintain recovery.

Location or Setting for its Delivery: Certified Peer or Family Recovery Support Specialists providing support through telephone and community outreach both for individual supports and group meetings.

Expected Number of People to Be Served: Minimum of 100 individuals to receive recovery support services.

Cost of Program: TBD based on competitive contracts and available AEREF funding.

Evaluation Plan: We will evaluate the plan through Quarterly Contract Programmatic Reports (QCPRs) that will report number of individuals connected to a certified peer recovery specialist (CPRS), reduction in Narcan responses, the number that develop a Recovery Plan, percentage that meet their wellness goals by remaining abstinent based and self-report improvement in relationships and social networks. We will also assess the CPRS ability to link individuals to treatment and other support services, such as medical appointments, social services, transportation and housing.

APPENDIX 1: REFERENCES

- ⁱ North Jersey Health Collaborative Community Voice Survey, September 2018
- ⁱⁱ North Jersey Health Collaborative Community Voice Survey, September 2018
- ⁱⁱⁱ NJ 2010 Middle School Survey
- ^{iv} New Jersey Violent Death Reporting System, September 2018
- ^v Substance Abuse and Mental Health Services Administration (SAMHSA), TIP 50, 2017
- ^{vi} NJ 2010 Middle School Survey
- ^{vii} NJCares.gov Real Time Dashboard of Opioid-Related Data and Information
- ^{viii} New Jersey Substance Abuse Monitoring System (NJ SAMS) data, 2016-2018
- ^{ix} New Jersey Youth Suicide Report, 2015
- ^x New Jersey State Health Assessment Data, 2014-2016
- ^{xi} SAMHSA, TIP 50, 2017
- ^{xii} Pride Survey, Coalition for Healthy and Safe Communities, April 2016
- ^{xiii} National Institute of Mental Health, 2017
- ^{xiv} NJSAMS data, 2016-2018
- ^{xv} North Jersey Health Collaborative Community Voice Survey, September 2018
- ^{xvi} NJCares.gov Real Time Dashboard of Opioid-Related Data and Information
- ^{xvii} NJCares.gov Real Time Dashboard of Opioid-Related Data and Information
- ^{xviii} NJCares.gov Real Time Dashboard of Opioid-Related Data and Information
- ^{xvix} SAMHSA, TIP 33 2013
- ^{xx} North Jersey Health Collaborative Community Voice Survey, September 2018
- ^{xxi} North Jersey Health Collaborative Community Voice Survey, September 2018
- ^{xxii} NJSAMS data, 2016-2018
- ^{xxiii} Family Guidance Center Opioid Overdose Recovery Program data, December 2018
- ^{xxiv} Warren County Correction Facility Warden
- ^{xxv} NJSAMS data, 2016-2018
- ^{xxvi} SAMHSA, 10 Guiding Principles of Recovery, February 2012
- ^{xxvii} NJ Department of Human Services, Division of Mental Health and Addiction Services (DMHAS) website, Peer Recovery Services
- ^{xxviii} SAMHSA, 10 Guiding Principles of Recovery, February 2012
- ^{xxix} NJ Department of Human Services, Division of Mental Health and Addiction Services (DMHAS) website, Peer Recovery Services

APPENDIX 2: DEFINITIONS OF PLANNING CONCEPTS

County Comprehensive Plan (CCP) is a *document* that describes the *future* relationship between the substance abuse risks and treatment needs of county residents and all existing resources available to county residents for meeting those needs. It presents the results of a community-based, deliberative *process* that prioritizes those resource gaps most critical to residents' well-being and proposes an *investment strategy* that ensures both the maintenance of the county's present system of care and the development of a relevant future system. Finally, a CCP represents a commitment of the county and community stakeholders to sustained, concerted action to achieve the goals and corresponding community-wide benefits established by the plan.

Client-centered care is a widely recognized standard of quality in the delivery of substance abuse treatment. It is based on the principle that treatment and recovery are effective when individuals and families assume responsibility for and control over their personal recovery plans. Thus, client-centered care respectfully incorporates individual client preferences, needs, and values into the design of an individual's recovery plan by empowering clients and their families with the information necessary to participate in and ultimately guide all clinical decision-making pertaining to their case.

Recovery-oriented care views addiction as a *chronic* rather than an *acute* disease. Correspondingly, recovery oriented care adopts a *chronic disease* model of sustained recovery management rather than an *acute care* model premised on episodes of curative treatment. Recovery-oriented care focuses on the client's acquisition and maintenance of recovery capital, such as global health (physical, emotional, relational, and spiritual), and community integration (meaningful roles, relationships, and activities).

Continuum of Care: For purposes of community-based, comprehensive planning, the full service continuum of care is defined as inter-related county systems of substance abuse prevention and education, early, or pre-clinical, intervention, clinical treatment and long term recovery support.

Co-occurring Disorder is a term that describes those persons who suffer treatment needs for substance use and mental health related disorders simultaneously such that care of the whole person requires both disorders be addressed in an integrated treatment plan.

Need Assessments are carefully designed efforts to collect information that estimates the number of persons living in a place with clinical or pre-clinical signs of present or future treatment need. Typically, an assessment will also describe need according to the socio-demographic characteristics of the population. If the care being planned is preventive in nature, then the assessment focuses on the number of residents at risk of presenting for clinical interventions. If the care being planned is in the nature of chronic disease management, then the assessment focuses on the number of residents completing clinical care for an acute disease episode. Typically, a need assessment will also evaluate the significance of an identified need according to the expected personal and social costs that can be anticipated if the identified need is left unaddressed.

Demand Assessments seek to convert an assessed need into an estimate of the number of persons who can be expected to seek the planned care. The purpose of demand assessment is to anticipate how many persons with the need will actually use the care if it is offered. Treatment need may or may not convert to treatment demand. That portion that seeks and obtains treatment is called "Met demand" and that portion which does not is called "Unmet demand" when any individuals in this group indicate a desire to obtain treatment. The remainder are persons in need with no indicated demand for care.

Gap Analysis describes needs that are not being met because of a shortfall in resources available to meet them. By comparing the number and characteristics of residents who are likely to present for care, Demand, with the number and characteristics of care providers available to treat them, a "gap" in services may be identified. In the first instance, a "gap" is the arithmetic difference between a projected service

need and the existing capacity of providers to meet the need. But a “gap” may also arise because of access issues called “barriers,” such as a lack of insurance, transportation or child care.

Logic Model A logic model is tool for organizing thoughts about *solving a problem* by making explicit the rational relationship between means and ends. A *documented need* is converted into a problem statement. The *problem statement* must be accompanied by a *theory* that explains the problem’s cause(s) and the corresponding actions required to “solve” it. The theory must be expressed in the form of a series of “If...Then” statements. For example, **If** “this” is the problem (*definition*) and “this” is its cause (*explanation*), **then** “this” action will solve it (*hypothesis*). Finally, when out of several possible “solutions” one is adopted, it must be accompanied by a *list of measures* for which data are or can be made available, and by which to determine if the targeted problem was indeed “solved,” in what time frame, to what degree, at what cost to the community and for what benefit (outcome or payback) to the community.

Outputs are the numbers of persons served by any given program expressed in terms of both total persons served and per person costs of services delivered.

Outcomes are the community values resulting from the operation of any given program expressed as the percentage of a community problem “solved” and as a rate “per hundred thousand” of a county or target population.

Programs provide a coherent implementation plan. By breaking a problem’s solution down into a series of smaller tasks, a program organizes the tasks, resources, personnel, responsibilities and time-to-completion around the hypothesized solution to the stated problem.

Evaluation Plans establish the value of the outcome of having reduced the size and impact of the stated “gap” on a community. The elements of an evaluation plan are: 1) a problem statement, 2) anticipated benefits, often, but not exclusively expressed in costs saved or offset, 3) measures that can inform the community if a problem has been reduced and by what proportion, 4) a description of the type and availability of the data required to measure the intended change, 5) a method for analyzing the data obtained, 6) an estimate of the fiscal and other requirements of the method, and 7) the findings from the evaluation.

APPENDIX 3: LIST OF PARTICIPANTS IN THE PLANNING PROCESS

LACADA			
	RESIDENT (Y/N)	NAME	AFFILIATION
1.	Y	Lou Naumann	Citizen, Chairperson
2.	N	Jim Seng	Family Guidance Center of WC, Recovery Connections, former chair & PACADA member/LACADA liaison
3.	Y	Charlie Raffaele	Citizen, Member
4.	Y	Randi Hengst	DGP&P, LACADA & CASS member
5.	Y	Naya Singh	WC Prosecutor's Office, LACADA & CASS member
6.	Y	Robert Frankenfield	Family Promise of WC, member
7.	Y	Michael Hornstein	Alina Lodge, former member
8.	Y	Alessandre Singher	Professor, WC Community College & LPC, Clinical Psychotherapy & Consultation, LLC, member
9.	Y	Patricia Lynch	Citizen, former member
10.	N	Joshua Grace	Citizen, former member
11.	N	Abubakr Sakhu	People Helping People, former member
12.	Y	Dena Parichuk	Citizen, former member
13.	Y	John Feeney	Citizen, former member
14.			
15.			
16.			

PROVIDER			
RESIDENT (Y/N)	NAME	AFFILIATION	
1.	N	Shawn Buskirk	Director, Warren County Department of Human Services
2.	Y	Michele Eichorn	Executive Director, Family Guidance Center of WC
3.	N	Richard McDonnell	Former Executive Director, Family Guidance Center of WC
4.	Y	Jenna Stoner	Family Guidance Center of WC, Regional Prevention Coalition
5.		Ingrid Fernandez	Family Guidance Center of WC, Regional Prevention Coalition
6.	Y	Yvette Day	Community Prevention Resources, PACADA co-chair
7.	N	Sarah Perramant	Public Health Epidemiologist, WC Health Dept.
8.	Y	Courtney Sartain	Planner, WC Health Dept.
9.	Y	Ken McCarthy	Warden, Warren County Correctional Facility
10.	Y	Lauren Burd	Warren County TASS Director
11.	Y	Jason Sarnoski	Freeholder Director, former WC DHS liaison
12.	Y	Elizabeth Sartori	Atlantic Health System, Center for Addictions, PACADA Chair
13.	N	David Roden	Vice President & COO, New Hope Integrated Behavioral Health Care
14.	N	Sylvia Lippe	Morris County Prevention is Key, Warren IDRC, PACADA member
15.	N	Galindo King	Executive Director, Freedom House, PACADA member
16.	N	Heather Greulich	Director of Administrative Services, Turning Point, PACADA member

COMMUNITY			
	RESIDENT (Y/N)	NAME	AFFILIATION
1.	Y	Michael Calderon	CSOC Tri-County Substance Use Navigator Initiative
2.	Y	Elaine Fehrenbach	WC NAMI President, Mental Health Board former chair
3.	Y	Jan McDyer	WCDHS, HSAC & Transportation Coordinator
4.	Y	Patricia Test	WCDHS, Youth Services Coordinator, CIACC
5.	Y	Stephanie Nienstedt	WCDHS, CASS, Municipal Alliance Coordinator,
6.	Y	Lakshmi Baskaram	Director, WC Department of Aging & Disability
7.	Y	Debi Meade	Retired Substance Use Coordinator, WCDHS
8.			
9.			
10.			
11.			
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Final

APPENDIX 4: LOGIC MODELS

PREVENTION

Need-capacity gap and associated community problem (A)	Evidence of problem and its significance for the county (B)	Goal For 2020-2023 (C)	Objectives Targets Per Annum (D)	Strategy To Achieve Objective (E)	Inputs Financial or Other Resources (F)	Outputs Expected product (G)	Outcomes Expected Community Benefits (H)	Participant Agencies Other Than County (I)
<p>Need-capacity Gap: Despite Warren County having the third highest ratio of protective factors, the County's rate of past year use of alcohol and un-prescribed medications were the 4th and 3rd highest rates when compared to all other NJ counties.</p>	<p>15.1% of surveyed 10th grade students and 37.3% of 12th grade students in Warren County admitted to past 30 day use of alcohol in 2015-2016.</p> <p>While 73.2% of surveyed 10th grade students and 71% of 12th grade students perceive alcohol as a moderate or great risk, only 58.7% of 10th grade students and 36.4% of 12th grade students perceive marijuana to be a moderate or great risk.</p> <p>31% of surveyed 12th grade students and 19.4% of 8th grade students perceive prescription drugs as fairly easy to get.</p>	<p>To: Students with risk factors for Substance Use Disorder will increase protective factors by being able to improve their ability to identify the risks of alcohol and drug use as relates to suicide and other community problems (such as interactions with law enforcement, increase in minor age hospitalizations, and school and community involvement, and lack of parental involvement.</p>	<p>2020: The County will offer prevention/education funding to a program that will reach the adolescent population with risk factors for SUD. This will include students with low academic achievement and students with a history of anti-social and violent behavior</p>	<p>2020: The County will ensure an evidence-based curriculum is utilized with emphasis on the target population.</p>	<p>County: \$0 AEREF/State: A minimum of \$14,025 Total: A minimum of \$14,025</p>	<p>25 students will receive an average of 30 hours of education</p>	<p>Short term: Increase protective factors for at-risk youth</p>	<p>Contracted service provider(s), LACADA, CADAD</p>
			<p>2021: The County will review outcomes of 2020 Q1 and Q2 Quarterly Contract Performance Reports (QCPRs) to determine effectiveness of funded initiative and will assess if the prevention education goals are effectively being met.</p>	<p>2021: The County will monitor the data from funded agency(ies) to ensure they are reporting data that addresses identified outcomes.</p>	<p>County: \$0 AEREF/State: Dependent on available AEREF funding Total: Dependent on available AEREF funding</p>	<p>25 students will receive an average of 30 hours of education</p>	<p>Middle term: 50% of students will report improvement in their perception of risk and understanding the dangers of use of alcohol and drugs. 50% of students will improve school attendance. 50% of students will have decreased reports of disciplinary action for anti-social and violent behavior</p>	<p>Contracted service provider(s) LACADA CADAD</p>
			<p>2022: The County will review outcomes of 2021 Q1 and Q2 Quarterly Contract Performance Reports (QCPRs) to determine effectiveness of funded initiative and will assess if the prevention education goals are effectively being met.</p>	<p>2022: The County will monitor the data from funded agency(ies) to ensure they are reporting data that addresses identified outcomes.</p>	<p>County: \$0 AEREF/State: Dependent on available AEREF funding Total: Dependent on available AEREF funding</p>	<p>25 students will receive an average of 30 hours of education</p>	<p>Middle term: 65% of students will report improvement in their perception of risk and understanding the dangers of use of alcohol and drugs. 50% of students will improve school attendance. 50% of students will have decreased reports of disciplinary action for anti-social and violent behavior</p>	<p>Contracted service provider(s) LACADA CADAD</p>
<p>Associated Community Problem: Warren County has one of the highest rates of youth suicides and suicide attempts in the State, and according to SAMHSA there is a high correlation to substance use and suicide. Stigma also plays a strong role in keeping families and schools from referring youth for treatment for substance use and mental health issues.</p>	<p>Warren County has one of the highest rates of youth suicides in NJ in that it is within the Highlands region that accounts for 7.5%/100,000 10-24 year-old suicide deaths between 2013-2015.</p>			<p>2023: The County will monitor the data from funded agency(ies) to ensure they are reporting data that addresses identified outcomes.</p>	<p>County: \$0 AEREF/State: Dependent on available AEREF funding Total: Dependent on available AEREF funding</p>	<p>25 students will receive an average of 30 hours of education</p>	<p>Long term: 75% of students will report improvement their perception of risk and understanding the dangers of use of alcohol and drugs. 50% of students will improve school attendance. 50% of students will have decreased reports of disciplinary action for anti-social and violent behavior</p>	<p>Contracted service provider(s) LACADA CADAD</p>

EARLY INTERVENTION

Need-capacity gap and associated community problem (A)	Evidence of problem and its significance for the county (B)	Goal For 2020-2023 (C)	Objectives Targets Per Annum (D)	Strategy To Achieve Objective (E)	Inputs Financial or Other Resources (F)	Outputs Expected product (G)	Outcomes Expected Community Benefits (H)	Participant Agencies Other Than County (I)
<p>Need-capacity Gap: Warren County Law Enforcement (LE), Emergency Medical Services personnel (EMS), school personnel, medical providers and the aging population have limited knowledge how to respond to overdose risk factors, particularly for heroin and opioids, for the increased use of vaping devices among youth and over-prescribing of medication to the elderly.</p>	<p>The preliminary 2017 data shows 36 drug related deaths reported in Warren County, 16 due to heroin and 25 due to Fentanyl/Analogues. This is an increase of 116% from 2016 drug-related deaths in the County. At the end of October 2018 there were 148 recorded administrations of Naloxone by LE and EMS, up 104% from 2017.</p>	<p>To: By increasing LE, EMS, school and medical personnel's ability to identify an individual with substance use disorder or mental health needs and refer to community resources, thereby reducing County overdoses and increasing the number of individuals linked to treatment and recovery services.</p>	<p>2020: To: Based on 2019 overdose data, identify which police departments and EMS personnel should receive initial training. Task force partners will identify training needs and will be trained in Screening, Brief Intervention, Referral to Treatment model (SBIRT), CIT and MHFA.</p>	<p>2020: Provide evidence-based community training programs that include SBIRT, CIT and MHFA</p>	<p>County: Subject to available funding AEREF/State: Subject to available funding Total: Subject to available funding</p>	<p>25 officers will be trained 25 EMS personnel will be trained</p>	<p>Short Term: Increase number of individuals connected to services in community.</p>	<p>LACADA Warren County Prosecutor's office Local Hospitals Recovery Advocates Contracted service provider(s) Municipal police/EMS</p>
			<p>2021: To: The County in collaboration with the Task Force will identify 2020 overdose data to identify which police department/EMS should receive initial training for SBIRT, CIT and MHFA.</p>	<p>2021: Provide evidence-based community training programs that include SBIRT, CIT and MHFA</p>	<p>County: Subject to available funding AEREF/State: Subject to available funding Total: Subject to available funding</p>	<p>25 officers will be trained 25 EMS personnel will be trained</p>	<p>Middle Term: Increase number of individuals connected to services in the community.</p>	<p>LACADA Warren County Prosecutor's office Local Hospitals Recovery Advocates Contracted service provider(s) Municipal police/EMS</p>
			<p>2022: To The County in collaboration with the Task Force will identify 2021 overdose data to identify which police department/EMS should receive initial training for SBIRT, CIT and MHFA.</p>	<p>2022 Provide evidence-based community training programs that include SBIRT, CIT and MHFA</p>	<p>County: Subject to available funding AEREF/State: Subject to available funding Total: Subject to available funding</p>	<p>25 officers will be trained 25 EMS personnel will be trained</p>	<p>Middle Term: Increase number of individuals connected to services in the community. Increase linkage to recovery supports in the municipalities that have completed trainings.</p>	<p>LACADA Warren County Prosecutor's office Local Hospitals Recovery Advocates Contracted service provider(s) Municipal police/EMS</p>
<p>Associated Community Problem: Fatalities due to drug overdoses Increased burdens on Law Enforcement and Emergency Medical Service personnel</p>			<p>2023: To Any police department and EMS not previously trained should have a minimum of 1 officer or EMS Personnel receive training SBIRT, CIT and MHFA</p>	<p>2023: Provide evidence-based community training programs that include SBIRT, CIT and MHFA</p>	<p>County: Subject to available funding AEREF/State: Subject to available funding Total: Subject to available funding</p>	<p>25 officers will be trained 25 EMS personnel will be trained</p>	<p>Long Term: Decrease number of overdoses in the County</p>	<p>LACADA Warren County Prosecutor's office Local Hospitals Recovery Advocates Contracted service provider(s) Municipal police/EMS</p>

TREATMENT ACCESS

Need-capacity gap and associated community problem (A)	Evidence of problem and its significance for the county (B)	Goal For 2020-2023 (C)	Objectives Targets Per Annum (D)	Strategy To Achieve Objective (E)	Inputs Financial or Other Resources (F)	Outputs Expected product (G)	Outcomes Expected Community Benefits (H)	Participant Agencies Other Than County (I)
Need-capacity Gap: There are currently no resources in Warren County for withdrawal management or residential services.	In 2016 and 2017 24% of Warren County's treatment admissions were for residential treatment or withdrawal management. In-county resources are not available in the treatment continuum. Most County residents had to travel a minimum of 60-75 minutes to access treatment and regularly did not complete treatment, often due to the distance from their support system.	To: Ensure individuals in Warren County receive the appropriate level of treatment to address their substance use disorder.	2020: To Ensure sufficient providers of all levels of care on the continuum by funding residential treatment, including withdrawal management as well as outpatient services for individuals who are uninsured or for whom there are no other financial resources available.	2020: Utilize a competitive contract process to identify and fund services across the continuum	County: \$107,000 – subject to available funding AEREF/State: \$177,981, subject to available funding Total: \$284,981, subject to available funding	Estimated withdrawal management: 10 individuals Est. Short-term residential (including co-occurring): 10 individuals Est. adult OP/IOP: 100 individuals Est. Halfway House: 5 individuals	Short Term: Reduction in recidivism rates Increase number of individuals in recovery	WC DHS, Division of Administration CADAD LACADA New Hope Family Guidance Center of Warren County Freedom House
			2021: To: Review the 2020 levels of service for contracted providers and make recommendations for changes in LOS and allocations as may be necessary.	2021: The Department and LACADA will review all LOS and treatment data from 2019 and 2021 1 st and 2 nd quarters to have input into 2021 funding allocations.	County: \$107,000 – subject to available funding AEREF/State: \$177,981, subject to available funding Total: \$284,981, subject to available funding	Estimated withdrawal management: 10 individuals Est. Short-term residential (including co-occurring): 10 individuals Est. adult OP/IOP: 100 individuals Est. Halfway House: 5 individuals	Middle Term: Reduction in number of alcohol and drug related visits to the ED Reduction in number of deaths related to alcohol and drugs.	WC DHS, Division of Administration CADAD LACADA New Hope Family Guidance Center of Warren County Freedom House
			2022: To Review the 2021 levels of service for contracted providers and make recommendations for changes in LOS and allocations as may be necessary.	2022: The Department and LACADA will review all LOS and treatment data from 2020 and 2021 1 st and 2 nd quarters to have input into 2021 funding allocations.	County: \$107,000 – subject to available funding AEREF/State: \$177,981, subject to available funding Total: \$284,981, subject to available funding	Estimated withdrawal management: 10 individuals Est. Short-term residential (including co-occurring): 10 individuals Est. adult OP/IOP: 100 individuals Est. Halfway House: 5 individuals	Middle Term: Further reduction in number of alcohol and drug related visits to ED. Further reduction in number of deaths related to alcohol/drugs.	WC DHS, Division of Administration CADAD LACADA New Hope Family Guidance Center of Warren County Freedom House
Associated Community Problem: Individuals may not be able to access care due to the location of providers and may continue to use, resulting in crime, homelessness and unemployment. Law enforcement and EMS may be overburdened by overdoses and deaths due to opioid addiction.			2023: To Review the 2022 levels of service for contracted providers and make recommendations for changes in LOS and allocations as may be necessary.	2023: The Department and LACADA will review all LOS and treatment data from 2022 and 2023 1 st and 2 nd quarters to have input into 2021 funding allocations.	County: \$107,000 – subject to available funding AEREF/State: \$177,981, subject to available funding Total: \$284,981, subject to available funding	Estimated withdrawal management: 10 individuals Est. Short-term residential (including co-occurring): 10 individuals Est. adult OP/IOP: 100 individuals Est. Halfway House: 5 individuals	Long Term: Further reduction in number of alcohol and drug related visits to ED. Further reduction in number of deaths related to alcohol/drugs.	WC DHS, Division of Administration CADAD LACADA New Hope Family Guidance Center of Warren County Freedom House

RECOVERY SUPPORT SERVICES

Need-capacity gap and associated community problem (A)	Evidence of problem and its significance for the county (B)	Goal For 2020-2023 (C)	Objectives Targets Per Annum (D)	Strategy To Achieve Objective (E)	Inputs Financial or Other Resources (F)	Outputs Expected product (G)	Outcomes Expected Community Benefits (H)	Participant Agencies Other Than County (I)
<p>Need-capacity Gap: Based on the site review to the current provider of recovery supports in the County, the treatment demand is greater than the amount of volunteer hours available and the program would benefit in being able to provide more supervision hours to provide support for both staff and volunteers. Providing recovery supports to County jail inmates may also reduce recidivism rates.</p>	<p>Based on the site review to the current provider of recovery supports in the County, the treatment demand is greater than the amount of volunteer hours available and the program would benefit in being able to provide more supervision hours to provide support for both staff and volunteers. Providing recovery supports to County jail inmates may also reduce recidivism rates.</p>	<p>To: Ensure availability of a variety of recovery support services to meet the needs of the community.</p>	<p>2020: To Ensure a minimum of one provider of recovery support services receives designated funding through County competitive contract process.</p>	<p>2020: To use the Needs Assessment and Competitive Contract process to identify and fund a minimum of one provider of recovery support services.</p>	<p>County: TBD, subject to competitive contract and available funding AEREF/State: TBD, subject to available AEREF funding Total: TBD, subject to competitive contract and available AEREF funding</p>	<p>45 individuals will receive recovery support services</p>	<p>Short Term: Reduction in relapse rates from 2019 by 5% Reduction in homelessness Reduction in crime</p>	<p>WC Department of Human Services, Division of Administration CADAD LACADA Contracted service provider(s)</p>
			<p>2021: To review the 2020 levels of service (LOS) for contracted providers and make recommendations for changes in LOS and allocations as may be necessary</p>	<p>2021: The Department and LACADA will review LOS data from 2019 and 2020 1st and 2nd quarters to have input into 2021 funding</p>	<p>County: TBD, subject to competitive contract and available funding AEREF/State: TBD, subject to available AEREF funding Total: TBD, subject to competitive contract and available AEREF funding</p>	<p>45 individuals will receive recovery support services</p>	<p>Middle Term: Reduction in relapse rates from 2020 by 5% 50% will meet wellness goal by remaining abstinent 50% will report improvement in relationships and social networks</p>	<p>WC Department of Human Services, Division of Administration CADAD LACADA Contracted service provider(s)</p>
			<p>2022: To review the 2021 levels of service (LOS) for contracted providers and make recommendations for changes in LOS and allocations as may be necessary</p>	<p>2022: The Department and LACADA will review LOS data from 2020 and 2021 1st and 2nd quarters to have input into 2021 funding</p>	<p>County: TBD, subject to competitive contract and available funding AEREF/State: TBD, subject to available AEREF funding Total: TBD, subject to competitive contract and available AEREF funding</p>	<p>45 individuals will receive recovery support services</p>	<p>Middle Term: Reduction in relapse rates from 2021 by 5% 50% will meet wellness goal by remaining abstinent 50% will report improvement in relationships and social networks</p>	<p>WC Department of Human Services, Division of Administration CADAD LACADA Contracted service provider(s)</p>
			<p>2023: To review the 2022 levels of service (LOS) for contracted providers and make recommendations for changes in LOS and allocations as may be necessary</p>	<p>2023: The Department and LACADA will review LOS data from 2021 and 2022 1st and 2nd quarters to have input into 2021 funding</p>	<p>County: TBD, subject to competitive contract and available funding AEREF/State: TBD, subject to available AEREF funding Total: TBD, subject to competitive contract and available AEREF funding</p>	<p>45 individuals will receive recovery support services</p>	<p>Long Term: Reduction in relapse rates from 2021 by 5% 50% will meet wellness goal by remaining abstinent 50% will report improvement in relationships and social networks</p>	<p>WC Department of Human Services, Division of Administration CADAD LACADA Contracted service provider(s)</p>
<p>Associated Community Problem: Individuals without support may relapse. Individuals in recovery need to sustain sober housing Individuals in recovery need to remain/gain employment Individuals in recovery need a sober social environment Individuals in recovery need assistance to maintain sobriety by having a supportive recovery mentor</p>								

APPENDIX 5: FINANCIAL PLAN, 2020-2023: AN OVERVIEW

2020	
PROGRAM DOMAIN	PERCENT OF AVAILABLE RESOURCES
PREVENTION	8%
EARLY INTERVENTION	8%
TREATMENT ACCESS	70%
RECOVERY SUPPORT SERVICES	14%
2021	
PROGRAM DOMAIN	PERCENT OF AVAILABLE RESOURCES
PREVENTION	8%
EARLY INTERVENTION	8%
TREATMENT ACCESS	70%
RECOVERY SUPPORT SERVICES	14%
2022	
PROGRAM DOMAIN	PERCENT OF AVAILABLE RESOURCES
PREVENTION	8%
EARLY INTERVENTION	8%
TREATMENT ACCESS	70%
RECOVERY SUPPORT SERVICES	14%
2023	
PROGRAM DOMAIN	PERCENT OF AVAILABLE RESOURCES
PREVENTION	8%
EARLY INTERVENTION	8%
TREATMENT ACCESS	70%
RECOVERY SUPPORT SERVICES	14%

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Final