STATE OF NEW JERSEY

COUNTY COMPREHENSIVE PLAN (CCP)

FOR THE ORGANIZATION AND DELIVERY OF

ALCOHOL AND DRUG ABUSE SERVICES

PLANNING CYCLE 2024-2027

DOCUMENT OUTLINE

County of Union, NJ

New Jersey Department of Human Services
Division of Mental Health and Addiction Services
P.O. Box 362
Trenton, New Jersey 08625-0362

TABLE OF CONTENTS

TABLE OF CONTENTS i

SECTION ONE: FOUNDATIONS, PURPOSE AND PRINCIPLES 2

SECTION TWO: LOOKING BACK, ASSESSING THE NEEDS AND LOOKING FORWARD 4

SECTION THREE: THE 2024-2027 COUNTY COMPREHENSIVE PLAN 16

A. VISION 16

B. PLANNING PROCESS 16

C. PREVENTION AND EARLY INTERVENTION 21

D. LOGIC MODEL NARRATIVES 22

APPENDIX 1: DEFINITIONS OF PLANNING CONCEPTS 32

APPENDIX 2: REFERENCES 34

APPENDIX 3: LIST OF PARTICIPANTS IN THE PLANNING PROCESS 35

APPENDIX 4: LOGIC MODELS 37

SECTION ONE: FOUNDATIONS, PURPOSE AND PRINCIPLES

From the Division of Mental Health and Addiction Services:

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 disabilities, 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]

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

SECTION TWO: LOOKING BACK, ASSESSING THE NEEDS AND LOOKING FORWARD

LOOKING BACK AT THE OUTCOMES OF THE 2020-2023 CCP

INSTRUCTIONS: In one or two paragraphs of 5 to 7 sentences each, summarize your county's 2020-2023 plan for each domain of the continuum of care. What was the county trying to achieve, how many residents benefitted from the county's actions, and what were the measurable benefits for the community? For prevention and early intervention, be sure to describe your county's participation in its regional coalition.

A. PREVENTION

For the 2020-2023 cycle, Prevention Links Inc., was the Regional Coalition for Union County. The Regional Coalition also formed the Opioid Task Force to directly address the opioid epidemic in Union County. Prevention Links also initiated the Recovery Oriented Systems of Care where the central focus is to create an infrastructure with the resources to effectively address the full range of substance use problems within communities. Prevention Links worked alongside the 15 County Municipal Alliance Programs which also funds prevention programming to Union County residents. The Union County Health and Wellness Regional Coalition (HAWC) facilitated trainings on Cannabis and Youth, Understanding ACES, and Questions, Persuade, Refer Training, and the danger/ legalization of cannabis in NJ. The Regional Coalition also addressed prescription drug use and the growing opioid epidemic by providing trainings to county pharmacists, funeral directors, and realtors regarding the need to properly secure and dispose of prescription medicine. The Regional Coalition also co-facilitated programs at area hospitals and doctors/ administrators to educate hospitals on prescription drug abuse. The County Municipal Alliance Coordinator and Alcohol and Drug Abuse Coordinator maintained membership on the HAWC Executive Board throughout the 2020-2023 cycle.

The Municipal Alliance (Countywide Coordination) partially funded the Countywide Red Ribbon Day, fully funded the LACADA Municipal Alliance Volunteer Recognition Dinner, as well as four (4) Municipal Alliance trainings each year between 2020-2023.

The prevention goals for the planning cycle of 2020-2023 were to reduce underage drinking, marijuana use, and prescription drug misuse and abuse in Union County by changing the beliefs and perceptions regarding its use among youth. Prevention Links provided prevention education services to middle and high school aged youth. The program was also designed to engage the entire community by creating school or community-based teams of youth leaders collaborating with adult participants. The COVID-19 Pandemic greatly affected the accomplishments of the prevention goals. The Municipal Alliances and Providers adjusted to adhere to the guidance of the Center for Disease Control and Prevention (CDC). This affected the manner in which programs were administered; Programs transitioned from in-person to virtual.

Prevention Links' outreach was conducted through collaboration with the local high schools, the Municipal Alliances, and other youth serving organizations. Prevention Links also prioritized but did not limit their scope to Union County's communities demonstrating the highest poverty rates which included Elizabeth, Plainfield, Rahway, Linden, Roselle, and Hillside. All Union County residents, (both documented or undocumented) were eligible for prevention services.

Some of the prevention programs used to address the prevention needs of Union County residents from 2020-2023 include: Lead and Seed which is listed in the Substance Abuse and Mental Health Services Administration's (SAMHSA) national registry of evidence-based programs. The program

provided youth leaders and their adult mentors with an environmental approach to drug and alcohol prevention which targeted middle and high school aged youth. The program was used to build human, technical and financial capacities, encourage intergenerational involvement, increase knowledge of the effects of substance use, develop problem solving skills, and change attitudes to prevent and reduce alcohol, tobacco and other drug (ATOD) use. Most Union County Municipalities participated in the Countywide Red Ribbon Day or National Night Out to spread awareness. Municipal Alliances funded high school Public Service Announcement (PSA) contests, and sticker shock campaigns to name a few.

PREVENTION EDUCATION: ACTUAL LEVEL OF SERVICE (ALOS)

PROGRAM	2020 ALOS	2021 ALOS	2022 ALOS
PREVENTION LINKS INC.	1,070	1,589	3,629
MUNICIPAL ALLIANCES	Youth & Adults 38,986	Youth & Adults 48,225	Youth & Adults 68,267
TOTALS:	40,056	49,814	71,896

B. EARLY INTERVENTION

Prevention Links was funded to provide comprehensive Early Intervention Programming for the grant cycle of 2020-2023. The Early intervention services targeted at risk students aged 11-24 who have demonstrated some early involvement with anti-social behavior or school failure. The participants were referred to Prevention Links by a counselor, school personnel, juvenile or family court, or other community-based/ government social service agency. The participants' eligibility was evidenced by documented drug use, other antisocial behaviors or school failure. Prevention Links also targeted services to include the youth's family. An average of $24,177 per year of AREF funds were allocated towards Early Intervention efforts. In 2020, Prevention Links served 16 eligible Union County residents and their families. The number served in 2020 reflects the difficulty in providing services during the COVID-19 Pandemic. In 2021, 60 eligible residents were served, and in 2022, 53 eligible Union County residents were served. All services were provided to Union County residents, documented or undocumented.

Union County has sixteen (16) Municipal Alliances who provided Early Intervention programming to the youth and families in the current Governor's Council on Alcoholism and Drug Abuse (GCADA) grant cycle from FY 2020 to present. All participating Municipal Alliance lists as a main priority either underage drinking or marijuana prevention. Union County Municipal Alliances provided an array of programs with many connections at the local level such as age appropriate school-based programs, family focused programs, local police initiatives, community-based initiatives, clergy focused programs, health and wellness programs, and media and public relation announcements.

The goals of the Municipal Alliances and the Regional Coalition were aligned by the priority statements to reduce alcohol misuse and the use of illegal drugs. Most of the Municipalities coordinated with Prevention Links for Red Ribbon week and the annual Red Ribbon Day, along with Preventions Links providing support to many of the programs that provided counseling or support to the school and community-based programs for the families and youth. An average of 1,000 Union County residents are impacted with the efforts and programs surrounding Red Ribbon Week.

The Early Intervention goals for the 2020-2023 grant cycle were to increase youth and family communication skills, to increase family management skills and to decrease alcohol and drug use amongst youth in Union County. The COVID-19 Pandemic greatly affected the accomplishments of the early intervention goals. The Municipal Alliances and Providers adjusted to adhere to the guidance of the Center for Disease Control and Prevention (CDC). This affected the manner in which programs were administered; Programs transitioned from in-person to virtual.

Some programs used to provide Early Intervention services in the 2020-2023 planning cycle were Prevention Links-funded. The Raymond Lesniak Recovery High School is an Early Intervention program and setting for any student between the ages of 11-24 who has demonstrated some early involvement with anti-social behavior or school failure. In order to be eligible, the participant needed to be referred to Prevention Links by a counselor, school personnel, juvenile or family court, or other community based or government social service agency as having demonstrated eligibility as evidenced by documented drug use, other anti-social behaviors or school failure. Creating Lasting Family Connections (CLFC) is another early intervention program listed on the National Registry of Evidence-based Programs and Practices (NREPP). Creating Lasting Families is a family focused program that aimed to build resiliency of youth and to reduce the frequency of their alcohol and other drug (ATOD) use. The program was implemented through a community system, including churches, schools, recreation centers, and court referred settings. The program curriculum was administered to parents/ guardians and youth in Union County. The training sessions focused on imparting knowledge and understanding about the use of alcohol and other drugs, including tobacco; improving communication and conflict resolution skills, building coping mechanisms to resist negative social influences and much more.

The Early Intervention programming in the 2020-2023 planning cycle had a social benefit from delaying use, lowering the level of (ATOD) misuse and addiction and increasing family and cohesiveness in a community.

EARLY INTERVENTION: ACTUAL LEVEL OF SERVICE (ALOS)

PROGRAM	2020 ALOS	2021 ALOS	2022 ALOS
PREVENTION LINKS INC.	16	60	53 (As of 12/27/2022)

C. TREATMENT (Including Detoxification)

In the 2020-2023 planning cycle Union County funded New Hope Integrated Behavioral Health Care, PROCEED Inc., CURA Inc., Organization for Recovery (did not renew beginning 2021), Turning Point Inc. (did not renew beginning 2022), Bridgeway Behavioral Health Services, and Trinitas Regional Medical Center for treatment services for medically indigent residents of Union County. Union County residents who needed residential addiction treatment services were served. Adults who were 18 years old and over who met the American Society of Addiction Medicine (ASAM) were assessed for medically monitored, intensive Inpatient Detoxification, Short term residential services, (for adults and adolescents), and halfway house treatment for adults. Although there is no treatment provider in Union County who treats medically indigent, underinsured, and, residents non- Medicaid eligible, Union County also funded a few initiatives to address the gap in treatment services access. In 2020 Union County was awarded the Alcohol and Drug Abuse Innovative Grant by the New Jersey Division of Mental Health and Addiction Services. The goal is to identify the need to address gaps in services related to prevention, early intervention, treatment, and/or recovery supports for opioid use disorder. In year one CURA, Inc. provided wraparound services for the Latino Community, 19-70 years of age, who are indigent to include documented and undocumented Union County clients in 108-

day residential substance abuse treatment. The COVID-19 Pandemic caused extreme difficulty for CURA, Inc. to maintain capacity to satisfy the grant. As a result, for year two the County partnered with Trinitas Regional Medical Center to provide wraparound services to connect Union County residents living with, or who have a history of, an opioid use disorder (OUD), addiction to stimulants, or co-occurring disorders to resources that support recovery. Family members of individuals affected by OUD and/or addiction to stimulants are also eligible to receive wraparound services. The COVID-19 Pandemic greatly affected the accomplishments of the treatment goals. The Providers adjusted to adhere to the guidance of the Center for Disease Control and Prevention (CDC). This affected the manner in which programs were administered; Programs transitioned from in-person to virtual. Overall, an average of 1,372 Union County residents were served annually with an average yearly expenditure of $626,351. Despite the difficulties brought by the pandemic the providers ensured that services remain available and accessible to Union County residents.

TREATMENT SERVICES: ACTUAL LEVEL OF SERVICE (ALOS)

PROGRAM	MODALITY	2020 ALOS	2021 ALOS	2022 ALOS
New Hope Integrated Behavioral Healthcare	Detox, Short-Term Residential, Halfway House	28	37	35 (as of 12/7/2022)
Turning Point Inc.	Detox, Short-Term Residential, Halfway House	0	0	N/A
P.R.O.C.E.E.D Inc.	Intensive Outpatient, Outpatient (Adults and Adolescents)	122	98	109 (as of 12/7/2022)
C.U.R.A Inc.	Short-Term Residential /Wrap-Around Service Innovative grant	24 / 10	22	16 (as of 12/7/2022)
Trinitas Regional Medical Center	Partial Care, Intensive Outpatient, Outpatient, /Wrap-Around Service for Innovative Grant	36	39 / 124	66 (as of 12/7 /2022) / Innovative renewed 10/1/2022)
Organization for Recovery	Intensive Outpatient, Outpatient	11	N/A	N/A
Bridgeway Rehabilitation Services	Partial Care	25	18	8 (as of 12/27/2022)
Totals:		**256**	**338**	**234**

D. RECOVERY SUPPORT SERVICES

Prevention Links Recovery Support services targeted Union County high school students and adults returning to Union County from inpatient treatment for alcohol and drug abuse and/or Union County high school students who completed an Intensive Outpatient Program (IOP). The eligibility criteria included documentation of a substance abuse disorder and the completion of a treatment program and the students were alcohol and drug free as evidenced by a clean drug screen. Prevention Links accepted documentation from any licensed treatment facility. Prior to admission, each participant received a

brief interview and drug test to establish their readiness for change and stage of recovery. For high school age individuals, each participant was required to be a high school student seeking a high school diploma. The overarching goal of the Recovery Supports Intensive Case Management Services Program: was to reduce the relapse rate amongst Union County youth diagnosed with a substance abuse disorder.

Prevention Links partnered with the Union County Vocational-Technical School district to open the Raymond J. Lesniak Recovery High School that, by design, integrated intensive case management and recovery supports services into the students' academic day. They followed the national framework set forth by the Association of Recovery Schools and met all the criteria set forth by the State of New Jersey for students to receive a high school diploma. Prevention Links social effect goal was through Intensive Youth Recovery Case Management to decrease the number of youth participants who relapse by 50%. Trinitas also provided intensive case management recovery services to eligible Union County Residents. The objective is to assist clients, throughout the continuum of care, for the purpose of locating, developing or obtaining needed services and resources to assist clients in achieving their optimal level of functioning. The case manager will coordinate services including opportunities to learn community living and vocational skills. Bridgeway Behavior Health Services provides Community Based Case Management. This program used evidence based educational support and clinical interventions to help people engage in a process of recovery so that they improved the quality of their lives, connected to valued roles in the community, and lived as independently as possible. Bridgeway staff will teach/coach community living skills as addressed in IOP and help people to apply these skills in the community. The service provides 24/7 access to a staff who will work to avert use of more acute services and prevent lapses. In 2021, Real House, Inc. in Elizabeth, was given a subcontract to provide recovery supports to Union County Residents. Real House provides individual and group peer to peer support via their Strengthening Opportunities to Buttress and Enhance Recovery (SOBER) program. The COVID-19 Pandemic greatly affected the accomplishments of the recovery services goals. The Providers adjusted to adhere to the guidance of the Center for Disease Control and Prevention (CDC). This affected the manner in which programs were administered; Programs transitioned from in-person to virtual.

RECOVERY SUPPORTS: ACTUAL LEVEL OF SERVICE (ALOS)

PROGRAM	2020 ALOS	2021 ALOS	2022 ALOS
PREVENTION LINKS INC.	24	24	19 (As of 12/7/2022)
Trinitas Regional Medical Center	203	196	107 (As of 12/7/2022)
Bridgeway Rehabilitation Services	13	11	8 (As of 12/7/2022)
Real House, Inc.	N/A	41	107 (As of 12/27/2022)
Totals	**240**	**272**	**241 (As of 12/27/2022)**

ASSESSING THE NEEDS

Guideline: Using both quantitative and qualitative data that you have gathered and analyzed, identify those major issues or challenges the county will face during the 2024-2027 planning cycle in each dominium of care.

A. PREVENTION

The County Municipal Alliance Program offered Prevention 101 and a Community Education Training program with presentation topics chosen by the County Alliance Coordinator each year. The GCADA Guidelines state that each year each Municipal Alliance can at minimum address one priority problem in the FY 2020-2023 grant cycle. Sixteen (16) municipalities had priority problem statement of misuse of alcohol and fifteen (15) Municipal Alliances had a statement of reducing the use of marijuana. These countywide programs augmented the local Alliance programs and expanded on topics relevant but excluded on the current 2020-2023 grant cycle. The County Municipal Alliances and Regional Coalition funded Narcan trainings in Union County to assist in addressing the opioid epidemic. The Narcan trainings offered free Narcan kits for participants, and Prevention Links staff provided an overview of heroin and opioid addiction in Union County. These municipal priorities remain a challenge for the future planning cycle. As per NJSAMS, the primary cause of substance use hospital admissions under the age of 24 was for Marijuana/Hashish (2020), with 79% of those admissions' male, and 21% female as seen in the chart below:

Admissions by Age Group, Gender and Primary Drug
2020 NJ Resident Admissions

Union		Gender				Total	
		Female		Male			
		N	%	N	%	N	%
0-17	Alcohol			1	100	1	100
	Marijuana/Hashish	7	32	15	68	22	100
	Other Drugs			1	100	1	100
	Unknown	1	100			1	100
	Total	8	32	17	68	25	100
18-24	Alcohol	18	23	60	77	78	100
	Heroin	4	10	38	90	42	100
	Other Opiates	4	14	25	86	29	100
	Marijuana/Hashish	36	31	79	69	115	100
	Other Drugs	4	9	42	91	46	100
	Total	66	21	244	79	310	100

The chart above[2] also shows that a total of 310 individuals in Union County under the age of 24 were admitted to the hospital for substance abuse, and the number of alcohol related admissions is almost non-existent before the age of 18. The transitional years post high-school education, either

[2] Accessed via: *https://www.nj.gov/humanservices/dmhas/publications/statistical/Substance%20Abuse%20Overview/2017/Uni.pdf*

transitioning into college or into the community, indicate a significant increase in admissions, from 18, to 310. This is important when considering prevention efforts, and gaps in access to education regarding the risk of misusing Alcohol, and illicit substances.

When the County of Union conducted key informant interviews with the local treatment providers, we gave an overview of the quantitative data and they stated that college culture and its connection to binge drinking was an issue. The transitional years of the youths going into adulthood present certain vulnerabilities that should be addressed through prevention efforts and are paramount to the goal of reducing the age of admissions, underage drinking, and drug use. The youth focus group was also presented with the quantitative data and they stated that low perception of risk, access to substances, parental consent/lax rules about substance use contributed to early use of substances.

One of the major challenges and prevention issues Union County will face during the 2024-2027 planning cycle is associated with low perceptions of risk regarding illicit substances such as Alcohol and Marijuana use among school-based youth and young adults. All municipalities participating in the Municipal Alliance identified under-age drinking and the use of marijuana as the top prevention concerns. The 2021 New Jersey Middle School Risk and Protective Factor Survey reflects the community's concerns, citing the early onset of alcohol use occurring at age 11 or younger, for approximately 12.3% of youth in Union County indicate life time use.

New Jersey Middle School Risk and Protective Factors Survey: 2021 Union County Summary

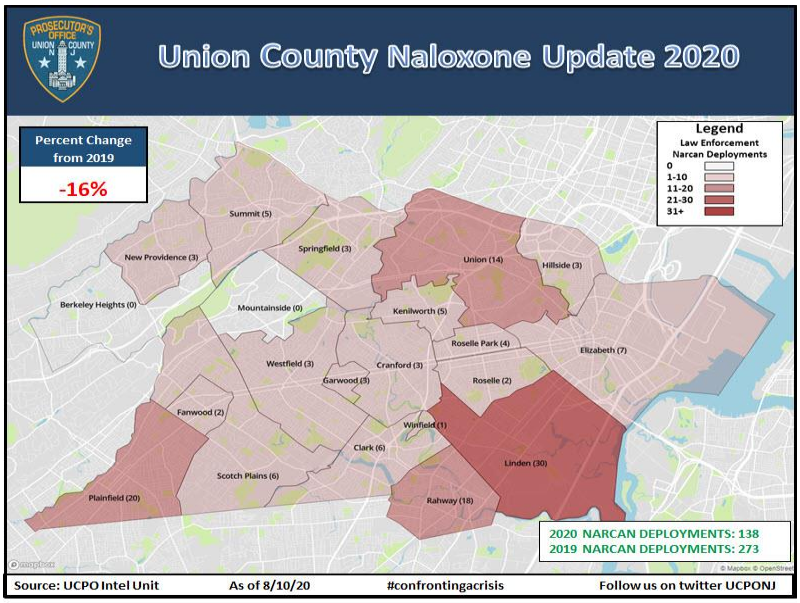
	Union County (N=240)		New Jersey (N=6,175)		Difference
	n	%	n	%	%
Lifetime use					
Ever used (at least once)					
Alcohol	29	12.3	1,006	16.5	-4.2
Binge drinking	5	2.1	248	4.1	-2.0
E-cigarettes	16	6.7	589	9.6	-2.9
E-cigarettes without marijuana	15	6.3	553	9.0	-2.7
E-cigarettes with marijuana	3	1.3	211	3.4	-2.2
Marijuana	5	2.1	194	3.2	-1.1
Prescription drugs not prescribed to them	3	1.3	149	2.5	-1.2
Cigarettes	6	2.5	112	1.8	0.7
Inhalants	3	1.3	83	1.4	-0.1
Other illicit drugs	2	0.9	63	1.1	-0.2
Early onset use (11 years or younger)					
Alcohol	8	3.4	401	6.6	-3.2
E-cigarettes without marijuana	2	0.8	101	1.7	-0.8
Prescription drugs not prescribed to them	3	1.3	68	1.1	0.1
Cigarettes	5	2.1	50	0.8	1.3
Marijuana	2	0.8	34	0.6	0.3

While the 2021 New Jersey Middle School Risk and Protective Factor Survey does not reflect an increase or significant deviation from the State average regarding onset of Marijuana use, various community members and Key Informant interviews cited concern regarding the use of electronic cigarettes or vaporizers to spoke marijuana, referred to as "vaping." The NJ Department of Health study states in 2022 most youth who reported using e-cigarettes, used flavored varieties (84.9%). Many schools and community members are also citing marijuana vaping as a major topic and area of concern amongst educators and community groups such as parents.

The recent legalization of cannabis use in New Jersey is a dividing debate on how that will impact communities, is also a major challenge that Union County will face during the 2024-2027 planning cycle. This issue is so polarizing, that many community members have opposing views on the impact of legalization. Recent poll results from the Monmouth University Polling Institute (February, 2019) on the topic of Marijuana provide similar findings. Results note that 62% of adults in New Jersey support legalization, believing it will benefit the economy and create formal oversight and transparency regarding actual rates of usage[3]. The same survey cites that 32% are opposed, and believe legalization of recreational cannabis will lead to an increase in usage and other substance addictions. Those opposed also believe legalization will lead to an increase in car accidents, and crime.

B. EARLY INTERVENTION

Early intervention issues and major challenges Union County will face during the 2024-2027 planning cycle are due to a lack of comprehensive evidence-based early intervention community programming. At present, the concerns of community members as reflected in the Union County Substance Use Needs Questionnaire, are in regards to the increase in opioid usage and the number of overdoses. According to the Union County Prosecutor's Office, in 2020, Union County police officers reported 138 Narcan deployment compared to 273 times in 2019 as shown in the diagram below:



The Office of the New Jersey Coordinator for Addiction Responses and Enforcement Strategies, also reports the number of drug-related fatalities in the past two years. The number of drug-related deaths in Union County during 2020 was 143, whereas in 2021 it was 145.[4]

[3] (February 2019; https://www.monmouth.edu/polling-institute/ reports /monmouthpoll_nj_ 021819/)
[4] Accessed via: https://www.njoag.gov/programs/nj-cares/nj-cares-data-by-county/

Historic Data (2013-2021)

	2013	2014	2015	2016	2017	2018	2019	2020	2021
Suspected Overdose Deaths	45	47	67	98	131	138	147	143	145
Naloxone Administrations	N/A	N/A	276	438	709	830	851	736	789
Opioid Prescriptions Dispensed	267,683	250,763	265,456	249,316	226,862	196,202	187,039	165,992	160,401

Concerns raised in the Union County Substance Use Needs Questionnaire, and in Focus Groups also reference the over-prescribing of prescription medication. According to the New Jersey Middle School Risk and Protective Factor Survey, Union County has a higher percentage of middle-school aged youth taking prescription drugs not prescribed to them when compared to the rest of New Jersey. The positive trend which Union County wants to continue is the decrease in percentages beginning in 2021. This data can be seen in the chart below:

New Jersey Middle School Risk and Protective Factors Survey: 2021 Union County Summary

	Union County				New Jersey			
	2010	2012	2015	2021[a]	2010	2012	2015	2021[a]
	%	%	%	%	%	%	%	%
Prescription drugs not prescribed to them								
Lifetime	7.5	10.4	5.1	1.3	5.8	5.6	3.2	2.5
Past year	5.7	7.4	3.1	0.8	4.2	3.9	2.2	1.8
Past 30 days	3.8	3.5	2.2	0.0	2.7	2.0	1.3	0.8

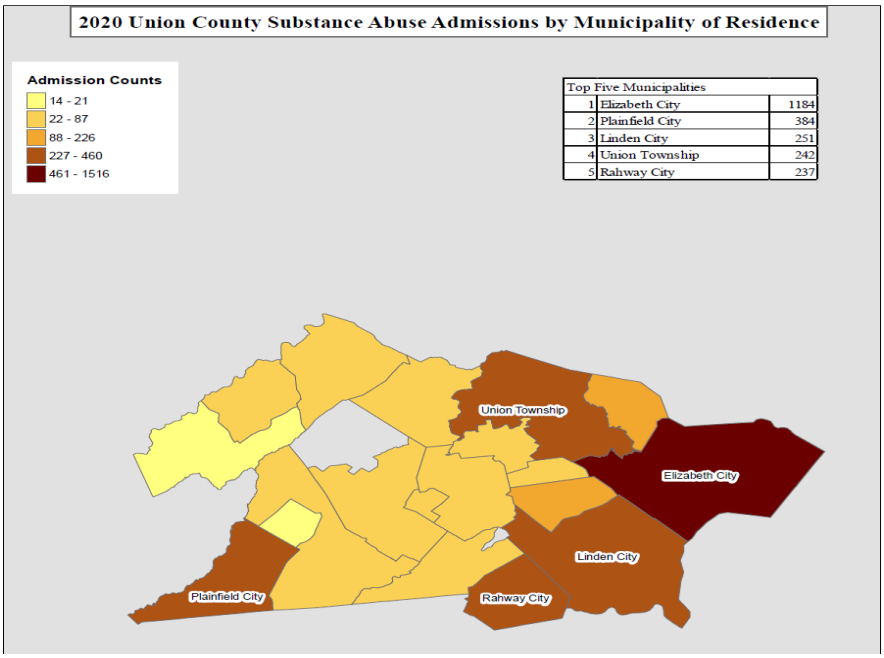
The County of Union has coordinated meetings with the Regional Coalition and the Municipal Alliances, to go over the Governor's Council on Alcohol and Drug Abuse (GCADA) guidelines for the grant cycle FY 2020-2025. The grant cycle places a focus on evidence-based practices and the collaboration of the State, Regional Coalition, and the Municipal Alliances. For the first time, the State has a logic model for prevention and early intervention services. During the GCADA grant cycle there will be four (4) priorities that can be addressed, which gives the Municipal Alliances more room to specifically address the needs of their Municipality.

C. TREATMENT (Including Detoxification)

The major issues regarding treatment access that Union County will face during the 2024-2027 planning cycle, will be in regards to the number of detox providers in the County, and other obstacles such as navigating support services, transportation, and stigma. While the expansion of Medicaid has been helpful for some individuals to access detox treatment, there is still no detox provider in Union County who can serve low-income, un-insured individuals. In the Union County Substance Use Questionnaire, 66% of those surveyed cited a lack of health insurance as being one of the main obstacles to accessing substance abuse treatment in Union County. Data from NJ-SAMS indicates that in 2020, 23% of Union County residents admitted for Substance Abuse Treatment, did not have

insurance[5]. Levels of admission were highest in Elizabeth, Plainfield, Linden, Union, and Rahway as seen in the chart below:

Substance Abuse Overview – Union County 2020



Approximately 42% of community members surveyed in the Union County Substance Use Questionnaire identified transportation as a barrier to treatment as well. In the same survey, 49% of those surveyed report Stigma as a barrier to accessing treatment in the County. If communities do not understand substance use disorder, they are less likely to offer appropriate resources such as transportation, to those who would benefit most.

The Local Advisory Committee on Alcoholism and Drug Abuse (LACADA) was presented the quantitative data in the Union County Comprehensive Plan Draft. The Union County Department of Human Services (UCDHS) looks to update the county wide needs assessment conducted in 2019, to get an accurate picture of gaps in service and the needs of the Union County residents coming out of the COVID-19 Pandemic.

D. RECOVERY SUPPORT SERVICES

Recovery support issues and major challenges the County will face during the 2024-2027 planning cycle will be in relation to shifting recovery models to focus on chronic on-going care, rather than acute. We know 19% of Union County's hospital substance-use related admissions were readmissions or relapses.[6] While Medicaid and Fee for Service (FFS) initiatives have helped with covering treatment options and services, the need for on-going sustained recovery zones and settings in the community is needed. The Union County Substance Use Needs Questionnaire identified Alcoholics Anonymous (AA)/ Narcotics Anonymous (NA) groups, family members, education, and transportation as the most helpful forms of recovery support. Therefore, it will be imperative for the County to ensure these support programs are accessible and on-going throughout communities. Another key issue in the recovery process brought up in the Union County Substance Use Needs

[5] Accessed via:
https://www.nj.gov/humanservices/dmhas/publications/statistical/Substance%20Abuse%20Overview/2020/Uni.pdf
[6] Accessed via:
https://www.nj.gov/humanservices/dmhas/publications/statistical/Substance%20Abuse%20Overview/2020/Uni.pdf

Questionnaires, discussed in focus groups and key informant interviews, is the need for adequate and affordable housing. The lack of appropriate housing, or an environment conducive to recovery, is an on-going challenge that needs to be addressed at the County and State levels. The Union County Office on Behavior Health and Substance Abuse (OBHSA) has receive referrals inquiries twice monthly from Union County residents requesting assistance with accessing Sober Living facilities, which demonstrates an increased need for alternative housing. Funds that are now available due to the Medicaid expansion, can be redirected towards addressing recovery concerns raised in the Union County Substance Abuse Needs Questionnaires, recovery data. For example, in 2021, 46% of the total allotted funds for treatment services were spent in comparison to 71% of allotted funds for recovery services. Therefore, funds can potentially be reallocated from treatment services to recovery services.

LOOKING FORWARD: THE 2024 TO 2027 CCP PLAN

Guideline: Describe the county's 2024-2027 plan for each level of care below. Highlight the issues or major challenges identified in the needs assessment facing the county over the next four years. Describe the actions the county will take to address these needs.

A. PREVENTION

The programmatic actions Union County plans to enact during the 2024-2027 prevention plan, will focus on comprehensive school and youth-based prevention programs targeting all ages. There will be a special focus on the transitional years between elementary, middle, high-school, college students, and those aged 18-24. To deliver comprehensive programming, a continued partnership with the Municipal Alliances and the local Regional Coalition will facilitate the delivery of evidence-based programs to address under-age drinking and the risks associated with use of marijuana and other illicit substances. To ensure programs are comprehensive, there will also be a focus on co-occurring needs or the relationship between mental health and substance use.

The 2021 New Jersey Middle School Risk and Protective Factor Survey identified several statistical deviations in Union County compared to the State estimate regarding anti-social behaviors. Specifically, there was a significant increase in the percentage of middle school students involved with a gang, and also an increase in the number of middle school students arrested at least one time during the year they were surveyed. Anti-social behaviors are often indicators used to diagnose or identify an emotional or mental disorder. Anti-social behaviors may also be an indication of substance abuse[7]. Prevention programming will focus on emotional coping skills, in addition to education. As noted in comments from those surveyed in the Union County Substance Use Questionnaire, there is a need for more mental health and co-occurring programming for youth. According to the 2020 National Survey on Drug Use and Health, Key Substance Use and Mental Health Indicators, "young adults under age 26 were found to be at multiple risk of mental health and substance abuse problems. Subjective data from surveys, key-informant interviews, and focus groups, also discussed the need for more mental health education and support in regards to substance use and overall mental health. For the 2024-2027 prevention plan, school-based providers, Municipal Alliance Coordinators, and community members will continue to have access to mental health first aid trainings in order to reduce the risk of mental health and substance abuse problems co-occurring.

Further education regarding the legalization of cannabis use will also be incorporated into programming as more information about its impact is learned. Working with the Regional Coalition

[7] Mental Health America Accessed via: http://www.mentalhealthamerica.net/conditions/co-occurring-disorder-and-youth

will also ensure community residents' needs and concerns are addressed in various forums, such as town-hall meetings, community gatherings, and other forums.

B. EARLY INTERVENTION

To address early intervention needs in Union County's 2024-2027 plan, funding will go towards increasing the number of providers using evidence-based early intervention programming to address substance use and mental health. The target population for early intervention services will be students between the ages of 11 – 18 who have demonstrated some early involvement with anti-social behavior or school failure. Efforts to recruit a new provider(s) will come by way of a Request for Proposals, which will include specifications regarding the need for programs that incorporate family members in regards to early intervention, and include other community groups and entities such as doctors, law enforcement, and educators. The early intervention needs will also include efforts to increase co-occurring awareness, support, and programming. The provider will prioritize, but not limit the scope to Union County's communities demonstrating the highest poverty rates which will include Elizabeth, Plainfield, Rahway, Linden, Roselle, and Hillside. Collaboration with various community forums, and committees, such as the Youth Services Commission, the Health and Wellness Coalition, and Union County Opioid Taskforce, the Alcohol/Drug Abuse Coordinator will monitor the needs of community members and provide appropriate referrals and connections to county residents as needed.

C. TREATMENT (Including Detoxification)

Union County's 2024-2027 treatment access plan will focus on recruiting a detox provider for uninsured and low-income residents, as well as addressing issues regarding transportation, navigating support systems, and stigma. NJ-SAMS shows 23% of Union County Residents admitted for Substance Abuse Treatment, did not have insurance, and 87% of those admitted were below the federal poverty level (0-133%)[8]. This indicates a possible need for assistance regarding navigating the health care system, and learning how to access insurance programs which individuals may be eligible for. In partnering with local providers, the Regional Coalition, and by way of a Request for Proposal, funding will go towards creating a system of navigators to monitor clients' health, and their access to resources. Approximately 42% of community members surveyed in the Union County Substance Use Questionnaire identified transportation as a barrier to treatment as well. Given the high number of admissions for substance use in Elizabeth and Plainfield and the difficulty with accessing transportation, Union County's goal is to increase the number of programs and treatment options for the western part of Union County, where Plainfield is located. There are no adolescent Substance Use Disorder (SUD) treatment providers and only one adult SUD treatment provider in Plainfield. Plainfield has the second highest rate of admissions, after Elizabeth in Union County. With the majority of County and State funded SUD treatment providers located in Elizabeth at the eastern end of the County, this creates a barrier to treatment for low income, uninsured Plainfield consumers. Providers in the eastern portion of the county, located in or near Elizabeth, will also be encouraged to increase transportation options and access for treatment programs. Lastly, Union County anticipates to initiate a Mobile Recovery Unit to assist with eliminating the transportation/stigma barrier to meet individuals seeking treatment where they are.

D. RECOVERY SUPPORT SERVICES

For Union County's 2024-2027 Recovery Support Services Plan moving forward, funding will be provided for programs and providers who offer chronic care models, and sustainable community support options. The focus will be to help clients access a full continuum of care of services, including

[8] Accessed via:
https://www.nj.gov/humanservices/dmhas/publications/statistical/Substance%20Abuse%20Overview/2020/Uni.pdf

recovery coaches, and an increase in follow-up care for medical and social needs. Implementing holistic approaches to care, will not only include patients, but their social support and community as well. The NCADD-NJ Health Reform Series states: "acute care does not work well for individuals with low recovery capital, meaning those who experience poverty, homelessness, unemployment, mental illness, societal marginalization, or poor physical health." Therefore, assessing an individual's "recovery capital" will be a key framework for guiding recovery for individuals in the community. In 2024, Union County anticipates to initiate a Mobile Recovery Unit to assist with eliminating the transportation/stigma barrier to provide community education, outreach, and linkage to recovery care for individuals or family members impacted by mental and substance use disorders. With the aim of meeting people where they are, CVI supports patients and community members in reaching their health goals in a way that meets an individual's needs and at their own pace. Union County looks to partner with a provider, via a request for proposal to provide Sober Living recovery services to eligible Union County Resident. Currently, Union County does not have a partner to provide Sober Living service. The Union County Office on Behavior Health and Substance Abuse (OBHSA) receive referrals twice monthly from Union County residents requesting assistance with accessing Sober Living facilities, which demonstrates a need and a gap in the community. It is anticipated that in 2024 that gap will be filled.

SECTION THREE: THE 2024-2027 COUNTY COMPREHENSIVE PLAN

A. VISION

Union County envisions a future for all residents facing the chronic disease of substance abuse in which there is a fully developed, client centered, recovery-oriented system of care comprised of prevention, early intervention, treatment and recovery support services that reduces the overall risk for substance abuse in the local environment, meets the clinical treatment needs of the county's residents, and reduces the frequency and severity of disease relapse.

To achieve these goals, Union County will approach the CCP as an evolving plan, which is meant to adapt and reflect the ever-changing needs of the substance abuse population. The 2024-2027 plan draft will evolve throughout the current year, as more information from a county-wide needs assessment becomes available. The 2022 Union County Department of Human Services (UCDHS) Community Needs Assessment is expected to yield information, by way of focus groups, community outreach, and interviews. During early 2023, the data results will be analyzed and the needs of the substance abuse population will drive the development and implementation of an Alcohol and Drug Abuse (A/DA) Request for Proposal (RFP), expected to be released in 2023 for 2024 service implementation.

B. PLANNING PROCESS

INSTRUCTIONS: Answer the following questions either by **CIRCLING** or **HIGHLIGHT** your answers in a table or by summarizing your answers in a few brief paragraphs containing up to five sentences.

1. Indicate the source and kind of the data that was used in conducting the County Needs Assessment. (Please **CIRCLE** or **HIGHLIGHT** your answers)

SOURCE	QUANTITATIVE		QUALITATIVE	
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?

   A questionnaire titled the Union County Substance Use Needs Questionnaire, designed to address emerging and current Alcohol and Drug trends, treatment gaps, and the continuum of care, was developed and distributed throughout the community. Distribution included, in-person, and via on-line forums, to various committees such as: Local Advisory Council on Alcohol and Drug Abuse (LACADA), the Mental Health Board, the County Alliance Steering Subcommittee (CASS), Professional Advisory Committee for Mental Health and Alcohol and Drug Abuse (PACMHADA), Children's Inter-Agency Coordinating Council (CIACC), Union County Juvenile Expediting Team (UJET), Union County Health and Wellness Coalition (HAWC), Human Services Advisory Council (HSAC), Overdose Fatality Review Team (OFRT), and the Youth Services Commission (YSC). Afterwards, discussions were held with Key Informants selected strategically based on population served, and geographic location. The questionnaires helped to frame the Key Informant interview conversations, and were also used to conduct focus groups with diverse consumers, youth, and persons

in recovery. The focus groups also provided useful information, and helped build rapport and a sense of presence in the community.

3. Which of the following participated directly in the development of the CCP? (Please **CIRCLE** or **HIGHLIGHT** your answers)

1. Members of the County Board of County Commissioners	**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 2024-2027 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?

   The LACADA members played a role as the planning committee and in outreach regarding the CCP's goals and efforts. LACADA representatives also assisted in the collection of qualitative and quantitative data, used in the plan. The Alcohol/Drug Abuse Coordinator took the lead in compiling information and drafting the plan. LACADA members showed their support for the plan by providing feedback, information about programs and providers, and distributing tools used to measure client/patients experiences in the community. For future outreach, the use of more social media outlets may have a greater impact in terms of reaching individuals throughout the County. Given the sensitivity and nature of the questions asked and discussed, anonymity by way of internet chat rooms

and forums, may result in more data collection as some people are not comfortable submitting responses and sharing experiences in groups or interviews and surveys.

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? (Please **CIRCLE** or **HIGHLIGHT** your answers)

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.

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?

   The means used to engage participants were successful. The Alcohol and Drug Abuse Coordinator was able to meet and discuss the plan with a diverse group of Union County participants. However, the in-person distribution of surveys was not the most successful way to collect data, as it is subjective, was time consuming, and difficult for individuals to set aside time to mail the surveys in. Some individuals also did not want to be linked to their responses. Utilizing an on-line chat room for a focus group would be a great way to engage participants in the future. The use of a tool to compile data results from surveys such as Google Docs, was useful for quantitative data calculation, and so were the focus groups and key informant interviews for qualitative data. While community forums were not utilized in this plan due to time/scheduling constraints, the Planning Committee plans on using them in the future to reach those who may not have access to an on-line survey, etc.

7. How were the needs of the Ch.51 subpopulations identified and evaluated in the planning process?

a. Offenders

The needs of adult offenders were evaluated through dissemination of surveys to staff from the Union County Prosecutor's office, and the needs of adolescents were addressed via the Union County Juvenile Expediting Team. The County Alcohol/Drug Abuse Coordinator, also joined several committees and groups, such as the Opioid Taskforce and the Union County Re-Entry Taskforce. In time, these collaborations should yield more resources and data for future use. New Jersey Substance Abuse Monitoring System (NJSAMS) data for this population was also used.

b. Intoxicated Drivers

Answers to the surveys, focus groups, and key informant interview provided quantitative and qualitative data. NJSAMS data for this population was used.

c. Women

The barriers for women to treatment were often cited in survey results and discussed in focus groups and key informant interviews. NJSAMS data for this population was also used.

d. Youth

The needs of youth were identified and evaluated in surveys distributed to various committees centered on the needs/well-being of youth. Surveys were distributed to the Municipal Alliance Coordinators who concentrate on prevention services and develop Alcohol, Tobacco, and other Drugs (ATOD) prevention programming for youth. Surveys were also collected from the Youth Services Commission, and the Children's Interagency Coordinating Council.

e. Disabled

Answers to the surveys, and from the focus groups provided quantitative and qualitative data. NJSAMS data for this population was used.

f. Workforce

Answers to the surveys, and from the focus groups provided quantitative and qualitative data. NJSAMS data for this population was used.

g. Seniors

Answers to the surveys, focus groups, and key informant interview provided quantitative and qualitative data. NJSAMS data for this population was used.

h. Co-occurring

The needs of the co-occurring population were addressed and identified by surveys collected from LACADA, MHB, OFRT, PACMHADA, and the community at large. In addition to the survey results, key-informant interviews with providers from agencies with a focus on co-occurring issues also delivered key information used to formulate the CCP.

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.**

   The planning process served helped build relationships between the County Alcohol/Drug Abuse (A/DA) Coordinator and stakeholders in Union County. It also provided the opportunity for the A/DA Coordinator to meet with the community to create a collaborative effort and to ensure that their voice was heard. The CCP is a good way to introduce to the community the role of the County A/DA Coordinator, and how the position can work closely with other departments, offices,

committees and partners within the community. Meeting with stakeholders in Union County provided the opportunity for the A/DA Coordinator to participate in events in the communities and join committees that previously the role may not have attended.

C. PREVENTION AND EARLY INTERVENTION

INSTRUCTIONS: In a few short paragraphs of 5 to 7 sentences each, describe your county's plan for the use of its AEREF prevention set-aside in each of the four years from 2024 to 2027. Indicate that you will spend your required set-aside to purchase and implement an evidence-based prevention education program such as Mental Health First Aid, Parenting Wisely, Strengthening Families or SBIRT, or another evidence-based program including a link to the list of EBPs where the program may be found. Additionally, describe the prevention plans of your county's regional prevention coalition and county alliance steering subcommittee. Request help from both groups to describe the plans they are implementing in 2024-2027.

1. SUMMARY OF THE UNION COUNTY REGIONAL PREVENTION COALITION IMPLEMENTATION PLAN

The programmatic actions Union County plans to enact during the 2024-2027 prevention plan, will focus on comprehensive school and youth-based prevention programs targeting all ages. There will be a special focus on the transitional years between elementary, middle, high-school, college students, and those aged 11-24. To deliver comprehensive programming, a continued partnership with the Municipal Alliances and the local Regional Coalition will facilitate the delivery of evidence-based programs to address under-age drinking and the risks associated with use of marijuana and other illicit substances. To ensure programs are comprehensive, there will also be a focus on co-occurring population needs or the relationship between mental health and substance use. Further education regarding the legalization of cannabis use will also be incorporated into programming as more information about its impact is learned. Working with the Regional Coalition will also ensure community residents' needs and concerns are addressed in various forums, such as town-hall meetings, community gatherings, and other forums. Examples of evidence-based programs (EBP) that will be funded to assist with the Prevention/Education objectives are, but not limited to; Don't Get Vaped In, Safe Dates, Lead and Seed, and Creating Lasting Family Connections.

The EBP can be found in the Governor's Council on Alcoholism and Drug Abuse website, https://nj.gov/treasury/gcada/alliance/forms/. The County Alliance Steering Subcommittee (CASS) coordinates the County's efforts to combat alcoholism and drug misuse through prevention, intervention and education. CASS assists with the development the County Alliance Plan for the expenditures of funds derived from the Drug Enforcement Demand Reduction (DEDR) funds, coordinates projects among and within municipalities to assure cost effectiveness and avoid fragmentation and duplication and to develop and recommend programs and fiscal guidelines for awarding of funds to municipalities for drug and alcohol Alliance activities.

2. SUMMARY OF THE UNION COUNTY ANNUAL ALLIANCE PLAN FOR THE EXPENDITURE OF FUNDS DERIVED FROM THE "DRUG ENFORCEMENT AND DEMAND REDUCTION FUND."

The County of Union extends an invitation to all 21 municipalities in Union County to participate in the Alliance Program. Currently, 15 municipalities have opted to participate along with the Regional Prevention Coalition Provider. According to the GCADA guidelines, Municipal Alliances are established by municipal ordinance and engage residents, local government and law enforcement officials, schools, nonprofit organizations, the faith community, parents, youth and

other allies in efforts to prevent alcoholism and drug abuse in communities throughout Union County. Each participating Municipal Alliance choses either a grass root programs or evidence-based programs, chosen from the GCADA Municipal Alliance Intervention List, to achieve the Municipal Alliance's objective. Examples of programs funded with DEDR dollars are, but not limited to, National Night Out, Project Graduation, Youth Prevention, and We're Not Buying It. Examples of grass root programs funded with DEDR dollars are, but not limited to, Family Education and Engagement, Neighborhood Council Awareness Team, and Prevention Education.

The Regional Prevention Coalition partners with the County to execute the following activities: Countywide Red Ribbon Day is held in October, and it impacts approximately 300-500 Union County residents. The event includes AOD prevention displays and educational materials for distribution to participants, a Family Fun Run/Walk, attractions for children and adults. A short, formal program that will include a description of the importance of Red Ribbon Day. The EBP, Prevention 101 educational presentations will be implemented throughout Union County schools and Municipal Alliance events on topics related to emerging drugs. The target audience will be primary and secondary caretakers such as parents, school staff and other caretakers who can benefit from information presented related to emerging drugs youth may come into contact with.

The EBP can be found in the Governor's Council on Alcoholism and Drug Abuse website, https://nj.gov/treasury/gcada/alliance/forms/. The County Alliance Steering Subcommittee (CASS) coordinates the County's efforts to combat alcoholism and drug misuse through prevention, intervention and education. CASS assists with the development the County Alliance Plan for the expenditures of funds derived from the Drug Enforcement Demand Reduction (DEDR) funds, coordinates projects among and within municipalities to assure cost effectiveness and avoid fragmentation and duplication and to develop and recommend programs and fiscal guidelines for awarding of funds to municipalities for drug and alcohol Alliance activities.

D. LOGIC MODEL NARRATIVES

NARRATIVE INSTRUCTIONS: There will be FOUR logic models. These sections are the following: **Prevention**, **Early Intervention**, **Clinical Treatment with Detoxification** and **Recovery Support Services**. Each logic model must have a narrative. Answer the following questions within each narrative. Please keep each narrative to no more than five pages. FOR EACH GOAL, another logic model and narrative is required. Label multiple goals in their order of importance: "FIRST", "SECOND", etc. The Logic Models are to be placed in Appendix 4.

1. Describe a treatment need-capacity "gap" in the substance abuse treatment system of care that impedes county residents' access to appropriate and effective treatment on demand? Please describe its strategic significance to the overall success of the 2024-2027 CCP.

Prevention:

The lack of comprehensive school and youth-based programming exists particularly in transitional years from elementary to middle school, middle school to high school, and then post high school to community or college.

Early Intervention:

Expanding the number of programs or community providers which offer evidence-based early intervention programming addressing substance use and mental health, will reduce the number of individuals requiring clinical interventions, and increase skills used in establishing physical and

mental well-being. Specifically targeting young adults, the 11-24 age group, would help to teach life skills and coping mechanisms to improve well-being and quality of life.

Clinical Treatment with Detoxification:

There is a gap in treatment access because there is no Detox or adolescent substance use disorder (SUD) treatment provider for low-income, uninsured individuals, in the County. Approximately 42% of community members surveyed in the Union County Substance Use Questionnaire identified transportation as an access barrier to treatment as well. For the 2020-2023 cycle a Sober Living partner was not identified.

Recovery Support Services:

The lack of recovery support services in the community impacts the number of relapses in Union County. If the number of appropriate community resources is increased, the number of relapses in Union County would decrease. By addressing the gap in recovery support, Union County will be able to provide its residents with more support and sustainable health. According to the data from the Union County Substance Misuse Needs Questionnaire, transportation and stigma is a barrier for individuals to seek and maintain recovery supports services. A mobile recovery unit will be initiated to provide community education, outreach, and linkage to recovery care for individuals or family members impacted by mental and substance use disorders.

2. What social costs or community problem(s) does this "gap" impose on your county?

Prevention:

Without comprehensive school and youth-based programs, individuals are at a higher risk of developing an addiction, which can lead to arrests, poor mental health, hospitalizations, DUIs, and other impacts such as high costs for care.

Early Intervention:

The lack of comprehensive evidence-based early intervention programming leads to an increase in the number of individuals needing clinical intervention at some point in their lives and also creates a disruption of stability for families and community members, due to issues such as DUIs, arrests, and high costs for continuum of care.

Clinical Treatment with Detoxification:

With no detox provider, no Sober Living partner in Union County, residents face difficulty with transportation, which also reduces their options for care. Less individuals receiving appropriate care also increases the cost of continuum of care.

Recovery Support Services:

The social costs associated with a lack of recovery support lead to an increase in relapses, multiple cycles of medical treatments, and also lead to other issues such as homelessness and isolation which may also exacerbate or create mental health concerns.

3. What quantitative and qualitative evidence did you find that helped you to identify this gap and evaluate its significance?

Prevention:

Approximately 12.3% of youth in Union County cited using alcohol before 11 years of age. As per NJSAMS, the primary cause of substance use hospital admissions under the age of 24 was for Marijuana/Hashish (2020), with 79% of those admissions' male, and 21% female.

Early Intervention:

In Union County, naloxone was administered 851 in 2019, 736 in 2020 and 789 in 2021. With 145 suspected overdose deaths in 2021. In Union County, 2% of students report having used prescription drugs not prescribed to them, for the first time before age 11. In 2020, 59% of Union County residents who were discharged from substance misuse hospital treatment had a mental illness/co-occurring disorder.

Clinical Treatment with Detoxification:

There is no detox or adolescent SUD provider within Union County that provides services to low-income or uninsured county residents. For the 2020-2023 cycle, no Sober Living partner was identified.

Recovery Support Services:

NJSAMS indicates 19% of admissions in 2020 for substance-abuse were considered re-admissions, or relapses. The Union County Substance Misuse Needs Questionnaire identified Alcoholics Anonymous (AA)/ Narcotics Anonymous (NA) groups, family members, and education as the most helpful forms of recovery support.

4. Please restate this "gap" and related community problem as a treatment goal to be achieved during the 2024-2027 CCP.

Prevention:

The County will address the lack of comprehensive school and youth-based programming by funding programs that focus on preventing alcohol and illicit drug use, and highlight emotional and mental health needs of students and youth. Specifically, the needs of students and youth who transition from levels of education since there is an increase in need for support according to different age groups.

Early Intervention:

Union County will increase the amount of early-intervention evidence-based programming which addresses substance use and mental health in the community.

Clinical Treatment with Detoxification:

Union County will work to recruit a detox and an adolescent SUD provider to be located within our jurisdiction. A Sober Living partner will be identified and a mobile recovery unit will be initiated to minimize the transportation barrier and meet individuals where they are.

Recovery Support Services:

Union County will increase funding for chronic-care recovery models of support to assist the recovery community with sustaining health and well-being.

5. What annual tasks or targets has your county set for itself to achieve this goal in whole or in part over the next four years? State the objective for each year.

Prevention:

For 2024, AEREF funding will be used to fund prevention programming throughout the County with a focus on the transitional years between elementary, middle, high school, and college. A Request for Proposal (RFP) will be released in 2023 after updates of the Union County Department of Human Services Community Needs Assessment is available. In 2025, 2026, and 2027, the plan will be to renew funding for these programs and ensure that the most up-to-date curriculum and evidence-based materials are used.

Early Intervention:

In 2024, the County of Union will award funding after issuing a Request for Proposal that is driven by data from the CCP and an updated UCDHS Community Needs Assessment. Funding will go to the provider(s) utilizing evidence-based early intervention programming. For 2025, 2026, and 2027, funding would be renewed provided that sub-grantee(s) comply with contractual obligations.

Clinical Treatment with Detoxification:

In 2023, with data garnered from the CCP and the updated UCDHS Community Needs Assessment, an RFP will provide data to be released in preparation for the 2024-2027 cycle. The RFP will look to identify and seek a detox provider and an adolescent SUD provider, who can provide services for County residents that do not have health insurance, or cannot afford to pay for detox privately. A mobile recovery unit will be initiated to minimize the transportation barrier and meet individuals where they are. A Sober Living partner will be identified.

Recovery Support Services:

In 2024, the County of Union will award funding after issuing a Request for Proposal that is driven by data from the CCP and an updated UCDHS Community Needs Assessment. Funding will go to the provider(s) utilizing a "chronic-care" model approach to recovery support services. For 2025, 2026, and 2027, funding would be renewed provided that sub-grantee(s) comply with contractual obligations.

6. What strategy will the county employ to achieve each annual objective?

Prevention:

The County will develop an RFP to identify the best sources of prevention programming, and bolster existing relationships with the Regional Coalition and the Municipal Alliances, who also focus on prevention efforts. The County of Union will also identify the appropriate provider(s) who can deliver prevention programming. To monitor their efforts, the County will conduct site visits, and use monthly or quarterly reports to track the level of service, and overall community impact. In addition to monitoring the providers quantitatively, the County will also utilize feedback from community members and general provider meetings, to address any concerns/questions that may arise during the funding process.

Early Intervention:

The County of Union will analyze data from the updated UCDHS Community Needs Assessment, and then develop a Request for Proposal to identify the appropriate provider(s) who can deliver early intervention, evidence-based, programming. To monitor their efforts, the County will conduct site visits, and use monthly or quarterly reports to track the level of service, and overall community impact. In addition to monitoring the providers quantitatively, the County will also utilize feedback from community members and general provider meetings, to address any concerns/questions that may arise during the funding process.

Clinical Treatment with Detoxification:

The County will issue a Request for Proposal to recruit and retain a detox and an adolescent SUD provider. A mobile recovery unit will be initiated to minimize the transportation barrier and meet individuals where they are. A Sober Living partner will be identified.

Recovery Support Services:

Union County will identify an appropriate provider(s) who utilizes a chronic-care treatment approach to recovery, including programs such as financial assistance for housing, employment training, mental health support, and assistance with navigating the medical/healthcare system.

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

Prevention:

For the 2024-2027 cycle the County of Union anticipates to allocate 12% of its AEREF funds to achieve the prevention objectives. The actual amount allocated will be voted on, each year, and determined by LACADA, and evaluated prior to the release of the A/DA RFP in 2023 for 2024 service implementation.

Early Intervention:

For the 2024-2027 cycle the County of Union anticipates to allocate 5% of its AEREF funds to achieve the Early Intervention objectives. The actual amount allocated will be voted on, each year, and determined by LACADA, and evaluated prior to the release of the A/DA RFP in 2023 for 2024 service implementation.

Clinical Treatment with Detoxification:

For the 2024-2027 cycle the County of Union anticipates to allocate 53% of its AEREF funds to achieve the Clinical Treatment with Detoxification objectives. The actual amount allocated will be voted on, each year, and determined by LACADA, and evaluated prior to the release of the A/DA RFP in 2023 for 2024 service implementation.

Recovery Support Services:

For the 2024-2027 cycle the County of Union anticipates to allocate 30% of its AEREF funds to achieve the Recovery Support Services objectives. The actual amount allocated will be voted on, each year, and determined by LACADA, and evaluated prior to the release of the A/DA RFP in 2023 for 2024 service implementation.

8. If successful, what do you think will be the annual outputs of the strategy?

Prevention:

It is expected that at minimum 15,000 people will receive prevention services each year of the 2024-2027 plan.

Early Intervention:

The provider who receives funding will determine the level of service for the early-intervention evidence-based programs in various settings. Via school forums and/or community meetings involving community members, individuals will learn about early intervention and the benefits of support.

Clinical Treatment with Detoxification:

It is anticipated that approximately 1,200 to 1,500 Union County Residents are expected to receive Clinical Treatment with Detoxification each year of the 2024-2027 cycle. An RFP will identify the partners to meet this objective.

Recovery Support Services:

It is anticipated that approximately 140 Union County Residents are expected to receive Recovery Support Services each year of the 2024-2027 cycle. An RFP will identify the partners to meet this objective.

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

Prevention:

Students in schools, and youth in the community, will learn more about prevention, thus reducing the amount of youth and young adults who use alcohol and drugs. In turn, less drug use would also yield

improved mental health, and less anti-social behaviors such as DUIs, arrests, joining gangs, and drug-related hospitalizations.

Early Intervention:

The benefits of having more early-intervention programs would be an increase in the knowledge regarding the warning signs and symptoms of usage. Professionals, family members, educators, law enforcement, and other groups throughout the community would be able to identify programs and skills or techniques that can be used in order to provide support for a person earlier, rather than waiting for clinical intervention, hospital admission, or delinquent episode.

Clinical Treatment with Detoxification:

Having a detox provider within Union County's jurisdiction who can provide detox for individuals with low-income or without health insurance, will reduce barriers for treatment such as transportation, increase the number of support systems available in the community, and address the medical acute care needs of the population. A mobile recovery unit and a sober living partner will provide additional access to treatment services and minimize access to treatment barriers.

Recovery Support Services:

The annual outcome is that Union County will see a reduction in the rates of relapse, and an increase in the number of residents receiving recovery supports in the forms of financial assistance, an increase in employment, and lower reports of poor physical and mental health.

10. Who is taking responsibility to execute the strategy or any of its parts?

Prevention:

The County will look to work with its Regional Coalition, Prevention Links and any provider who demonstrates ability to provide comprehensive programming. Partners will be identified through an RFP released in 2023 in preparation for the 2024-2027 cycle.

Early Intervention:

Partners will be identified, who will execute early intervention strategies, through an RFP released in 2023 in preparation for the 2024-2027 cycle. The County will also rely on the community for feedback and information about needs.

Clinical Treatment with Detoxification:

Partners will be identified, who will execute clinical treatment with detoxification services, through an RFP released in 2023 in preparation for the 2024-2027 cycle. The County will also rely on the community for feedback and information about needs.

Recovery Support Services:

Partners will be identified, who will execute recovery support services, through an RFP released in 2023 in preparation for the 2024-2027 cycle. The County will also rely on the community for feedback and information about needs.

11. 2024-2027 Evidence-Based Programs

Answer the following questions for each evidence-based program you will be supporting with the county's AEREF dollars.

Prevention:

Name: Prevention, and Early Intervention services for youth below 18 years of age, and young adults ages 18-21.

Description: The Prevention program will provide prevention education services to middle and high school aged youth however the program is also designed to engage the entire community by creating

school or community-based teams of youth leaders collaborating with adult participants. The outreach will be conducted through collaboration between the local high school, the Municipal Alliance, the Regional Coalition and other youth serving organizations. The program will prioritize but not limit our scope to Union County's communities demonstrating the highest poverty rates which will include Elizabeth, Plainfield, Rahway, Linden, Roselle, and Hillside.

Objectives: To reduce illicit drug and alcohol use, in Union County and to reduce prescription drug misuse and abuse, by changing the attitudes, beliefs and perceptions regarding its use amongst youth.

Location or Setting for its Delivery: The current provider, Prevention Links, has locations in Roselle and Elizabeth, and provide programming throughout the County. There are also 16 Municipal Alliances located throughout the County which focus on prevention.

Expected Number of People to Be Served: It is expected that 15,000 people will receive prevention services each year of the 2024-2027 cycle.

Cost of Program: For the 2024-2027 cycle the County of Union anticipates to allocate 12% of its AEREF funds to achieve the prevention objectives. The actual amount allocated will be voted on, each year, and determined by LACADA, and evaluated prior to the release of the A/DA RFP in 2023.

Evaluation Plan: The program will be evaluated through monthly and quarterly reporting, annual monitoring site visits, and provider feedback to measure the effectiveness of the program.

Early Intervention:

Name: Creating Lasting Family Connections.

Description: The evidence-based program listed in SAMHSA's National Registry of Evidence Based Programs, Creating Lasting Family Connections (CLFC) will be utilized with AEREF dollars. CLFC is a family-focused program that aims to build the resiliency of youth aged 9 to 17 years and reduces the frequency of their alcohol and other drug (AOD) use. The CLFC curriculum is administered to parents/guardians and youth in 6 – 2 hour weekly training sessions, focus on imparting knowledge and understanding about the use of alcohol and other drugs, including tobacco; improving communication and conflict resolution skills; building coping mechanisms to resist negative social influences; encouraging the use of community services when personal or family problems arise; engendering self-knowledge, personal responsibility, and respect for others; and delaying the onset and reducing the frequency of AOD use among participating youth. CLFC programs have been developed for use with other targeted populations which make it a perfect match for the Early Intervention population.

Objectives: CLFC supports problem identification and referrals to other community services for participants when necessary. Creating Lasting Connections was an experimental program implemented and evaluated in church and school communities with the families of high-risk 11- to 14-year-old youth.

Location or Setting for its Delivery: CLFC is designed to be implemented through a community system, such as churches, schools, recreation centers, and court-referred settings.

Expected Number of People to Be Served: Thirty families

Cost of Program: $25,000

Evaluation Plan: To accomplish the objectives, the *Getting Real* curriculum from the Creating Lasting Connections Evidence Based Program will be utilized. The training offers interactive instruction to adults and youths separately and combined. Content includes a focus on refusal skills; verbal and non-

verbal communication; effective communication and negotiation; effective listening; communication within the family unit; and establishing and maintaining healthy interpersonal relationships and the negative consequences of illicit drug use. The Creating Lasting Family Connections (CLFC) program will be conducted in a variety of locations throughout Union County based upon identified needs with a minimum of one round being offered in Plainfield. Estimated attendance per round will be 5-15 families with a total number served, based on the average family size of 4, being is estimated at 20-60 people per session. Each session is 2 hours long and each round is comprised of 6 sessions. 2 rounds will be completed annually/for a total of 12 sessions per year which is equal to 24 hours per year. The rounds will take place in the evening to better accommodate families and will be located in communities demonstrating the highest needs. Unit cost includes cost of curriculum, food, materials, child care, incentives, and staff time. Program documentation will include flyers, program outlines, attendance reports, pre/post testing evaluation reports etc.

Name: Safe Dates

Description: Safe Dates is listed in the SAMHSA's National Registry of Evidence Based Program. It addresses all four prevention priorities set by the NJ Governor's Council on Alcoholism and Drug Abuse (GCADA): underage drinking, marijuana, prescription drug misuse, and nicotine.

Objectives: The curriculum is a ten-session program that targets attitudes and behaviors associated with dating abuse and violence. Each session is approximately 50 minutes in length. This program allows for needed flexibility to accommodate local conditions and maintain program fidelity.

Location or Setting for its Delivery: Safe Dates in person or virtually depending on the needs of the local school district. The program will be implemented in the classroom (or virtually) with ninth graders for 13 total cycles (10 sessions per cycle).

Expected Number of People to Be Served: Approximately 3,300 students (average class size of 25 students) are expected to be served.

Cost of Program: $75,000 (Safe Dates, Don't Get Vaped In, and Lead & Seed)

Evaluation Plan: Safe Dates, Don't Get Vaped In, and Lead & Seed services are measured annually through internal data collection methods as well as through contracting with independent external evaluators. The efforts are modeled after the Center for Substance Abuse Prevention's (CSAP) Strategic Prevention Framework (SPF). The SPF provides a public health model and framework to measure effective programming and serves as the foundation. All of the services are evaluated in order to identify areas to be adjusted or changed to assure the most effective prevention programming.

Name: Don't Get Vaped In

Description: The evidence-based program listed in SAMHSA's National Registry of Evidence Based Programs, Don't Get Vaped In will allow participants to learn about the newest trends in youth tobacco use and vaping.

Objectives: Don't Get Vaped In presentations provides a learning opportunity for school personnel, parents, and youth to address the vaping epidemic in New Jersey.

Location or Setting for its Delivery: Each session is one hour in length and can be implemented in-person as a classroom or auditorium-based session, or virtually.

Expected Number of People to Be Served: Approximately 450 Union County middle and high school students.

Cost of Program: $75,000 (Safe Dates, Don't Get Vaped In, and Lead & Seed)

Evaluation Plan: Safe Dates, Don't Get Vaped In, and Lead & Seed services are measured annually through internal data collection methods as well as through contracting with independent external evaluators. The efforts are modeled after the Center for Substance Abuse Prevention's (CSAP) Strategic Prevention Framework (SPF). The SPF provides a public health model and framework to measure effective programming and serves as the foundation. All of the services are evaluated in order to identify areas to be adjusted or changed to assure the most effective prevention programming.

Name: Lead & Seed

Description: Lead & Seed is a process model of team building, strategic planning based on (1) the Substance Abuse and Mental Health Services Administration (SAMHSA's) 5-step Strategic Prevention Framework (SPF) and (2) the Center for Substance Abuse Prevention's (CSAP) prevention strategies which provide the foundation of the program. the training is then designed to help the participants identify problem priorities in their school or community.

Objectives: Lead & Seed training is designed to help the participants identify problem priorities in their school or community. These can include prescription drug misuse, underage drinking, DUI/binge drinking, teen tobacco use, other drug use, drug trends or bullying.

Location or Setting for its Delivery: Community Setting

Expected Number of People to Be Served: Approximately 60 participants will be served.

Cost of Program: $75,000 (Safe Dates, Don't Get Vaped In, and Lead & Seed)

Evaluation Plan: Safe Dates, Don't Get Vaped In, and Lead & Seed services are measured annually through internal data collection methods as well as through contracting with independent external evaluators. The efforts are modeled after the Center for Substance Abuse Prevention's (CSAP) Strategic Prevention Framework (SPF). The SPF provides a public health model and framework to measure effective programming and serves as the foundation. All of the services are evaluated in order to identify areas to be adjusted or changed to assure the most effective prevention programming.

Clinical Treatment with Detoxification:

Name: Treatment Access Programs: Detox, Short Term Residential, Partial Care, Intensive Outpatient, Outpatient, and Halfway House services.

Description: Short Term residential services for youth and adults, outpatient services for youth and adults, and inpatient detoxification services for adults.

Objectives: To recruit a detox and substance misuse adolescent provider in Union County, to increase treatment availability in a variety of municipalities located in Union County.

Location or Setting for its Delivery: The current providers: Bridgeway Rehabilitation Services, P.R.O.C.E.E.D Inc., and Trinitas Regional Medical Center have locations throughout Union County, and provide treatment services throughout the County. C.U.R.A. Inc., and New Hope Integrated Behavioral Health Care. are the current detox providers to Union County Residents, both locations are outside of Union County.

Expected Number of People to Be Served: It is expected that 1,200 to 1,500 people will receive treatment services each year of the 2024-2027 cycle. An RFP will identify the partners to meet this objective.

Cost of Program: An estimated cost is as follows:
Detoxification: $72,505
Short Term Residential: $174,616
Partial Care: $123,181
Intensive Outpatient: $30,117
Outpatient Adults/Adolescents: $113,191
Halfway House: $8,842
Total: $522,452

Evaluation Plan: The program will be evaluated through monthly and quarterly reporting, annual monitoring site visits, and provider feedback to measure the effectiveness of the program.

Recovery Support Services:

Name: Recovery Supports

Description: Provider will provide Intensive Case Management services to Adults, and/ or youth in Union County.

Objectives: The goal of the Recovery Supports is to provide Intensive Case Management Services to reduce the relapse rate amongst Union County youth and adults diagnosed with a substance abuse disorder.

Location or Setting for its Delivery: The current providers, Prevention Links, Bridgeway Rehabilitation Services, Real House, Inc., and Trinitas Regional Medical Center have locations in Roselle and Elizabeth, to provide recovery support services throughout the County.

Expected Number of People to Be Served: It is expected that 140 people will receive recovery support services each year of the 2024-2027 cycle. An RFP will identify the partners to meet this objective.

Cost of Program: The estimated cost is as follows: $179,190

Evaluation Plan: The program will be evaluated by use of monthly and quarterly reporting, annual monitoring site visits, and provider feedback to measure the effectiveness of the program.

APPENDIX 1: 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.

Action Plans are also logic models. They are used to develop a coherent implementation plan. By breaking a problem's solution down into a series of smaller tasks, an action plan organizes the tasks, resources, personnel, responsibilities and time to completion around the hypothesized solution to the stated problem.

Evaluation Plans are also logic models. They are used to develop a coherent plan for establishing the value of the outcome of having "solved" a community problem associated with a service gap. The elements of an evaluation plan are a problem statement, an anticipated benefit to be captured by reducing the size and impact of the stated problem, measures that can inform the community if a problem has been reduced and by what proportion, a description of the type and availability of the data required to measure the intended change, a method for analyzing the data obtained, an estimate of the fiscal and other requirements of the method, and the findings from the evaluation.

APPENDIX 2: REFERENCES

Culleton, R. (2018). Regional Learning Collaborative [dataset].

Department of Health Division of Mental Health and Addiction Services Office of Planning, Research, Evaluation and Prevention (2021). *Substance Abuse Overview 2021* Union County. Trenton, New Jersey.

Division of Mental Health and Addiction Services. (2016) NJ Chartbook of Substance Abuse.

Suspected Drug Related Deaths, Naloxone Administrations and PMP Data by County: www.njoag.gov/programs/nj-cares/nj-cares-data-by-county

Mental Health America. (2019). *Co-Occurring Disorder and Youth*. [online] Available at: http://www.mentalhealthamerica.net/conditions/co-occurring-disorder-and-youth

Monmouth University Polling Institute. (2019). *Support for Legal Weed Stays High | Monmouth University Polling Institute.* [online] Available at: https://www.monmouth.edu/polling-institute/reports/monmouthpoll_nj_021819 [Accessed March. 2019].

NJ Department of Health: https://www.cdc.gov/tobacco/basic_information/e-cigarettes/Quick-Facts-on-the-Risks-of-E-cigarettes-for-Kids-Teens-and-Young-Adults.html

Nimh.nih.gov. (2019). *NIMH » Are Children Overmedicated?* [online] Available at: https://www.nimh.nih.gov/about/directors/thomas-insel/blog/2014/are-children-overmedicated.shtml [Feb. 2019].

State of New Jersey (2022). *2021 New Jersey Middle School Risk & Protective Factor Survey*. Trenton: Department of Human Services, Division of Mental Health and Addiction Services.

State.nj.us. (2019). *Department of Health | Population Health*. [online] Available at: https://www.state.nj.us/health/populationhealth/opioid [Accessed Feb 2019].

Union County Substance Abuse Needs Questionnaire. Survey. Via public distribution in person; online; 2022.

Union County Naloxone Update 2019 https://ucnj.org/prosecutor/wp-content/uploads/sites/6/2020/08/UCNaloxoneUpdate.12.31.19-Final.jpg

Recovery – Oriented Systems of Care (ROSC) Resource Guide, September 2010.

Key Substance Use and Mental Health Indicators in the United States: Results from the 2020 National Survey on Drug Use and Health.

GCADA Municipal Alliance Intervention EBP List: https://nj.gov/treasury/gcada/alliance/forms/

APPENDIX 3: LIST OF PARTICIPANTS IN THE PLANNING PROCESS

No.	NAME	AFFILIATION	CONTACT INFO.
1.	Debbie-Ann Anderson	Union County Department of Human Services - Director	N/A
2.	Karen Dinsmore	Union County Department of Human Services – Assistant Director	N/A
3.	Melissa Lespinasse	Union County Department of Human Services – Assistant Director	N/A
4.	Carol Berger	LACADA	N/A
5.	Nadina Baskerville Thomas	LACADA	N/A
6.	Maggie Petino	LACADA	N/A
7.	Marilucy Lopes	LACADA/MH Admin/Aging	N/A
8.	Mariel Hufnagel	LACADA	N/A
9.	Commissioner James Baker	LACADA	N/A
10.	Christina M. Topolosky	LACADA/DHS	N/A
11.	Elizabeth Paskewich	LACADA/DHS	N/A
12.	Gene Tavera	LACADA	N/A
13.	Miriam Cortez	MH Administrator/OBHSA Director	N/A
14.	Ana Patricia Ackerman-Blanco	Provider-CURA, Inc.	N/A
15.	Roberto Flecha	Provider-CURA, Inc.	N/A
16.	Anthony Comerford	Provider-New Hope Integrated Behavior Health Care	N/A
17.	David Roden	Provider-New Hope Integrated Behavior Health Care	N/A
18.	Biren Parikh	Provider-Bridgeway Behavior Health System	N/A
19.	Cory Storch	Provider-Bridgeway Behavior Health System	N/A
20.	Silvester Oluokun	Provider-Bridgeway Behavior Health System	N/A
21.	Dr. Elizabeth Pineros	Provider-PROCEED, Inc.	N/A
22.	Teresa Soto Vega	Provider-PROCEED, Inc.	N/A
23.	Jodi Traina	Provider-Trinitas Regional Medical Center	N/A
24.	Krystyna Vaccarelli	Provider-Trinitas Regional Medical Center	N/A
25.	Lisa Dressner	Provider-Trinitas Regional Medical Center	N/A
26.	Morgan Thompson	Provider- Prevention Links, Inc.	N/A
27.	Kelley Ryan	Provider- Prevention Links, Inc.	N/A
28.	Nilda Rodriguez	Provider- Real House, Inc.	N/A
29.	Shawn Jennings	Provider- Real House, Inc.	N/A
30.	Person in Recovery #1	Real House, Inc.	N/A

31.	Person in Recovery #2	Real House, Inc.	N/A
32.	Person in Recovery #3	Real House, Inc.	N/A
33.	Person in Recovery #4	Real House, Inc.	N/A
34.	Person in Recovery #5	Real House, Inc.	N/A
35.	Person in Recovery #6	Real House, Inc.	N/A
36.	Person in Recovery #7	Real House, Inc.	N/A
37.	Person in Recovery #8	Real House, Inc.	N/A
38.	Person in Recovery #9	Prevention Links, Inc.	N/A
39.	Person in Recovery #10	Prevention Links, Inc.	N/A
40.	Person in Recovery #11	Prevention Links, Inc.	N/A
41.	Person in Recovery #12	Prevention Links, Inc.	N/A
42.	Person in Recovery #13	Prevention Links, Inc.	N/A
43.	Person in Recovery Youth #14	Prevention Links, Inc.	N/A
44.	Person in Recovery Youth #15	Prevention Links, Inc.	N/A
45.	Person in Recovery Youth #16	Prevention Links, Inc.	N/A
46.	Person in Recovery Youth #17	Prevention Links, Inc.	N/A
47.	Municipal Alliance Coordinators (14)	Municipal Alliance/GCADA	N/A

APPENDIX 4: LOGIC MODELS

LOGIC MODEL: PREVENTION

Need-capacity **gap and** associated community **problem (A)**	**Evidence** of problem **and** its **significance** for the county (B)	**Goal** For 2024-2027 (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)	**Agency** Responsible (I)
Need-capacity Gap: Lack of comprehensive school and community-based prevention programming throughout Union County.	Approximately 12.3% of youth in Union County cited using alcohol at least once in their lifetime. The 2021 New Jersey Middle School Risk and Protective Factors Survey states 12.3% have tried alcohol and 7.6% have tried E-cigarettes with and without marijuana.	**To:** To fund comprehensive school-based and community prevention programs targeting all ages with a special focus on the transitional years between elementary, middle, high school, young adult years 18-24, and co-occurring disorders.	2024: To release an RFP in fall 2023 and select a provider(s) for 2024 service implementation	2024: To release an RFP in fall 2023 and select a provider(s) for 2024 service implementation	**County: $00:00** **AEREF/State: Meet or exceed the Prevention/Education reserve set by the State.** **$00:00** **Total: $00:00**	Number of participants to be determined by provider providing the programming.	Short Term: An increase in prevention programming will be available for youth and young adults.	Regional Coalition, and provider(s) to be awarded funding.
			2025: **To** monitor provider reports monthly/quarterly, conduct site visits, and track level of service and community impact.	2025: To work with provider(s) to identify students and young adults and begin prevention programming.	**County: $00:00** **AEREF/State: Meet or exceed the Prevention/Education reserve set by the State.** **$00:00** **Total: $00:00**	Number of participants to be determined by provider providing the programming based on previous year	Middle Term: An increase in the number of students and youth participating in prevention programs and activities.	Regional Coalition, and provider(s) to be awarded funding.
Associated Community Problem:			2026: **To** monitor provider reports monthly/quarter	2026: To identify any need for enhancement	**County: $00:00** **AEREF/State:**	Number of participants to be determined	Middle Term: An increase in the number of students and	Regional Coalition, and provider(s) to

			ly, conduct site visits, and track level of service and community impact.	or support for those being served.	**Meet or exceed the Prevention/Education reserve set by the State.** **$00:00 Total: $00:00**	by provider providing the programming based on previous year	youth participating in prevention programs and activities, with more awareness of risk factors.	be awarded funding.
			2027: **To** monitor provider reports monthly/quarterly, conduct site visits, and track level of service and assess overall community impact in the grant cycle.	2027: To increase funds for prevention as needed.	**County: $00:00 AEREF/State: Meet or exceed the Prevention/Education reserve set by the State.** **$00:00 Total: $00:00**	Number of participants to be determined by provider providing the programming based on previous year	Long Term: Improvement in overall mental health and well-being, with a decrease in anti-social behaviors and a reduction in alcohol and illicit drug use.	Regional Coalition, and provider(s) to be awarded funding.

LOGIC MODEL: EARLY INTERVENTION

Need-capacity **gap and** associated community **problem (A)**	**Evidence** of problem **and** its **significance** for the county (B)	**Goal** For 2024-2027 (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)	**Agency** Responsible (I)
Need-capacity Gap: Lack of evidence-based early-intervention programming available for individuals 11-24 in the community.	Union County Prosecutor's Office used naloxone 273 times in 2019 and 138 in 2020—The number of over dose fatalities in 2019 was 128. 1.3% of 7th and 8th graders report trying prescription drugs for the first time before the age of 11. 60% of Union County residents discharged from substance abuse hospital treatment had a	**To:** increase the number of providers using evidence-based early intervention programming addressing substance use and mental health.	2024: To release an RFP in fall 2023 and select a provider(s) for 2024 service implementation	2024: To release an RFP in fall 2023 and select a provider(s) for 2024 service implementation	**County: $00:00** **AEREF/State:** To be determined based on RFP released in fall of 2023. **$00:00** **Total: $00:00**	Number of participants reached to be determined by provider(s) capacity.	Short Term: Increase education regarding substance use and mental health.	Regional Coalition and provider(s) awarded funding.
			2025: **To** continue funding an early-intervention provider (s).	2025: To conduct site visits, and use monthly or quarterly reports to track the level of service, and overall community impact.	**County: $00:00** **AEREF/State:** To be determined based on RFP released in fall of 2023. **$00:00** **Total: $00:00**	Number of participants is expected to increase.	Middle Term: Professionals, family members, educators, law enforcement, and other groups in the community will identify warning signs sooner, rather than at the point of emergency or clinical intervention.	Regional Coalition and provider(s) awarded funding.

Associated Community Problem: There is an increase and high number of individuals needing medical/emergency interventions, and more than half of substance-abuse related hospital admissions are impacting the co-occurring population.	mental illness/co-occurring disorder. In increase from the last CCP.		2022: **To** continue funding an early-intervention provider(s).	2022: To monitor quarterly reports, funding, and Level of Service.	**County: $00:00 AEREF/State:** To be determined based on RFP released in fall of 2023. **$00:00 Total: $00:00**	Number of participants is expected to increase.	Middle Term: A decrease in the number of clinical interventions for youth and co-occurring population throughout the County.	Regional Coalition and provider(s) awarded funding.
			2027: **To** continue funding an early-intervention provider(s).	2027: To evaluate outcomes of evidence-based programs with current funding.	**County: $00:00 AEREF/State:** To be determined based on RFP released in fall of 2023. **$00:00 Total: $00:00**	Number of participants is expected to increase.	Long Term: Improved quality of life for community members, and a decrease in substance use related hospital admissions within the co-occurring population.	Regional Coalition and provider(s) awarded funding.

LOGIC MODEL: CLINICAL TREATMENT WITH DETOXIFICATION

Need-capacity **gap and** associated community **problem** **(A)**	**Evidence** of problem **and** its **significance** for the county (B)	**Goal** For 2024-2027 (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)	**Agency** Responsible (I)
Need-capacity Gap: No detox treatment in Union County for state funded consumers.	No detox treatment for low income, uninsured individuals exists in Union County. The Union County Substance Use Needs Questionnaire results show transportation to detox and availability, is a barrier for receiving or starting treatment.	**To:** increase access to detox treatment by recruiting a detox provider in Union County that will serve low income, uninsured consumers.	**2024:** To release an RFP in fall 2023 and select a provider(s) for 2024 service implementation	2024: To release an RFP in fall 2023 and select a provider(s) for 2024 service implementation	**County: $00:00** **AEREF/State:** To be determined based on RFP released in fall of 2023. **$00:00** **Total: $00:00**	Number of consumers receiving detox service to increase.	Short Term: Increase the number of individuals treated for detox in Union County.	Provider(s) awarded funding via RFP.
			2025: **To** award funding and recruit detox treatment provider (s).	2025: To recruit a detox provider (s).	**County: $00:00** **AEREF/State:** To be determined based on RFP released in fall of 2023. **$00:00** **Total: $00:00**	Number of consumers receiving detox service to increase.	Middle Term: Increase in number of individuals treated and access for detox in Union County.	Provider(s) awarded funding via RFP.
Associated Community Problem: Lack of transportation and access to a Detox provider in Union			2026: **To** award funding and recruit detox treatment provider (s).	2026: To recruit a detox provider (s).	**County: $00:00** **AEREF/State:** To be determined based on RFP	Number of consumers receiving detox service to increase.	Middle Term: Increase in number of individuals treated and	Provider(s) awarded funding via RFP.

County creates a high number of individuals who are not able to access care in their county.					released in fall of 2023. **$00:00** **Total:** **$00:00**		access for detox in Union County. Identify a Detox Provider in Union County.	
			2027: **To** award funding and recruit detox treatment provider (s).	2027: To recruit a detox provider (s).	**County:** **$00:00** **AEREF/State:** To be determined based on RFP released in fall of 2023. **$00:00** **Total:** **$00:00**	Number of consumers receiving detox service to increase.	Long Term: Reduction in relapse by reduced barriers to detox.	

LOGIC MODEL: RECOVERY SUPPORT SERVICES

Need-capacity **gap and** associated community **problem (A)**	**Evidence** of problem **and** its **significance** for the county (B)	**Goal** For 2024-2027 (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)	**Agency** Responsible (I)
Need-capacity Gap: There is a lack of chronic-care models of recovery being utilized by consumers in the county.	In 2021, 22% of Union County treatment admissions were re-admissions. Community members also stressed the need for chronic-comprehensive care in the Union County Substance Use Needs Questionnaire.	**To:** increase funding for recovery service models of support to assist the recovery community with sustaining health and well-being.	2024: To release an RFP in fall 2023 and select a provider(s) for 2024 service implementation	2024: To release an RFP in fall 2023 and select a provider(s) for 2024 service implementation	**County: $00:00** **AEREF/State:** To be determined based on RFP released in fall of 2023. **$00:00** **Total: $00:00**	Number of recovery support service models will increase.	Short Term: Chronic-care models will be implemented in recovery programs.	Provider(s) awarded funding via RFP.
			2025: **To** continue funding chronic care models for recovery services.	2025: To advertise and refer community members towards appropriate recovery models.	**County: $00:00** **AEREF/State:** To be determined based on RFP released in fall of 2023. **$00:00** **Total: $00:00**	Number of individuals receiving chronic-care model of support will increase.	Middle Term: Individuals will adhere to chronic-care models of support.	
Associated Community Problem:			2026: **To** continue funding chronic care models for recovery services.	2026: To monitor and assess the relapse rates.	**County: $00:00** **AEREF/State:** To be determined based on RFP released in fall of 2023. **$00:00**	Number of individuals receiving chronic-care model of support will increase.	Middle Term: Individuals will receive appropriate level of support.	Provider(s) awarded funding via RFP.

					Total: **$00:00**			
			2027: **To** continue funding chronic care models for recovery services.	2027: To evaluate chronic-care models of recovery success in community.	**County:** **$00:00** **AEREF/State:** To be determined based on RFP released in fall of 2023. **$00:00** **Total:** **$00:00**	Number of individuals receiving chronic-care model of support will increase.	Long Term: A reduction in the number of relapses, and a decrease in cost to the continuum of care.	