THE UNION COUNTY COMPREHENSIVE PLAN (CCP) FOR THE ORGANIZATION AND DELIVERY OF ALCOHOL AND DRUG ABUSE SERVICES

PLANNING CYCLE 2020-2023

New Jersey Department of Human Services
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Contents

1. FOUNDATIONS, PURPOSE AND PRINCIPLES
A. STATUTORY AND POLICY FOUNDATIONS

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

B. ADMINISTRATIVE FOUNDATIONS

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

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

C. PURPOSE AND PRINCIPLES

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

Principles: County Comprehensive Planning is grounded in:

1) *Epidemiological community surveillance.* As a local public health authority, the county will both *observe* the changing prevalence of substance abuse and *monitor* the changing capacity of the local health care system to respond to it.

2) "*Gap analysis*." As the product of *surveillance*, the CCP will evaluate "gaps" both in coverage of total treatment demand and in the county's continuum of care. Because treatment need and demand always exceed treatment capacity, the CCP seeks to reduce disease incidence (prevention, early intervention, and recovery support services) and expand access to treatment services over the short, medium, and long terms.

3) *Resource allocation.* As the product of "gap analysis", the CCP will recommend "best uses" of AEREF and other state and county resources to meet *feasible* goals and objectives for the maintenance and continuous improvement of the county's substance abuse continuum of care. [1]

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

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

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 2020-2023 plan draft will evolve throughout the current year, as more information from a county-wide needs assessment becomes available. The 2019 Union County Department of Human Services (UCDHS) Community Needs Assessment is expected to yield information, by way of focus groups, community outreach, and interviews. The health and wellness of the entire population will be analyzed and the data is expected to be available in December of 2019. During early 2020, 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 2020.

Guideline: This vision statement is available for use in each CCP because it is so broadly stated that it is applicable everywhere. Optionally, individual LACADAs may wish to express a vision that is more specific to the county they serve. LACADAs may wish to replace the above vision statement entirely or add something to it in the space below.

3. THE COMMUNITY-BASED COMPREHENSIVE PLANNING PROCESS

GUIDELINE: Answer the following questions either by circling or bolding your answers in the following tables or by briefly answering the questions posed.

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

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), 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?

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

4. Briefly evaluate your community outreach experience over the last three years of preparing your 2020-2023 CCP. What role did the LACADA play in the community participation campaign? What approaches worked

well, less than well, or not at all to generate community participation and a balance of "interests" among the participants?

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. New county staff were hired in the Fall of 2018, and their efforts to gather information from the last three years of preparation also included interviews with members of LACADA. The new 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. However, the barrier of not having extensive time to conduct a full scale outreach effort due to staff changes, was challenging. 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?

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 given the time constraints the new Alcohol and Drug Abuse Coordinator encountered. 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 Survey Monkey, 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 C51 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 A Key Informant interview was held with the Director of the Union County Intoxicated Driver Resource Center (IDRC).
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 Union County Juvenile Expediting Team, the Youth Services Commission, and the Children's Interagency Coordinating Council.
e. Disabled There was no specific form of outreach conducted on the needs of persons with disabilities in the CCP process. NJSAMS data for this population was used.
f. Workforce There was no specific form of outreach conducted on the needs of the county workforce in this CCP process. NJSAMS data for this population was used.
g. Seniors There was no specific outreach on the needs of older adults/seniors in this CCP process. 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, and PACMHADA. 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 as a means to introduce the new County Alcohol/Drug Abuse (A/DA) Coordinator. Having started the position in the Fall of 2018, the CCP served as a good way to introduce the focus of the County A/DA role, and how the position can work closely with other departments, offices, committees and partners within the community. Providers and stakeholders were also introduced to the new Alcohol and Drug Abuse Coordinator and invited the Coordinator to participate in events/committees the previous Alcohol and Drug Abuse Coordinator may not have attended.

4. PREVENTION
LOOKING BACK: PREVENTION ACCOMPLISHMENTS 2016-2019

Guideline: Summarize the 2016-2019 county comprehensive plan for prevention with help from the following questions: What was the county trying to achieve? What was the county's total financial investment for the last planning cycle? How many residents benefitted from the county's actions? What were the measurable benefits for the community? How did the county's plan coordinate with or supplement the prevention plans of your county's regional coalition and the municipal alliances?

During the 2012-2015 planning cycle, Prevention Links Inc. became part of 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 worked alongside the 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 Opioids and Athletes, how to talk to your kids about marijuana, and the danger/ legalization of marijuana 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 2016-2019 cycle.

The Municipal Alliance (Countywide Coordination) partially funded the Countywide Red Ribbon Day, and fully funded the LACADA Municipal Alliance Volunteer Recognition Dinner as well as four (4) Municipal Alliance trainings each year between 2016-2019.

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 only address one priority problem in the FY 2015-2019 grant cycle. Eleven (11) municipalities had priority problem statement of misuse of alcohol and seven (7) Municipal Alliances had a statements of reducing the use of illegal drugs. Some of the Municipal Alliances were unable to fund programming on heroin as their priority problem is alcohol misuse. These countywide programs augmented the local Alliance programs and expanded on topics relevant but excluded on the current 2015-2019 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.

The prevention goals for the planning cycle of 2016-2019 were to reduce underage drinking, illicit drug 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.

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 and undocumented) were eligible for prevention services.

Some of the prevention programs used to address the prevention needs of Union County residents from 2016-2019 include: Lead and Seed which is listed in the Substance Abuse and Mental 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 SERVICES: CONTRACTED LEVEL OF SERVICE (CLOS)/ ACTUAL LEVEL OF SERVICE (ALOS)

PROGRAM	2016 CLOS		2016 ALOS		2017 CLOS		2017 ALOS		2018 CLOS		2018 ALOS	
PREVENTION LINKS INC.	40,000		1,217		40,000		3,501		40,000		2,490	
MUNICIPAL ALLIANCES	18+	Youth	18+	Youth	18+	Youth	18+	Youth	18+	Youth	18+	Youth
	20,000	40,000	55,321	55,670	20,000	40,000	53,250	58,602	20,000	40,000	55,255	58,610
TOTALS:	60,000		112,208		269,599		115,353		60,000		116,355	

PREVENTION SERVICES ALLOCATED/ SPENT

PROGRAM	2016 Allocation	2016 Spent	2017 Allocation	2017 Spent	2018 Allocated	2018 Spent
PREVENTION LINKS INC. / COUNTYWIDE TRAINING/COORDINATION	$91,500	$88,643	$91,500	$88,979	$91,500	$90,346
MUNICIPAL ALLIANCES	$444,701	$399,290	$444,701	$410,128	$444,701	$421,974
Totals:	**$536,201**	**$487,933**	**$536,201**	**$499,107**	**$536,201**	**$512,320**

ASSESSING THE NEEDS FOR PREVENTION PROGRAMS

Guideline: Using both quantitative and qualitative data that you have gathered and analyzed, identify those prevention issues or major challenges the county will face during the 2020-2023 planning cycle.

One of the major challenges and prevention issues Union County will face during the 2020-2023 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. Approximately 51% of those surveyed in the Union County Substance Use Questionnaire identified under-age drinking and the use of marijuana as the top prevention concerns. The 2012 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 11.7% of youth in Union County. This is a 3.9% statistically significant deviation above the state estimate as shown in the chart below[2]:

	County vs. State (2012)			County Trends		
	Union County %	*New Jersey %*	*Difference %*	*2007 %*	*2010 %*	*2012 %*
Alcohol Use						
Lifetime use of alcohol (Used alcohol one or more times during their life.)	27.4	23.1	4.3	*	28.3	27.4
Annual use of alcohol (Used alcohol one or more times during the past year.)	22.7	17.3	5.4	*	22.0	22.7
Past 30 day use of alcohol (Used alcohol one or more times during the past 30 days.)	9.0	9.0	0.0	*	11.7	9.0
Early onset of alcohol use (Used alcohol for the first time at age 11 or younger.)	11.7	7.8	3.9	*	11.7	11.7
Lifetime binge use of alcohol (Having 3 or more drinks of alcohol in a row within a couple of hours during their life.)	7.8	7.6	0.2	*	9.1	7.8
Annual binge use of alcohol (Having 3 or more drinks of alcohol in a row within a couple of hours during the past year.)	4.6	6.3	-1.7	*	7.1	4.6

The chart above also indicates a 5.4% deviation from the State on the annual use of alcohol by children in Middle School. The 2016 New Jersey Household Survey on Drug Use and Health states heavy alcohol use and lifetime binge drinking is highly related to the age at which an individual first uses alcohol. Therefore, the younger a person begins binge drinking, the greater the risk of developing an addiction or alcohol-related issues such as DUIs, arrests, poor physical and mental health.

While the 2012 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 smoke marijuana, referred to as "vaping." The 2016 New Jersey Household Survey on Drug Use and Health identifies the highest proportion of those who use vaporizers to be under the age of 21, with 61% of 18-20 year olds reporting vaping marijuana. 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 concern regarding the potential legalization of recreational marijuana use in New Jersey and how that will impact communities, is also a major challenge Union County will face during the 2020-2023 planning cycle. The Union County Substance Use Needs Questionnaire showed mixed attitudes towards the issue of potential legalization. This issue is so polarizing, that many community members have opposing views on the impact of potential 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 marijuana 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.

When assessing the need for prevention, Union County also considered the planning process utilized in the GCADA Municipal Alliances Plan. Of the municipalities which participate in the GCADA funded program, 11 prioritize the reduction of illicit substance use, and 7 prioritize a reduction or elimination of alcohol misuse in their respective municipalities. 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 18 was for Marijuana/Hashish (2017), with 83% of those admissions male, and 17% female. Between the ages of 18-24,

[2] Accessed via:
(https://www.nj.gov/humanservices/dmhas/publications/surveys/Middle%20School%20Survey%20by%20County/2012/Union.pdf)

[3] (February 2019; https://www.monmouth.edu/polling-institute/ reports /monmouthpoll_nj_ 021819/)

NJSAMS states the primary cause of substance use admissions is for heroin and other opiates (2017) as seen in the chart below:

Admissions by Age Group, Gender and Primary Drug
2017 NJ Resident Admissions

UNION		GENDER				TOTAL	
		Female		Male			
		N	%	N	%	N	%
0-17	Alcohol			1	100	1	100
	Marijuana/Hashish	3	18	14	82	17	100
	Total	3	17	15	83	18	100
18-24	Alcohol	24	30	55	70	79	100
	Heroin	33	25	97	75	130	100
	Other Opiates	4	16	21	84	25	100
	Marijuana/Hashish	39	26	109	74	148	100
	Other Drugs	4	31	9	69	13	100
	Unknown	1	33	2	67	3	100
	Total	105	26	293	74	398	100

The chart above[4] also shows that a total of 398 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 transitioning into college or into the community, indicate a significant increase in admissions, from 18, to 398. 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, an overview was given 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. In addition, the quantitative data was presented at a Town Hall meeting so the community was able to address their concerns directly through a survey.

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

LOOKING FORWARD: THE 2020 - 2023 COUNTY PREVENTION PLAN

Guideline: Describe the county's 2020-2023 prevention plan. Highlight the issues or major challenges identified in the needs assessment that are facing the county over the next four years. Describe the programmatic actions that the county plans to take to address these challenges.

The programmatic actions Union County plans to enact during the 2020-2023 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 18-21. 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.

The 2012 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[5]. 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 2016 New Jersey Household Survey on Drug Use and Health, "young adults under age 26 were found to be at multiple risk of mental health and substance abuse problems. Young people used illicit substances at 2-3 times the rate of New Jersey residents as a whole" (Borys & Culleton, 2016). 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 2020-2023 prevention plan, school based providers, municipal alliance coordinators, and community members will 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 potential legalization of recreational marijuana use will also be incorporated into programming as more information about the process 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.

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

THE PREVENTION LOGIC MODEL NARRATIVES

GUIDELINES FOR DRAFTING THE NARRATIVE: For each goal, provide a separate narrative and logic model. Each logic model must have a narrative that answers the questions 1 through 10 listed below. Please limit each narrative to 3 pages. A logic model should not exceed one page. If it does, you may not be summarizing enough in the column that runs over the bottom of the page. The Logic Models are to be placed in Appendix 4.

1. Describe a prevention need-capacity "gap" in the county's prevention system of care, and the strategic importance of addressing this "gap" for reducing the county's treatment need in 2020-2023 planning cycle.

   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.

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

   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.

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

   Approximately 11.7% of youth in Union County cited using alcohol before 11 years of age, and 61% of those who use vaporizers, are between 18-20 years old and vape marijuana. Also, percentages of students engaged in anti-social behaviors is higher in Union County, compared to the State percentages.

4. Please restate this "gap" and related community problem or problems as a goal to be pursued during the 2020-2023 CCP.

   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.

5. What annual accomplishments has your county set for itself in pursuit of this goal over the next four years? State these as objective for each year.

   For 2019/2020, 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 2020 after completion of the Union County Department of Human Services Community Needs Assessment. In 2021, 2022, and 2023, 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.

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

   The County will develop a 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.

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

   In 2020, it is expected to cost approximately $76,958 to meet the annual prevention objectives. From 2021-2023, the cost each year will be voted on and determined by LACADA, and evaluated prior to the release of the A/DA RFP in 2020.

8. Once the strategy is implemented, how many residents do you anticipate will be treated? That is, what will be the annual "outputs" of the strategy?

   It is expected that 40,000 people will receive prevention services in 2020. The number is expected to change from 2020-2023, pending data from the 2019 A/DA UCDHS Community Needs Assessment that will drive a RFP in 2020.

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

   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.

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

    The County will look to work with its Regional Coalition, Prevention Links and any provider who demonstrates ability to provide comprehensive programming.

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

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

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 19 Municipal Alliances located throughout the County which focus on prevention.

Expected Number of People to Be Served: It is expected that 40,000 people will receive prevention services in 2020. The number is expected to change from 2020-2023, pending data from the 2019 A/DA UCDHS Community Needs Assessment that will drive a RFP in 2020.

Cost of Program: The program is expected to cost $76,958.00 in 2020. The cost for prevention from 2020-2023 is to be determined after analyzing data from the 2019 Union County Needs Assessment process, and the 2020 RFP release.

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.

5. EARLY INTERVENTION

LOOKING BACK: EARLY INTERVENTION ACCOMPLISHMENTS 2016-2019

Guideline: Summarize the 2016-2019 county comprehensive plan for early intervention with help from the following questions: What was the county trying to achieve? What was the county's total financial investment for the last planning cycle? How many residents benefitted from the county's actions? What were the measurable benefits for the community?

Prevention Links was funded to provide comprehensive Early Intervention Programming for the grant cycle of 2016-2019. The Early intervention services targeted at risk students aged 11-18 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. All services were provided to Union County residents, documented or undocumented.

Union County has eighteen (18) Municipal Alliances, representing nineteen (19) municipalities, who provided Early Intervention programing to the youth and families in the current Governor's Council on Alcoholism and Drug Abuse (GCADA) grant cycle from 2015 to present. Eleven (11) Municipal Alliances main priority was to reduce alcohol misuse, and seven (7) Municipal Alliances main focus was to reduce the use of illegal substances. The 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, as well as 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. The majority of Municipal Alliances coordinated with Prevention Links for Red Ribbon week and the annual Red Ribbon Day. In addition efforts were coordinated with Preventions Links to provide support to many of the ATOD programs that provided counseling or support to the school and community-based programs for the youth and families in Union County.

The Early Intervention goals for the 2016-2019 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.

Some programs used to provide Early Intervention services in the 2016-2019 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 -18 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 2016-2019 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: CONTRACTED LEVEL OF SERVICE (CLOS)/ ACTUAL LEVEL OF SERVICE (ALOS)

PROGRAM	2016 CLOS	2016 ALOS	2017 CLOS	2017 ALOS	2018 CLOS	2018 ALOS
PREVENTION LINKS INC.	15	51	15	62	15	70

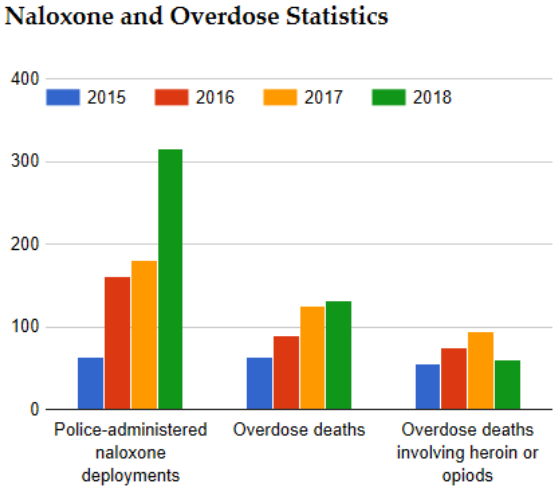
EARLY INTERVENTION: ALLOCATED/ SPENT

PROGRAM	2016 ALLOCATION	2016 SPENT	2017 ALLOCATION	2017 SPENT	2018 ALLOCATION	2018 SPENT
PREVENTION LINKS INC.	**$26,922**	**$26,922**	**$26,422**	**$26,422**	**$26,422**	**$26,422**

ASSESSING THE NEEDS FOR EARLY INTERVENTION PROGRAMS

Guideline: Using both quantitative and qualitative data that you have gathered and analyzed, identify those early intervention issues or major challenges the county will face during the 2020-2023 planning cycle.

Early intervention issues and major challenges Union County will face during the 2020-2023 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 2018, Union County officers reported using naloxone 307 times compared to 180 times in 2017 and 161 times in 2016 as seen in the chart below:



(http://ucnj.org/prosecutor/)

The information above indicates that the number of times police have administered the lifesaving overdose-reversal drug in 2018 almost doubled the amount used in the previous two years. The Office of the New Jersey Coordinator for Addiction Responses and Enforcement Strategies, also reports an increase in the number of drug-related fatalities in the past three years. The number of drug-related deaths in Union County during 2018 was 150, whereas it had been 131 individuals in 2017, and 98 individuals in 2016.[6]

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, there is a statistically significant deviation of 3.6% from the state estimate, in regards to first time usage of prescription drugs. The use of prescription drugs for the first time at age 11 or younger in

[6] Accessed via: https://nj.gov/oag/njcares/index.html

Union County is 6.3%. Of the students surveyed, 10.4% (a 4.8% deviation from the state estimate), report using prescription drugs one or more times during their life. This data can be seen in the chart below:

	County vs. State (2012)			County Trends		
	Union County %	New Jersey %	Difference %	2007 %	2010 %	2012 %
Prescription Drug Use						
Lifetime use of prescription drugs (Used prescription drugs one or more times during their life.)	10.4	5.6	4.8	4.1	7.5	10.4
Annual use of prescription drugs (Used prescription drugs one or more times during the past year.)	7.4	3.9	3.5	2.9	5.7	7.4
Past 30 day use of prescription drugs (Used prescription drugs one or more times during the past 30 days.)	3.5	2.0	1.5	*	3.8	3.5
Early onset of prescription drug use (Used prescription drugs for the first time at age 11 or younger.)	6.3	2.7	3.6	1.7	4.3	6.3

https://www.nj.gov/humanservices/dmhas/publications/surveys/Middle%20School%20Survey%20by%20County/2012/Union.pdf

The data reflected above appears to reflect what the National Institute of Mental Health reported in their findings in 2012 which states: "The latest estimate from the National Center for Health Statistics reports that 7.5 percent of U.S. children between ages 6 and 17 were taking medication for "emotional or behavioral difficulties" in 2011-2012."[7] While this evidence does not implicate the causes and outcomes of the prescribed medication, it is worth noting the usage of medication to treat health related concerns/needs is increasing. The use of prescription drugs has been linked to the development of opioid addictions. It should also be noted, the Office of the New Jersey Coordinator for Addiction Responses and Enforcement Strategies indicates a reduction in the number of prescription medications dispensed in Union County. As per their findings, there were 192,079[8] Opioid Prescriptions Dispensed in 2018, which is down from 226,862 in 2017 and 249,316 in 2016[9]. As per The 2016 New Jersey Household Survey on Drug Use and Health, mental health status was found to be related to physical health, with residents who rated their physical health as fair or poor, being more likely to report or screen positive for mental health disorders than residents who reported good or excellent health. According to NJ-SAMS data in 2017, 59% of Union County residents were discharged from substance abuse hospital treatment with a mental illness/co-occurring disorder.

The County of Union has and continues to coordinate and facilitate meetings with the Regional Coalition and the Municipal Alliances, to go over the Governor's Council on Alcohol and Drug Abuse (GCADA) new guidelines for the new grant cycle FY 2021-2026. The new grant cycle will focus on evidence-based practices and the collaboration of the State, Regional Coalition, and the Municipal Alliances. For the first time, the GCADA has a logic model for prevention and early intervention services. The Regional Coalitions throughout the state also completed their own logic models from the State's logic model. The County then facilitated a meeting between the Regional Coalition and the Municipal Alliances to collaborate on the local level logic models which support the state and the Regional Coalition's logic models. Strategies are being developed with the Regional Coalition and each Municipal Alliance. The Regional Coalition and the Municipal Alliances are currently completing their community's needs assessment to determine what program strategy will be used. During GCADA's new grant cycle there will be four (4) priorities that address, which gives the Municipal Alliances more room to specifically address the needs of their municipality.

[7] Accessed via: https://www.nimh.nih.gov/about/directors/thomas-insel/blog/2014/are-children-overmedicated.shtml
[8] 2018 Data (January 1, 2018 - December 22, 2018).
[9] 2016-2018 Data Accessed Via: https://nj.gov/oag/njcares/index.html

LOOKING FORWARD: THE 2020 TO 2023 EARLY INTERVENTION PLAN

Guideline: Describe the county's 2020-2023 early intervention plan. 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.

To address early intervention needs in Union County's 2020-2023 plan, funding will go towards increasing the number of providers using evidence-based early intervention programming to address substance use and mental health. 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. By way of participation in 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.

THE EARLY INTERVENTION LOGIC MODEL NARRATIVES

GUIDELINES FOR DRAFTING THE NARRATIVE: For each goal, provide a separate narrative and logic model. Each logic model must have a narrative that answers the questions 1 through 10 listed below. Please limit each narrative to 3 pages. A logic model should not exceed one page. If it does, you may not be summarizing enough in the column that runs over the bottom of the page. The Logic Models are to be placed in Appendix 4.

1. Describe an early intervention need-capacity "gap" in the county's substance abuse system of care, which, if reduced, would likewise reduce the number of residents that develop clinical treatment need? Please describe the strategic importance of addressing this "gap" for reducing the county's treatment need in 2020-2023 planning cycle.

   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 18-24 age group, would help to teach life skills and coping mechanisms to improve well-being and quality of life.

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

   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.

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

   The Union County Prosecutor's office administered naloxone 307 times in 2018—almost double the amount used in the previous two years.

In Union County, 6.3% of students report having used prescription drugs for the first time before age 11.

59% of Union County residents who were discharged from substance abuse hospital treatment had a mental illness/co-occurring disorder.

4. Please restate this "gap" and related community problem or problems as a goal to be pursued during the 2020-2023 CCP.

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

5. What annual accomplishments has your county set for itself in pursuit of this goal over the next four years? State these as investment objectives for each early intervention program involved in meeting each annual objective.

   In 2020, the County of Union will award funding after issuing a Request for Proposal that is driven by data from the completion of the 2019 UCDHS Community Needs Assessment. Funding will go to the provider(s) utilizing evidence-based early intervention programming. For 2021, 2022, and 2023, 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?

   The County of Union will analyze data from the 2019 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.

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

   In 2020, is expected to cost $25,492 for early-intervention services. The cost for early-intervention programming from 2020-2023 is to be determined after analyzing data from the 2019 Union County Needs Assessment process, and the 2020 RFP release.

8. Once the strategy is implemented, how many residents do you anticipate will be treated? That is, what will be the annual "outputs" of the strategy?
   The provider who receives funding will determine how many individuals receive 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.

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

   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.

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

    The County will need to award funding to a provider who will execute early intervention strategies, and will also rely on the community for feedback and information about needs.

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

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

Name: Early Intervention

Description: Early Intervention services will target any student who has demonstrated some early involvement with anti-social behavior or school failure. Referrals can come from 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. The primary targeted population will include the youth and his/her family.

Objectives: To increase youth and family communication skills, increase family management skills, and to decrease alcohol and drug use amongst the identified population.

Location or Setting for its Delivery: The current provider, Prevention Links, has locations in Roselle and Elizabeth, to provide Early Intervention programming throughout the County.

Expected Number of People to Be Served: It is expected that 45 families will receive early intervention services in 2020. The number is expected to change from 2020-2023, pending data from the 2019 A/DA UCDHS Community Needs Assessment that will drive a RFP in 2020.

Cost of Program: The program is expected to cost $25,492 in 2020. The cost for early intervention services from 2020-2023 is to be determined after analyzing data from the 2019 Union County Needs Assessment process, and the 2020 RFP release.

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.

6. TREATMENT ACCESS

LOOKING BACK: TREATMENT ACCESS ACCOMPLISHMENTS, 2016-2019

Guideline: Summarize the 2016-2019 county comprehensive plan for treatment with help from the following questions: What was the county trying to achieve? What was the county's total financial investment for the last planning cycle? How many residents benefitted from the county's actions? What were the measurable benefits for the community?

In the 2016-2019 planning cycle Union County funded New Hope Integrated Behavioral Health Care, PROCEED Inc., CURA Inc., Turning Point Inc., Organization for Recovery, CenterPath Community Wellness, and Trinitas Regional Medical Center for treatment services for medically indigent residents of Union County. Union County residents who were in need of 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 non- Medicaid eligible, residents Union County also funded a few initiatives to address the gap in treatment services access. One initiative, the Community Law Enforcement Addiction Recovery (CLEAR) Program was an add-on service to the 2017 Prevention Links contract funded through the Union County Prosecutors Office through activities supported through countywide activities. The Municipal Alliance funded $17,000 along with funding from the Union County Prosecutors Office. The CLEAR program was a collaboration between Prevention Links, Union County Sheriff's office, the Union County Prosecutors office, and the Union County Police Department.

The CLEAR program offered free recovery assistance to families and individuals wanting to recover from addiction. Under operation CLEAR, law enforcement personnel offered screening for participants in the program and paired those individuals or concerned family members with a recovery specialist who served as a personal guide and mentor to recovery. As an incentive for Union County residents seeking addiction treatment, anyone in possession of illegal drugs and paraphernalia for personal use was able to turn them in without fear of prosecution or questioning. Prevention Links trained recovery coaches to coordinate admission of the CLEAR participant who met the ASAM criteria for medically monitored withdrawal management. Also in 2017 the Union County Board of Chosen Freeholders funded $150,000 to continue the CLEAR Program.

As of July 1, 2018, Medicaid expanded its reimbursable services for Addiction Treatment Services. Due to the Medicaid expansion, and additional funding streams such as the Board of Chosen Freeholders Initiative, and County Match dollars, Union County underspent New Jersey State Alcohol Education, Rehabilitation, and Enforcement Funds (AEREF). Each year, a portion of unspent funds was reallocated to contracted Union County providers who provided other services such as partial care, intensive outpatient, outpatient, and adolescent treatment services.

TREATMENT SERVICES: CONTRACTED LEVEL OF SERVICE (CLOS)/ ACTUAL LEVEL OF SERVICE (ALOS)

PROGRAM	MODALITY	2016 CLOS	2016 ALOS	2017 CLOS	2017 ALOS	2018 CLOS	2018 ALOS
New Hope Integrated Behavioral Healthcare	Detox, Short-Term Residential, Halfway House	86	106	105	112	91	50
Turning Point Inc.	Detox, Short-Term Residential, Halfway House	94	93	110	124	110	16
P.R.O.C.E.E.D Inc.	Intensive Outpatient, Outpatient (Adults and Adolescents)	120	106	151	151	160	193
C.U.R.A Inc.	Short-Term Residential	10	14	15	7	25	33
Trinitas Regional Medical Center	Partial Care, Intensive Outpatient, Outpatient, Recovery Supports	60	331	40	281	50	392
Organization For Recovery	Intensive Outpatient, Outpatient	7	33	7	12	10	21
Bridgeway Rehabilitation Services	Partial Care, Recovery Support	45	90	118	110	93	63
CenterPath Community Wellness	Partial Care, Intensive Outpatient, Outpatient	64	91	21	29	0	0
Totals:		**553**	**864**	**567**	**826**	**539**	**768**

TREATMENT SERVICES: ALLOCATION/ SPENT

PROGRAM	MODALITY	2016 ALLOCATION	2016 SPENT	2017 ALLOCATION	2017 SPENT	2018 ALLOCATION	2018 SPENT
New Hope Integrated Behavioral Health Care	Detox, Short-Term Residential, Halfway House	$188,437	$187,922	$187,437	$154,360	$148,976	$101,672
Turning Point Inc.	Detox, Short-Term Residential, Halfway House	$167,672	$151,053	$165,672	$65,492	$165,672	$102,141
P.R.O.C.E.E.D. Inc.	Intensive Outpatient, Outpatient (Adults and Adolescents)	$102,070	$102,070	$101,070	$101,070	$114,008	$114,008
C.U.R.A. Inc.	Short-Term Residential	$25,000	$25,200	$42,300	$28,832	$70,688	$59,670
Trinitas Regional Medical Center	Partial Care, Intensive Outpatient, Outpatient, Recovery Supports	$88,196	$68,687	$81,618	$59,174.50	$115,168	$90,416
Organization For Recovery	Intensive Outpatient, Outpatient	$17,000	$16,977	$16,500	$13,672	$21,690	$21,960
Bridgeway Rehabilitation Services	Partial Care, Recovery Support	$83,820	$60,811	$99,420	$99,420	$169,391	$110,104
CenterPath Community Wellness	Partial Care, Intensive Outpatient, Outpatient	$52,200	$40,814	$15,000	$11,966	N/A	N/A
Totals		**$897,215**	**$653,534**	**$909, 567**	**$533,986.50**	**$955,593**	**$599,971**

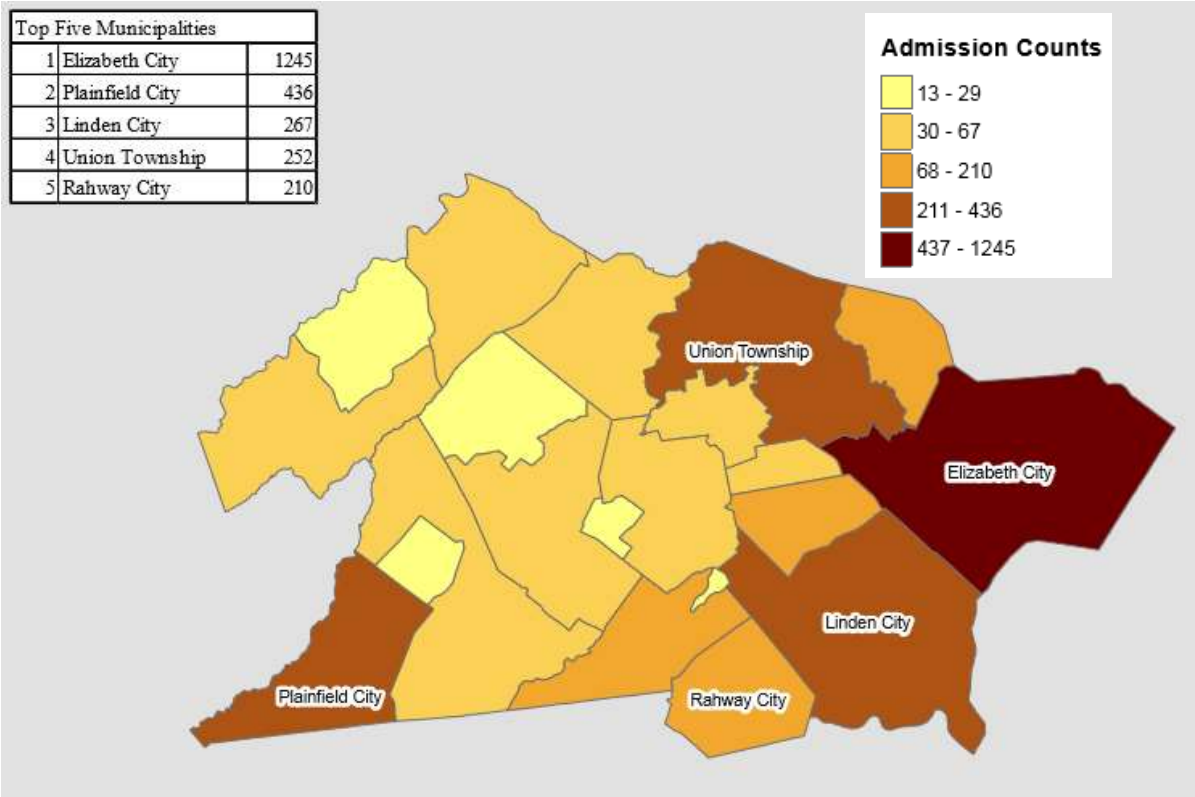
ASSESSING NEEDS FOR TREATMENT ACCESS PROGRAMS

Guideline: Using both quantitative and qualitative data that you have gathered and analyzed, identify those treatment access issues or major challenges the county will face during the 2020-2023 planning cycle.

The major issues regarding treatment access that Union County will face during the 2020-2023 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 2017, 28% of Union County residents admitted for Substance Abuse Treatment, did not have insurance[10]. Levels of admission were highest in Elizabeth, Plainfield, Linden, Union, and Rahway as seen in the chart below:

2017 Union Substance Abuse Admissions by Municipality of Residence

Top Five Municipalities		
1	Elizabeth City	1245
2	Plainfield City	436
3	Linden City	267
4	Union Township	252
5	Rahway City	210



Approximately 64% of community members surveyed in the Union County Substance Use Questionnaire identified transportation as a barrier to treatment as well. In the same survey, 61% of those surveyed report Stigma as a barrier to accessing treatment in the County. If communities do not have an understanding of substance use disorder, they are less likely to offer appropriate resources such as transportation, to those who would benefit most.

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

The Local Advisory Committee on Alcoholism and Drug Abuse (LACADA) was presented the quantitative data in the Union County Comprehensive Plan Draft. After the information was presented, the LACADA recognized other reports and further literature reviews determining that the consultant agency the Union County Department of Human Services (UCDHS) hired to conduct a countywide Community Needs Assessment to get an accurate picture of gaps in service and the needs of Union County residents. The needs assessment is anticipated to be complete in December 2019.

LOOKING FORWARD: THE 2020 TO 2023 TREATMENT ACCESS PLAN

Guideline: Describe the county's 2020-2023 treatment access plan. Highlight the issues or major challenges identified in the needs assessment facing the county over the next four years. Describe the programmatic actions the county will take to address these needs.

Union County's 2020-2023 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 28% of Union County Residents admitted for Substance Abuse Treatment, did not have insurance, and 86% of those admitted were below the federal poverty level (0-133%)[11]. 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 64% 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, to address the issue of stigma in relation to seeking support, funding will also go towards implementing stigma-free approaches towards care, such as Mental Health First Aid trainings for County staff and other tools to improve access to care.

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

THE TREATMENT ACCESS LOGIC MODEL NARRATIVES

GUIDELINES: For each goal, provide a separate narrative and logic model. Each logic model must have a narrative that answers the questions 1 through 10 listed below. Please limit each narrative to 3 pages. A logic model should not exceed one page. If it does, you may not be summarizing enough in the column that runs over the bottom of the page. The Logic Models are to be placed in Appendix 4.

1. Describe a treatment need-capacity "gap" in the county's substance abuse system of care which could be reduced by the county investments in treatment. Please describe the strategic importance of addressing this "gap" for increasing residents' access to treatment on demand in the 2020-2023 planning cycle.
   There is a gap in treatment access because there is no Detox provider for low-income, uninsured individuals, in the County.

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

   With no detox provider 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.

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

   There is no detox provider within Union County that provides services to low-income or uninsured county residents.

4. Please restate this "gap" and related community problem or problems as a goal to be pursued during the 2020-2023 CCP.

   Union County will work to recruit a detox provider to be located within our jurisdiction.

5. What annual accomplishments has your county set for itself in pursuit of this goal over the next four years? State these as investment objectives for each level of care involved in meeting the objective in each year of the planning cycle.

   In 2019, the UCDHS Community Needs Assessment will provide data to be used in a Request for Proposal (RFP) to be released in 2020. The RFP will look to identify and seek a detox provider who can provide services for County residents that do not have health insurance, or cannot afford to pay for detox privately.

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

   The County will issue a Request for Proposal to recruit and retain a detox provider.

7. How much will it cost each year to meet each individual objective in each year?

   In 2019, it is expected to cost approximately $706,534 to meet treatment objectives. For 2020-2023, the cost is to be determined by LACADA and priority needs identified in the Request for Proposal.

8. Once the strategy is implemented, how many residents do you anticipate will be treated? That is, what will be the annual "outputs" of the strategy?

   Approximately 477 individuals are expected to receive detox treatment in 2019, and the number is expected to increase should a provider in Union County be identified.

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

   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.

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

    The County will need a provider who is licensed to provide detox treatment, to execute this strategy and to provide the detox level of care for community residents.

1. Describe a treatment need-capacity "gap" in the county's substance abuse system of care which could be reduced by the county investments in treatment. Please describe the strategic importance of addressing this "gap" for increasing residents' access to treatment on demand in the 2020-2023 planning cycle.

   There is a lack of coordination in the current system between behavioral healthcare and medical care for individuals.

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

   Union County residents need help navigating the health system, including information about how to access treatment programs and services.

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

   A total of 28% of Union County residents that were admitted for substance abuse treatment did not have insurance, and 86% of those admitted were below the federal poverty level. The Union County Substance Use Needs Questionnaire results show 64% of those surveyed identify transportation as a barrier to treatment, and 61% cite stigma as a barrier to treatment as well.

4. Please restate this "gap" and related community problem or problems as a goal to be pursued during the 2020-2023 CCP.

   Union County will work to create stigma-free environments which also support resources such as transportation for individuals who may be in poverty and without any insurance or other forms of financial support.

5. What annual accomplishments has your county set for itself in pursuit of this goal over the next four years? State these as investment objectives for each level of care involved in meeting the objective in each year of the planning cycle.

In 2020, the County of Union will award funding after issuing a Request for Proposal that is driven by data from the completion of the 2019 UCDHS Community Needs Assessment. Funding will go to the provider(s) utilizing a system of navigators to help consumers access treatment resources. For 2021, 2022, and 2023, funding would be renewed provided that sub-grantee(s) comply with contractual obligations.

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

   The County will work with a provider who is funded by way of a Request for Proposal, to identify the needs of the substance abuse treatment provider.

7. How much will it cost each year to meet each individual objective in each year?

   The cost is still to be determined.

8. Once the strategy is implemented, how many residents do you anticipate will be treated? That is, what will be the annual "outputs" of the strategy?

   The number of Union County residents to be served is to be determined.

9. What will be the annual outcomes, or community benefits, of the strategy? Please estimate the social cost-offsets for the community.
   The number of individuals accessing treatment is expected to increase as navigators assist individuals with acquiring and learning about resources for treatment.

10. Whose participation beyond the county's initiative will be needed to execute the strategy or any of its parts?
    The County will work with provider(s) who are awarded funding for system navigator positions.

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

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

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 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, Organization for Recovery, 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., New Hope Integrated Behavioral Health Care, and Turning Point Inc. 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 477 people will receive treatment services in 2020. The number is expected to change from 2020-2023, pending data from the 2019 A/DA UCDHS Community Needs Assessment that will drive a RFP in 2020.

Cost of Program: Based on the current 2019 spending plan, we would allocate treatment services as follows:
Detoxification: $136,908
Short Term Residential: $241,027.00
Partial Care: $99,440
Intensive Outpatient: $51,367.00
Outpatient Adults: $77,798.00
Outpatient Adolescents: $50,239.00
Halfway House: $22,673.00
Total: $679,452

Evaluation Plan: The program will be evaluated through monthly and quarterly reporting. All treatment providers, without exception, shall be licensed by DHS-Office of Licensing to provide the contracted or subcontracted services at the time of entering into any contractual relationship with the county authority. Annual monitoring site visits will be conducted by the County at a minimum of once per year. However, new or first time subgrantees will be reviewed minimally on a semi-annual basis, and provider feedback to measure the effectiveness of the program. Any subcontracted agency that falls below 85% of their contracted level of service per quarter will be provided with technical assistance from program staff. If, any subcontracted agency falls below 50% of their contracted level of service after the second quarter the LACADA may meet with agency representatives and make a recommendation to de-obligate funding.

7. RECOVERY SUPPORT SERVICES

LOOKING BACK: RECOVERY SUPPORT ACCOMPLISHMENTS 2016-2019

Guideline: Summarize the 2016-2019 county comprehensive plan for recovery support with help from the following questions: What was the county trying to achieve? What was the county's total financial investment for the last planning cycle? How many residents benefitted from the county's actions? What were the measurable benefits for the community?

Prevention Links Recovery Support services targeted Union County high school students 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. 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%. In 2017, Recovery Supports was added to Trinitas Regional Medical Center's contract to provide case management services to their partial care program.

Bridgeway Rehabilitation also offered recovery supports to their co-occurring population in the 2016-2019 planning cycle. The partial care and recovery supports served adult Union County residents with a co-occurring mental illness and alcohol or other substance use. 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. They offered their existing intensive outpatient, outpatient and community navigation services with enhancements. The enhancements included 24/7 engagement, linkage to wellness and prevention services and the capacity to offer medication management to ensure that people were not overmedicated and received optimal treatment, supported education services provided direct services and support in educational coaching so that consumers may enter and succeed in educational opportunities, supported employment services helped co-occurring disorder individuals to actively choose, secure and retain competitive full and part-time jobs in the regular business industry. In 2018, Bridgeway Rehabilitation Services underspent their recovery support funds due to services being funded by another funding stream, and they did not have individuals within their Career Services unit who met the co-occurring criteria as defined by the grant. The funds allocated to Bridgeway for recovery support services can be reallocated in the future towards chronic ongoing recovery programs which will be addressed in the assessing needs for recovery support services program portion of this plan.

RECOVERY SUPPORTS: CONTRACTED LEVEL OF SERVICE (CLOS)/ ACTUAL LEVEL OF SERVICE (ALOS)

PROGRAM	2016 CLOS	2016 ALOS	2017 CLOS	2017 ALOS	2018 CLOS	2018 ALOS
PREVENTION LINKS INC.	15	22	15	21	15	33
Trinitas Regional Medical Center	56	268	53	223	53	299
Bridgeway Rehabilitation Services	15	18	15	22	15	12
Totals	**86**	**308**	**83**	**266**	**83**	**344**

RECOVERY SUPPORTS: ALLOCATED/ SPENT

PROGRAM	2016 ALLOCATION	2016 SPENT	2017 ALLOCATION	2017 SPENT	2018 ALLOCATION	2018 SPENT
PREVENTION LINKS INC.	**$26,922**	**$26,922**	**$26,422**	**$26,422**	**$26,422**	**$26,422**
Trinitas Regional Medical Center	**$30,000**	**$27,720**	**$28,212**	**$12,285**	**$28,212**	**$26,595**
Bridgeway Rehabilitation Services	**$25,434**	**$15,589**	**$23,434**	**$23,343**	**$73,543**	**$26,561**
Totals	**$82,356**	**$70,231**	**$78,068**	**$62,050**	**$128,177**	**$79,578**

ASSESSING NEEDS FOR RECOVERY SUPPORT SERVICES PROGRAMS

Guideline: Using both quantitative and qualitative data that you have gathered and analyzed, identify those recovery support issues or major challenges the county will face during the 2020-2023 planning cycle.

Recovery support issues and major challenges the County will face during the 2020-2023 planning cycle will be in relation to shifting recovery models to focus on chronic on-going care, rather than acute. We know 28% of Union County's hospital substance-use related admissions were readmissions or relapses.[12] While Medicaid and Fee for Service (FFS) initiatives have helped with covering treatment options and services, the need for on-going

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

sustained recovery zones and settings in the community is needed. Specifically, the National Council on Alcoholism and Drug Dependence – New Jersey (NCADD-NJ) Care Reform Series that states combining medical care with environmental and lifestyle changes leads to the best chance of sustained health for patients. 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 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. 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, Bridgeway's underspent recovery support funds can potentially be reallocated from supported education and employment services to transportation, and affordable housing—two concerns seen as barriers to recovery. Therefore, community support and programs that are meant for post-acute care, may be most effective in recovery. In addition the County will collaborate when appropriate with the Union County Support Team for Addiction Recovery (STAR) program through Prevention Links. STAR is an intensive case management program that provides recovery supports to individuals using a continuing care model.

LOOKING FORWARD: 2020-2023 RECOVERY SUPPORT SERVICES PLAN

Guideline: Highlight the issues or major challenges identified in the needs assessment facing the county over the next four years. Describe the programmatic actions with which the county plans to address these challenges.

For Union County's 2020-2023 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 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.

THE RECOVERY SUPPORT LOGIC MODEL NARRATIVES

GUIDELINES FOR DRAFTING THE NARRATIVE: For each goal, provide a separate narrative and logic model. Each logic model must have a narrative that answers the questions 1 through 10 listed below. Please limit each narrative to 3 pages. A logic model should not exceed one page. If it does, you may not be summarizing enough in the column that runs over the bottom of the page. The Logic Models are to be placed in Appendix 4.

1. Describe a recovery support services need-capacity "gap" in the county's substance abuse system of care, which, if reduced, would likewise reduce both the number of residents that relapse into clinical treatment and the frequency of individual relapses. Please describe the strategic importance of addressing this "gap" for reducing the county's treatment need in 2020-2023 planning cycle.

   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.

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

   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?

   NJSAMS indicates 28% of admissions in 2017 for substance-abuse were considered re-admissions, or relapses.

   The National Council on Alcoholism and Drug Dependence – New Jersey (NCADD-NJ) Care Reform Series states that combining medical care with environmental and lifestyle changes leads to the best chance of sustained health for patients.

   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.

4. Please restate this "gap" and related community problem or problems as a goal to be pursued during the 2020-2023 CCP.

   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 accomplishments, i.e. objectives, has your county set for itself in pursuit of this goal over the next four years? State these as investment objectives for each RSS-related activity undertaken to meet each annual objective of the cycle.
   The County will issue a Request for Proposal in 2020 to fund recovery support services. The County will seek to fund a "chronic-care" model approach to recovery, and renew funding for these programs in 2021, 2022, 2023.

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

   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?

   In 2019, it is expected to cost approximately $127,527 to meet recovery objectives. For 2020-2023, the cost is to be determined by LACADA and priority needs identified in the Request for Proposal.

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

   It is expected that 119 people will receive recovery support services in 2020. The number is expected to change from 2020-2023, pending data from the 2019 A/DA UCDHS Community Needs Assessment that will drive a RFP in 2020.

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

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

    The County will determine which provider(s) will be able to deliver recovery support services by way of a Request for Proposal to be released in 2020, driven by data from the 2019 UCDHS Community Need Assessment.

2020-2023 RECOVERY SUPPORT PROGRAM(S)

Answer the following questions for each program you will be supporting with the county's AEREF recovery support dollars. Repeat these questions for each program planned.

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, 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 119 people will receive recovery support services in 2020. The number is expected to change from 2020-2023, pending data from the 2019 A/DA UCDHS Community Needs Assessment that will drive a RFP in 2020.

Cost of Program: $123,527.00

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: REFERENCES

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APPENDIX 2: DEFINITIONS OF PLANNING CONCEPTS

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

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

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

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

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

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

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

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

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

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

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

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

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

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

APPENDIX 3: LIST OF PARTICIPANTS IN THE PLANNING PROCESS

LACADA				
RESIDENT (Y/N)		**NAME**	**AFFILIATION**	**CONTACT INFO.**
1.	Y	Carol Berger	LACADA	N/A
2.	Y	Sonja Ash	LACADA	N/A
3.	Y	Nadina Baskerville-Thomas	LACADA	N/A
4.	Y	Cheryl Hathaway-Spirito	LACADA	N/A
5.	Y	Michelle Ghali	LACADA	N/A
6.	Y	Marilucy Lopes	LACADA	N/A
7.	Y	Freeholder Andrea Staten	LACADA	N/A
8.	Y	Melissa Lespinasse	LACADA	N/A
9.	Y	Christina Topolosky	LACADA	N/A
10.	Y	Leslie Gutierrez	LACADA	N/A
11.	Y	Jasmine Fullman	LACADA	N/A
12.				
13.				
14.				
15.				
16.				

PROVIDER				
RESIDENT (Y/N)		**NAME**	**AFFILIATION**	**CONTACT INFO.**
1.	N/A	David D. (Key Informant)	Bridgeway Rehabilitation Services	N/A
2.	N/A	Brian R. (Key Informant)	Organization for Recovery	N/A
3.	N/A	Kelley R. (Key Informant)	Prevention Links	N/A
4.	N/A	Cory Storch,Executive Director	Bridgeway Rehabilitation Services	N/A
5.	N/A	Robert Hoff, CFO	Bridgeway Rehabilitation Services	N/A
6.	N/A	Jodi Trania, Contract Administrator	Bridgeway Rehabilitation Services	N/A
7.	N/A	Gloria E Plaza, Executive Director	C.U.R.A Inc.	N/A
8.	N/A	Yodalio Cabalerio, Intake Counselor	C.U.R.A Inc.	N/A
9.	N/A	Linda Morales, Financial Management	C.U.R.A Inc.	N/A
10.	N/A	David Roden, Vice President and C.O.O.	New Hope Integrated Behavioral Health Care	N/A
11.	N/A	Anthony Comeford, Executive Director	New Hope Integrated Behavioral Health Care	N/A
12.	N/A	Marge Ruchaevsky, Financial Management	New Hope Integrated Behavioral Health Care	N/A
13.	N/A	Brian Rafferty, Executive Director	Organization for Recovery	N/A
14.	N/A	Adjei Comfort, Clinical Supervisor	Organization for Recovery	N/A
15.	N/A	Akuvi Taba, Financial Management	Organization for Recovery	N/A
16.	N/A	Morgan Thompson, Executive Director	Prevention Links	N/A
17.	N/A	Kelley Ryan, Director	Prevention Links	N/A
18.	N/A	Teresa Soto-Vega, Executive Director	P.R.O.C.E.E.D Inc.	N/A

19.	N/A	Dr. Elizabeth Pineros, Clinical Director	P.R.O.C.E.E.D Inc.	N/A
20.	N/A	Evelyn Santiago, Financial Management	P.R.O.C.E.E.D Inc.	N/A
21.	N/A	James McCreath, Vice President, Behavioral Health & Psychiatry	Trinitas Regional Medical Center	N/A
22.	N/A	Krystyna Vaccarelli, Director of Substance Abuse Services	Trinitas Regional Medical Center	N/A
23.	N/A	Mike Fahy, Grant Administrator	Trinitas Regional Medical Center	N/A
24.	N/A	Robert Detore, Chief Executive Director	Turning Point	N/A
25.	N/A	Heather Greulich, Director of Administrative Services	Turning Point	N/A
26.	N/A	Robert Parkinson, CFO	Turning Point	N/A

COMMUNITY				
	RESIDENT (Y/N)	**NAME**	**AFFILIATION**	**CONTACT INFO.**
1.	Y	Person #1 (Person in Recovery)	Organization For Recovery	N/A
2.	Y	Person #2 (Person in Recovery)	Organization For Recovery	N/A
3.	Y	Person #3 (Person in Recovery)	Organization For Recovery	N/A
4.	Y	Person #4 (Person in Recovery)	Organization For Recovery	N/A
5.	Y	Person #5 (Person in Recovery)	Organization For Recovery	N/A
6.	Y	Person #6 (Person in Recovery)	Organization For Recovery	N/A
7.	Y	Person #7 (Person in Recovery)	Organization For Recovery	N/A
8.	Y	Person #8 (Person in Recovery)	Organization For Recovery	N/A
9.	Y	Person #9 (Person in Recovery)	Organization For Recovery	N/A
10.	Y	Person #10 (Person in Recovery)	Organization For Recovery	N/A
11.	Y	Person #11 (Person in Recovery)	Organization For Recovery	N/A
12.	Y	Person #12 (Person in Recovery)	Organization For Recovery	N/A
13.	Y	Person #13 (Person in Recovery)	Organization For Recovery	N/A
14.	Y	Person #14 (Person in Recovery)	Organization For Recovery	N/A
15.	Y	Person #15 (Person in Recovery)	Organization For Recovery	N/A
16.	Y	Person #16 (Person in Recovery)	Organization For Recovery	N/A
17.	Y	Person #17 (Person in Recovery)	Organization For Recovery	N/A
18.	Y	Person #18 (Person in Recovery)	Organization For Recovery	N/A
19.	Y	Person #19 (Person in Recovery)	Organization For Recovery	N/A
20.	Y	Person #20 (Person in Recovery)	Organization For Recovery	N/A
21.	Y	Person #21 (Person in Recovery)	Organization For Recovery	N/A

22.	Y	Person #22 (Person in Recovery)	Organization For Recovery	N/A
23.	Y	Person #23 (Person in Recovery)	Organization For Recovery	N/A
24.	Y	Person #24 (Person in Recovery)	Organization For Recovery	N/A
25.	Y	Person #25 (Person in Recovery)	Organization For Recovery	N/A
26.	Y	Person #1 (Person in Recovery)	Bridgeway Rehabilitation Services	N/A
27.	Y	Person #2 (Co-Occurring)	Bridgeway Rehabilitation Services	N/A
28.	Y	Person #3 (Co-Occurring)	Bridgeway Rehabilitation Services	N/A
29	Y	Person #4 (Co-Occurring)	Bridgeway Rehabilitation Services	N/A
30.	Y	Person #5 (Co-Occurring)	Bridgeway Rehabilitation Services	N/A
31.	Y	Person #6 (Co-Occurring)	Bridgeway Rehabilitation Services	N/A
32.	Y	Person #7 (Co-Occurring)	Bridgeway Rehabilitation Services	N/A
33.	Y	Person #8 (Co-Occurring)	Bridgeway Rehabilitation Services	N/A
34.	Y	Person #9 (Co-Occurring)	Bridgeway Rehabilitation Services	N/A
35.	Y	Person #10 (Co-Occurring)	Bridgeway Rehabilitation Services	N/A
36.	Y	Person #11 (Co-Occurring)	Bridgeway Rehabilitation Services	N/A
37.	Y	Person #12 (Co-Occurring)	Bridgeway Rehabilitation Services	N/A
38.	Y	Person #13 (Co-Occurring)	Bridgeway Rehabilitation Services	N/A

39.	Y	Person #14 (Co-Occurring)	Bridgeway Rehabilitation Services	N/A
40.	Y	Person #15 (Co-Occurring)	Bridgeway Rehabilitation Services	N/A
41.	Y	Person #16 (Co-Occurring)	Bridgeway Rehabilitation Services	N/A
42.	Y	Person #17 (Co-Occurring)	Bridgeway Rehabilitation Services	N/A
43	Y	Person #18 (Co-Occurring)	Bridgeway Rehabilitation Services	N/A
44.	Y	Person #19 (Co-Occurring)	Bridgeway Rehabilitation Services	N/A
45.	Y	Person #20 (Co-Occurring)	Bridgeway Rehabilitation Services	N/A
46.	Y	Person #21 (Co-Occurring)	Bridgeway Rehabilitation Services	N/A
47.	Y	Person #22 (Co-Occurring)	Bridgeway Rehabilitation Services	N/A
48.	Y	Person #23 (Co-Occurring)	Bridgeway Rehabilitation Services	N/A
49.	Y	Person #24 (Co-Occurring)	Bridgeway Rehabilitation Services	N/A
50.	Y	Person #25 (Co-Occurring)	Bridgeway Rehabilitation Services	N/A
51.	Y	Person #1 (Youth)	Prevention Links	N/A
52.	Y	Person #2 (Youth)	Prevention Links	N/A
53.	Y	Person #3 (Youth)	Prevention Links	N/A
54.	Y	Person #4 (Youth)	Prevention Links	N/A
55.	Y	Person #5 (Youth)	Prevention Links	N/A
56.	Y	Person #6 (Youth)	Prevention Links	N/A

57.	Y	Person #7 (Youth)	Prevention Links	N/A
58.	Y	Person #8 (Youth)	Prevention Links	N/A
59.	Y	Person #9 (Youth)	Prevention Links	N/A
60.	Y	Person #10 (Youth)	Prevention Links	N/A

APPENDIX 4: LOGIC MODELS

PREVENTION

Need-capacity **gap and** associated community **problem (A)**	**Evidence** of problem **and** its **significance** for the county (B)	**Goal** For 2020-2023 (C)	**Objectives** Targets Per Annum (D)	**Strategy** To Achieve Objective (E)	**Inputs** Financial or Other Resources (F)	**Outputs** Expected product (G)	**Outcomes** Expected Community Benefits (H)	**Participant Agencies Other Than County** (I)
Need-capacity Gap: Lack of comprehensive school and community-based prevention programming throughout Union County.	Approximately 11.7% of youth in Union County cited using alcohol before 11 years of age. The 2016 New Jersey Household Survey on Drug Use and Health states 61% of those who use vaporizers are 18-20 years old who vape marijuana, and also cited young people used illicit substances at 2-3 times the rate of New Jersey residents as a whole.	**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.**	2019/2020: **To identify and award funding to a provider with expertise in prevention efforts.**	2019/2020: To release a Request for Proposal and select a provider.	**County: $00:00 AEREF/State: $76,958 Total: $76,958**	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.
			2021: **To monitor provider reports monthly/quarterly, conduct site visits, and track level of service and community impact.**	2021: To work with providers to identify students and young adults and begin prevention programming.	**County: $00:00 AEREF/State: To be determined based on RFP Total: To be determined based on RFP**	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:			2022: **To monitor provider reports**	2022: To identify any need for enhancement or	**County: $00:00 AEREF/State:**	Number of participants to be determined by provider	Middle Term: An increase in the number of students and	Regional Coalition, and provider(s)

High number of students using for the first time, and concern regarding new drugs being used in schools and throughout the community. There is also a high number of youth exhibiting anti-social behaviors, leading to DUIs, arrests, and other substance-abuse related problems.			**monthly/quarterly, conduct site visits, and track level of service and community impact.**	support for those being served.	**To be determined based on RFP** **Total:** **To be determined based on RFP**	based on need and previous year.	youth participating in prevention programs and activities, with more awareness of risk factors.	to be awarded funding.
			2023: **To monitor provider reports monthly/quarterly, conduct site visits, and track level of service and assess overall community impact in the grant cycle.**	2023: To increase funds for prevention as needed.	**County: $00:00** **AEREF/State: To be determined based on RFP** **Total:** **To be determined based on RFP**	Number of participants to be determined by provider on need and 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.

EARLY INTERVENTION

Need-capacity **gap and** associated community **problem (A)**	**Evidence** of problem **and** its **significance** for the county (B)	**Goal** For 2020-2023 (C)	**Objectives** Targets Per Annum (D)	**Strategy** To Achieve Objective (E)	**Inputs** Financial or Other Resources (F)	**Outputs** Expected product (G)	**Outcomes** Expected Community Benefits (H)	**Participant Agencies Other Than County** (I)
Need-capacity Gap: Lack of evidence-based early-intervention programming available for all ages and individuals in the community.	Union County Prosecutor's Office used naloxone 307 times in 2018—almost double the amount used in the previous two years. High number of youth exposed to or using prescription drugs for the first time—6.3% of those under 11 years of age. 59% 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.**	2019/2020: **To identify and award funding to an early-intervention provider.**	2019/2020: To release a Request for Proposal and award a provider(s) with funding.	**County: $00:00 AEREF/State: $25,492 Total: $25,492**	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.
			2021: **To continue funding an early-intervention provider.**	2021: 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 Total: To be determined based on RFP**	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.
			2022: **To continue funding an**	2022: To monitor quarterly	**County: $00:00 AEREF/State:**	Number of participants is	Middle Term: A decrease in the number of clinical	Regional Coalition and

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.		**early-intervention provider.**	reports, funding, and LOS.	**To be determined based on RFP** **Total:** **To be determined based on RFP**	expected to increase.	interventions for youth and co-occurring population throughout the County.	provider(s) awarded funding.
			2023: **To continue funding an early-intervention provider.**	2023: To evaluate outcomes of evidence-based programs with current funding.	**County: $00:00** **AEREF/State: To be determined based on RFP** **Total:** **To be determined based on RFP**	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.

TREATMENT ACCESS Goal #1

Need-capacity **gap and** associated community **problem (A)**	**Evidence** of problem **and** its **significance** for the county (B)	**Goal** For 2020-2023 (C)	**Objectives** Targets Per Annum (D)	**Strategy** To Achieve Objective (E)	**Inputs** Financial or Other Resources (F)	**Outputs** Expected product (G)	**Outcomes** Expected Community Benefits (H)	**Participant Agencies Other Than County** (I)
Need-capacity Gap: 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.**	2019/2020: **To award funding and recruit detox treatment provider.**	2019/2020: To recruit a detox provider.	**County: $00:00 AEREF/State: $136,908 Total: $136,908**	Increase in number of consumers to receive detox.	Short Term: Detox Provider in Union County will be identified.	Detox provider to be recruited.
			2021: **To award funding and recruit detox treatment provider if one has not been identified.**	2021: To recruit a detox provider.	**County: $00:00 AEREF/State: To be determined based on RFP Total: To be determined based on RFP**	Increase in number of consumers to receive detox	Middle Term: Increase in number of individuals treated for detox in Union County.	Detox provider to be recruited.
Associated Community Problem: Lack of transportation and access to a Detox provider in Union County creates a high number of			2022: **To award funding and recruit detox treatment provider if one has not been identified.**	2022: To recruit a detox provider.	**County: $00:00 AEREF/State: To be determined based on RFP Total:**	Increase in number of consumers to receive detox	Middle Term: Increase in number of individuals treated for detox in Union County.	Detox provider to be recruited.

individuals who are not able to access care in their county.					**To be determined based on RFP**			
			2023: **To award funding and recruit detox treatment provider if one has not been identified.**	2023: To recruit a detox provider.	**County: $00:00 AEREF/State: To be determined based on RFP Total: To be determined based on RFP**	Increase in number of consumers to receive detox	Long Term: Reduction in relapse by reduced barriers to detox.	Detox provider to be recruited.

LOGIC MODEL: TREATMENT GOAL #2

Need-capacity **gap and** associated community **problem (A)**	**Evidence** of problem **and** its **significance** for the county (B)	**Goal** For 2020-2023 (C)	**Objectives** Targets Per Annum (D)	**Strategy** To Achieve Objective (E)	**Inputs** Financial or Other Resources (F)	**Outputs** Expected product (G)	**Outcomes** Expected Community Benefits (H)	**Participant Agencies Other Than County** (I)
Need-capacity Gap: Lack of coordination in the current system of care between behavioral healthcare and medical care for individuals with co-occurring disorders.	28% of Union County Residents admitted for Substance Abuse Treatment did not have insurance, and 86% of those admitted were below the federal poverty level. The Union Substance Use Needs Questionnaire results show 64% of those surveyed identify transportation as a barrier to treatment.	**To: fund a system of navigators to monitor clients' health needs and to assist the clients to improve their wellness and health outcomes.**	2019/2020: To identify providers who utilize navigators to assist clients.	2019/2020: To release a Request for Proposal and fund navigators at provider agencies.	**County: $00:00 AEREF/State: $492,305 Total: $492,305**	Increase in the number of navigators to assist clients in the behavioral and medical health care system.	Short Term: System of navigators is available in Union County.	Provider(s) awarded funding by way of Request for Proposal.
			2021: **To award funding and recruit detox treatment provider if one has not been identified.**	2021: To continue funding navigator positions with provider agencies.	**County: $00:00 AEREF/State: To be determined based on RFP Total: To be determined based on RFP**	Increase in the number of individuals in the co-occurring population receiving navigator assistance	Middle Term: Increase in number of individuals in the co-occurring population receiving navigator assistance.	Provider(s) awarded funding by way of Request for Proposal.
Associated Community Problem: Consumers have difficulty navigating the health care system, including how to access			2022: **To award funding and recruit detox treatment provider if one has not been identified.**	2022: To continue funding navigator positions with provider agencies.	**County: $00:00 AEREF/State: To be determined based on RFP Total:**	Increase in the number of individuals in the co-occurring population receiving	Middle Term: Increase in wellness and retention in treatment programs for co-occurring population.	Provider(s) awarded funding by way of Request for Proposal.

resources such as transportation.					**To be determined based on RFP**	navigator assistance		
			2023: **To award funding and recruit detox treatment provider if one has not been identified.**	2023: To continue funding navigator positions with provider agencies.	**County: $00:00 AEREF/State: To be determined based on RFP Total: To be determined based on RFP**	Increase in the number of individuals in the co-occurring population receiving navigator assistance	Long Term: Increase quality of life and accessibility for wellness retention for co-occurring population.	Provider(s) awarded funding by way of Request for Proposal.

LOGIC MODEL: TREATMENT GOAL #3

Need-capacity **gap and** associated community **problem (A)**	**Evidence** of problem **and** its **significance** for the county (B)	**Goal** For 2020-2023 (C)	**Objectives** Targets Per Annum (D)	**Strategy** To Achieve Objective (E)	**Inputs** Financial or Other Resources (F)	**Outputs** Expected product (G)	**Outcomes** Expected Community Benefits (H)	**Participant Agencies Other Than County** (I)
Need-capacity Gap: Lack of adolescent substance abuse-treatment providers and a low level of adult substance abuse treatment providers in western Union County.	The second highest number of substance-abuse related admissions occurred in Plainfield, the western part of Union County.	**To: increase access to treatment in western Union County by recruiting Substance Use Disorder treatment providers to that geographic area.**	2019/2020: **To recruit SUD adolescent and adult treatment providers to western Union County.**	2019/2020: To release a Request for Proposal award funding for adolescent treatment providers and priority scoring for western service location.	**County: $00:00 AEREF/State: $50,239 Total: $50,239**	Number of adolescents and adults receiving outpatient treatment and support in the western part of the county will increase.	Short Term: Access to treatment for adolescents and adults in the western part of the County will increase.	Provider(s) awarded funding by way of Request for Proposal.
			2021: **To recruit SUD adolescent and adult treatment providers to western Union County.**	2021: To continue funding SUD adolescent and adult treatment providers.	**County: $00:00 AEREF/State: To be determined based on RFP Total: To be determined based on RFP**	Number of adolescents and adults receiving outpatient treatment and support in the western part of the county will increase.	Middle Term: Funding may be increase to western Union County treatment agencies.	Provider(s) awarded funding.

Associated Community Problem: Unmet need and delayed met need are increased due to the lack of treatment providers in western Union County.			2022: **To recruit SUD adolescent and adult treatment providers to western Union County.**	2022: To continue funding SUD adolescent and adult treatment providers.	**County: $00:00 AEREF/State: To be determined based on RFP Total: To be determined based on RFP**	Number of adolescents and adults receiving outpatient treatment and support in the western part of the county will increase.	Middle Term: Funding may be increase to western Union County treatment agencies.	Provider(s) awarded funding.
			2023: **To recruit SUD adolescent and adult treatment providers to western Union County.**	2023: To continue funding SUD adolescent and adult treatment providers.	**County: $00:00 AEREF/State: To be determined based on RFP Total: To be determined based on RFP**	Number of adolescents and adults receiving outpatient treatment and support in the western part of the county will increase.	Long Term: Continuum of care in western Union County will be enhanced and strengthened.	Provider(s) awarded funding.

RECOVERY SUPPORT SERVICES

Need-capacity **gap and** associated community **problem (A)**	**Evidence** of problem **and** its **significance** for the county (B)	**Goal** For 2020-2023 (C)	**Objectives** Targets Per Annum (D)	**Strategy** To Achieve Objective (E)	**Inputs** Financial or Other Resources (F)	**Outputs** Expected product (G)	**Outcomes** Expected Community Benefits (H)	**Participant Agencies Other Than County** (I)
Need-capacity Gap: There is a lack of chronic-care models of recovery being utilized by consumers in the county.	In 2017, 28% 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 chronic-care recovery models of support to assist the recovery community with sustaining health and well-being.	2019/2020: **To** Fund chronic care models of recovery.	2020: To release a Request for Proposal.	**County: $00:00 AEREF/State: $123,527 Total: $123,527**	Number of recovery support models will increase.	Short Term: Chronic-care models will be implemented in recovery programs.	Provider(s) awarded funding.
			2021: **To continue funding chronic care models for recovery.**	2021: To advertise and refer community members towards appropriate recovery models.	**County: $00:00 AEREF/State: $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.	Provider(s) awarded funding.
Provider(s) awarded funding.			2022: **To continue funding chronic are models for recovery.**	2022: To monitor and assess the relapse rates.	**County: $00:00 AEREF/State: $00:00 Total: $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.
			2023: **To continue**	2023: To evaluate	**County: $00:00**	Number of individuals	Long Term: A reduction in the	

			funding chronic care models for recovery.	chronic-care models of recovery success in community.	**AEREF/State: $00:00 Total: $00:00**	receiving chronic-care model of support will increase.	number of relapses, and a decrease in cost to the continuum of care.	

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

2020	**Admin is not included in the amounts below**
PROGRAM DOMAIN	**PERCENT OF AVAILABLE RESOURCES**
PREVENTION	.5% *increase/decrease to be determined*
EARLY INTERVENTION	.18% *increase/decrease to be determined*
TREATMENT ACCESS	3.79% *increase/decrease to be determined*
RECOVERY SUPPORT SERVICES	4.47% *increase/decrease to be determined*
2021	
PROGRAM DOMAIN	**PERCENT OF AVAILABLE RESOURCES**
PREVENTION	.5% *increase/decrease to be determined*
EARLY INTERVENTION	.18% *increase/decrease to be determined*
TREATMENT ACCESS	3.79% *increase/decrease to be determined*
RECOVERY SUPPORT SERVICES	4.47% *increase/decrease to be determined*
2022	
PROGRAM DOMAIN	**PERCENT OF AVAILABLE RESOURCES**
PREVENTION	.5% *increase/decrease to be determined*
EARLY INTERVENTION	.18% *increase/decrease to be determined*
TREATMENT ACCESS	3.79% *increase/decrease to be determined*
RECOVERY SUPPORT SERVICES	4.47% *increase/decrease to be determined*
2023	
PROGRAM DOMAIN	**PERCENT OF AVAILABLE RESOURCES**
PREVENTION	.5% *increase/decrease to be determined*
EARLY INTERVENTION	.18% *increase/decrease to be determined*
TREATMENT ACCESS	3.79% *increase/decrease to be determined*
RECOVERY SUPPORT SERVICES	4.47% *increase/decrease to be determined*

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