County of Ocean

2020-2023 County Comprehensive Plan

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

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

B. ADMINISTRATIVE FOUNDATIONS

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

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

C. PURPOSE AND PRINCIPLES

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

Principles: County Comprehensive Planning is grounded in:

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

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

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

[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

Ocean 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.

The Ocean County Health Department (OCHD) will use data driven processes to understand the disease of addiction including the individual and societal factors leading to a substance use disorder. The OCHD will be a leader in the county for those with substance use disorder supporting and developing programs, policies, and procedures to create improved prevention, early intervention, treatment and recovery services for all residents and their families.

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?

The OCHD was able to outreach constituents through several platforms. For the service provider community, information about the County Comprehensive Plan (CCP) was discussed at local meetings such at the Local Advisory Committee on Alcoholism and Drug Abuse (LACADA), Provider Advisory Committee on Alcoholism and Drug Abuse (PACADA) and the County Alliance Steering Sub-Committee (CASS). A joint meeting of the Provider Advisory Committee (PAC) and PACADA was held on July 11, 2018 conducting a focus group on the behavioral health system. Please see attachment #6.1 for summary of the meetings.

In addition, the OCHD Health Advisory Group (HAG) which is responsible for the Community Health Improvement Plan (CHIP) was part of a larger community planning process called Mobilizing Action Through Partnership and Planning (MAPP) and substance abuse was identified as a key health indicator in Ocean County. The substance abuse sub-committee met on November 29, 2019 to discuss a county wide plan for the next four years. Please see attachment #6.2 for summary of the meeting.

The OCHD also partnered with DART, which is the regional coalition for Ocean County, which began a data assessment on prevention and early intervention in 2018 for their strategic plan. The Municipal Alliances who are responsible for their updated strategic plan for Fiscal Year 2020 were also partners in this part of the data assessment.

The OCHD is the lead agency for the Ocean County Overdose Fatality Review Pilot Project (OC-ORFPP), which performs a social autopsy on overdose decedents to identify potential reasons for overdose death in the county and how changes can be made to programming, policy and procedure to reduce overdose and death of residents. The OC-OFRPP meets monthly and is comprised of over 35 local agencies representing varies health and behavioral health sectors.

Lastly, through the OCHD Faith-Based Initiative; the Faith Based community has been invited to participate in focus groups regarding the opiate epidemic. Two meetings were held on 6/21/17 and 12/11/17 focusing on how the Faith Based community can be a resource for congregation members that are in need of navigation of the substance abuse treatment of care.

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 is an integral partner in the planning process for the CCP. The Ocean County LACADA meets at minimum 10 times a year to review multiple agenda items related to the county comprehensive plan. This includes an assessment of current funding, discussion of local and state issues and trends, ways that the community is notified of the county funding, and how the community can be a partner in planning. Additionally, some members to LACADA are active partners in other planning initiatives and are able to provide expertise on Ocean County during the LACADA meetings.

Due to multiple planning processes occurring at both the local and state level, Ocean County wanted to be mindful of exhausting the public and provider agencies with an oversaturation of surveys and planning meetings. Therefore, working in the aforementioned partnerships, Ocean County was able to streamline planning efforts into a more concise process allowing for less meetings but continued sharing of information and data between agencies. This was identified as a best practice by the participating agencies as it allowed for a further reaching dissemination of surveys, reduced duplication in quantitative data analysis and allowed for a multi-agency presence during focus groups. By working in the varied planning processes, it allowed for a balance of "interests" as each survey distributed had questions that could be utilized by the different partners. For example, the Community Health Needs Assessment distributed in Summer 2018 yielded 667 responses with a varied demographic of responses. In this comprehensive health survey, 40% of responses stated behavioral health which encompassed mental health and substance abuse was the priority issue for Ocean County residents. Further, 43% percent stated substance abuse issues for residents aged 18-55 was one of the most important issues to focus on in the next several years for the overall health of Ocean County. [1]

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.

Key Informant Interviews, Focus Groups and Special Population Focus Groups were done with agency representative(s) considered key experts in their respective fields. These interviews provided further insight into how various behavioral health systems work in Ocean County highlighting the successes and gaps of the respective fields.

Web-based Surveys were used to collect information by the OCHD and partner agencies to gather information from the public on behavioral health and prevention.

Planning Committee/Sub-committees were used to take the qualitative and quantitative data to develop a comprehensive plan for 2020-2023.

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?

This planning cycle was successful in capitalizing on multiple county planning processes allowing for broad community representation, varied data collection techniques and the ability to utilize different planning expertise for a well-rounded planning process. The ability to plan with community partners with the same timelines for submission and similar plan lengths (i.e. 2020-2023) provide the ability to build a strong foundation of complimentary goals and objectives allowing partners to work in tandem to the same overarching goal. For the next cycle, the OCHD could improve their process by utilizing social media to outreach residents to get their feedback on the substance use issues in Ocean County. This would allow for broader representation from the county.

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

a. Offenders - During the OC-OFRPP, the offender population was evidenced in 56% of cases as of September 30, 2018. This has resulted in conversation to meet with the Ocean County Jail to further discuss the needs of the is subpopulation. [2]
b. Intoxicated Drivers – The Intoxicated Driver Resource Center (IDRC) is located within the OCHD. The Director of the IDRC attends the LACADA and PACADA to provide reports on the monthly activity of the IDRC as well as provide information on trends being observed in the 12-hour class. During the OC-OFRPP, 25% of cases as of September 30, 2018 had a conviction of driving under the influence. [2]
c. Women – A conference was held on November 16, 2018 titled, "Hope for Her: Overcoming Addiction." This conference had 100 attendee's with the goal to provide more information on how to provide better prevention, treatment and recovery services for women.
d. Youth – The OCHD partnered with the Municipal Alliances and DART (Ocean County's Regional Prevention Coalition) to work within the municipalities and the school system to get qualitative information on youth drug trends.
e. Disabled – The OCHD is working with the Coordinator for the Office for Individuals with Disabilities through Ocean County Department of Human Services to establish how substance use prevention programming can be developed for the disabled population.
f. Workforce – The OCHD offers community trainings regarding the alcohol and drug issues in Ocean County and provides contact information to provide resources and education on how to navigate the substance use treatment system of care.
g. Seniors – The OCHD partners with various senior communities in Ocean County to provide information on alcohol and drug issues in Ocean County. In the Community Health Needs Assessment SurveyMonkey, over 45% of responses came from residents 55 and older.[1]
h. Co-occurring – Through the Provider Advisory Committee on Alcoholism and Drug Abuse and representation from agencies that do co-occurring treatment, the co-occurring population has been represented during the planning process.

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.

Yes, this planning process helped to build and strengthen collaborative relationships. The planning process allows partners to better understand how the county comprehensive funding works within the community and how it is used to identify and fill gaps in the continuum of care. Further, through community mapping of existing resources, it allowed partners to come together and collaborate in new ways.

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?

The 2016-2019 CCP prevention goal was to expand the geographic reach of prevention education services from Brick and Point Pleasant to the entire Ocean County community and from pre-school aged residents through older adults with an annual estimated budget of approximately $80,000. The OCHD employs field representatives: health education employees that are responsible for the provision of evidence-based programs, innovative programs, and with being active in community engagement and awareness events. By being able to directly provide programming to Ocean County, there is no geographic boundary or age limitations to the programs being offered. In 2016, 5,165 Ocean County residents received innovative programming, 317 received evidenced based programming and 16 Ocean County high school participated in AlcoholEdu with 3,885 9th grade students educated. In 2017, 3,468 Ocean County Residents received innovative prevention programs, 1,827 residents received evidence based prevention programs, and 16 Ocean County high schools participated in AlcoholEdu reaching 4,558 9th grade students. From January 1 to October 31, 2018, the Ocean County Health Department has served 4948 unique clients.

During the 2016-2019 CCP, the OCHD has become a leader in prevention programming in the county. There continues to be expansion into new municipalities and schools as well as development of new innovative programming to meet the needs of the communities. The OCHD is an active partner with the county's regional coalition and sits on several sub-committees to collaborate on and plan programming. The OCHD prevention staff also provide programming for the local municipal alliances. Due to Ocean County being one of the largest geographic counties in New Jersey with a large population of residents, the partnerships between OCHD prevention staff, the regional coalition, and municipal alliance is crucial to reach as many residents as possible.

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.

Ocean County, New Jersey is one of the largest geographic counties in the state, situated directly on the East Coast. Located approximately 60 miles from Philadelphia and New York City, this makes Ocean County a prime tourist attraction in the summer due to its many beaches, and is affectionately nicknamed "the Jersey Shore". U.S. Census data reflects that the racial and ethnic makeup of Ocean County is two percent Asian, 3.5 percent Black or African American, 9.4 percent Hispanic or Latino, and 92.8 percent White; less than one percent is American Indian or Alaska Native, and 1.4 percent is two or more races. Although the median age of residents is around 42.6, the senior population (65 and older) comprises almost 23% of the population.[3] Ocean County is one

of the fastest growing counties in New Jersey, offering 33 varying municipalities ranging from beach towns to rural farms.

Each municipality has its own personality with some municipalities with a large population of approximately 100,000 and some with a small population of only 257 residents. There are 17 public high schools, vocational schools, and religious schools that provide education to the high school aged youth and approximately 70 elementary schools for the younger children. With so many schools located in Ocean County, the OCHD will continue providing programming to school aged youth. The OCHD prevention programming fits into New Jersey core curriculum standards under comprehensive health and physical education. This section of the standards discusses students learning and understanding personal and public health issues which is met with OCHD innovative and evidence based programs.[4]

Since 2014, the New Jersey Substance Abuse Monitoring System shows an increase in admission for residents 55 and older as seen in the chart below.[5] It is important to reach the senior population to educate about the dangers of substance abuse as they comprise such a large percentage of the Ocean County population. This information not only provides information and education to the seniors but also can affect the families of the senior as they engage in healthier habits regarding medication disposal, alcohol use and smoking. Additionally, many seniors play an active role with their grandchildren, whether babysitting or having guardianship. In order for the senior to be successful in providing correct information and education around substances, the OCHD needs to be available to educate them.

New Jersey Substance Abuse Monitoring System, Substance Abuse Treatment Admissions-Ocean County Residents (%)

	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
55 and Over	4%	3%	3%	3%	4%	4%	4%	5%	4%	5%	6%	7%

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.

For the 2020-2023 prevention plan, the county plan is going to continue to offer evidence based programs and innovative programs to Ocean County. The goal will be to continue expanding the geographic area of program delivery as well as increase programming with our large senior population. The OCHD will also offer opportunity for innovative programming to address the issues identified in the needs assessment and by the municipalities. The biggest issue identified in focus groups is the popularity of vaping products with teenagers. Vaping and "juuling" is reportedly a major issue in the schools and the local communities as discussed in multiple focus groups. It has been reported that youth will use marijuana oil in vaping products as well. Tobacco use and vaping is a risk factor that can be addressed through innovative programming with the goal to decrease other at risk behaviors or use of other substances.

There were no major issues or challenges from the last planning cycle that need to be resolved in 2020-2023. The prevention staff conduct continuous quality improvement on programs, how they are

implemented, and what changes need to be made to keep material current. This process ensures that any issues that may arise are resolved in a timely manner. For example, OCHD wanted to see an increase in evidence based participation for 2018. In order to achieve this, a letter was sent to every elementary school in the Summer of 2018 promoting the evidence based programs which resulted in the scheduling of new schools for the 2018-2019 school year.

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 "gap" in the county's prevention system of care is that the availability of agencies and funding to provide prevention is limited compared to the amount of residents in Ocean County. It is important that every resident has access to effective prevention education and information.

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

For youth, lack of effective prevention education programming can result in younger first time use or at-risk behaviors.

For seniors, there is a need on substance use prevention education so they can make healthy choices from themselves and promote healthy decisions in their family.

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

In addition to the data already provided, each focus group held during this planning period discussed the need for additional prevention resources for the community. Ocean County is often considered the epicenter of the opioid epidemic with opioid using evidenced in every age. By having more prevention efforts reaching residents, the hope is to educate and encourage residents to make healthy decisions regarding drugs and alcohol.

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

To expand the geographic reach of prevention education services to the entire Ocean County Community and from pre-school aged youth through older adults

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.

Using 2017 as a baseline with 10 municipalities reached with prevention education programming.

2020 – To increase the number of participating municipalities from 10 to 15 that receive prevention education programming
2021 – To increase the number of participating municipalities from 15 to 20 that receive prevention education programming
2022 – To increase the number of participating municipalities from 20 to 25 that receive prevention education programming
2023 – To increase the number of participating municipalities from 25 to 30 that receive prevention education programming

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

The OCHD will continue to market programs and research evidence based programs that fit the needs of Ocean County

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

At minimum, .1177% of the awarded AEREF funds to Ocean County. OCHD will evaluate annually if additional funding will be awarded.

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?

Starting with 2017 municipalities that received prevention education programming as a baseline, the OCHD will increase municipalities reached by 5 annually.

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

Short Term: Increase municipalities reached by 5 additional using 2017 as a baseline

Middle Term: Provide prevention programs for all ages in all municipalities in Ocean County

Long Term: A county capacity to provide data-driven, best practice or evidence-based prevention education programming customized to the specific requests of each residential community

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

Regional prevention coalition, All School Districts, Community, Municipal Alliances, Faith Based, Senior Villages

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: **AlcoholEdu**

Description: AlcoholEdu is evidence based online alcohol prevention program for 9th grader students. This program uses an on-line program to go through various prevention messages in an engaging and interactive way. http://www.nrepp.samhsa.gov/ViewIntervention.aspx?id=4

Objectives: Alcohol misuse puts students at risk (hospitalization, incarceration, poor grades) and threatens the ability of schools to achieve their educational objectives. By providing prevention education to the 9th grade student, this program aims to stop or delay use of alcohol.

Location or Setting for its Delivery: 9th grade students in Ocean County high schools

Expected Number of People to Be Served: All 9th grade students in participating Ocean County Public Schools which is approximately 4,555 annually

Cost of Program: 17 public high schools x $1500= $25,500

Evaluation Plan: Quarterly reports on school progress

Name: **Footprints for Life**

Description: Evidence based primary prevention program designed to build assets and teach skills through the use of puppets and stories that feature "real-life" situations. This program is designed to promote the development of necessary assets to deter the first use of alcohol and other drugs. http://www.nrepp.samhsa.gov/ViewIntervention.aspx?id=228

Objectives: Footprints for Life is focused on five key social competencies: planning and decision making skills, interpersonal skills, cultural competence, peer pressure and peaceful conflict resolution. These social competencies provide students with skills to deal with multiple issues.

Location or Setting for its Delivery: Elementary schools, Faith Based Organizations, Camps

Expected Number of People to Be Served: OCHD to accommodate any community request for this program. The availability of this program is marketed at community meetings, through e-mail and through press releases to the county. In a conservative estimate, it is anticipated that in 2019 approximately 10 requests will come for this program to be delivered which equals approximately 300 youth. It is the anticipation that the requests will be from different municipalities to ensure the entire county has access to this free programming.

Cost of Program: OCHD has several staff trained in the program. These staff will schedule and facilitate the program during the year. The cost is the salary and fringe of staff for their time to deliver the program.

Evaluation Plan: Post-test from participating youth

Name: **Unique U**

Description: Unique U is an evidence-based substance abuse prevention program that helps children realize their specialness. Positive self-esteem is critical to the development of a healthy individual. The importance of a child's self-esteem is reflected in Unique U through the process of questions, exercises, and session goals. http://www.nrepp.samhsa.gov/ViewIntervention.aspx?id=180

Objectives: Research and literature in the field of education and child development overwhelmingly demonstrates the connection between self-esteem, academic performance, and the formation of healthy beliefs, living skills and over all basic happiness. Students become more aware of their feelings and learn positive ways to deal with them. They also develop greater sensitivity to others' feelings. Students learn cooperation, teamwork, how to make wise decisions, say "no" and solve problems.

Location or Setting for its Delivery: Elementary schools, Faith Based Organizations, Camps

Expected Number of People to Be Served: OCHD to accommodate any community request for this program. The availability of this program is marketed at community meetings, through e-mail and through press releases to the county. In a conservative estimate, it is anticipated that in 2019 approximately 10 requests will come for this program to be delivered which equals approximately is 300 youth. It is the anticipation that the requests will be from different municipalities to ensure the entire county has access to this free programming.

Cost of Program: OCHD has several staff trained in the program. These staff will schedule and facilitate the program during the year. The cost is the salary and fringe of staff for their time to deliver the program.

Evaluation Plan: Posttest from participating youth

Name: **TIPS**

Description: TIPS (Training for Intervention ProcedureS) is a dynamic, skills-based training program designed to prevent intoxication, drunk driving and underage drinking by enhancing the fundamental "people skills" of servers, sellers and consumers of alcohol. Proven effective by third-party studies. This is an evidence based program. http://www.gettips.com/

Objectives: The purpose of TIPS is to help employees create the kind of environment that promotes safety and responsibility wherever alcohol is sold, served, or consumed.

Location or Setting for its Delivery: Establishments that serve or sell alcohol

Expected Number of People to Be Served: OCHD to accommodate any community request for this program. The availability of this program is marketed at community meetings, through e-mail and through press releases to the county.

Cost of Program: OCHD has several staff trained in the program. These staff will schedule and facilitate the program during the year. The cost is the salary and fringe of staff for their time to deliver the program.

Evaluation Plan: Test results of participants

Name: **Parenting Wisely**

Description: Parenting Wisely is a highly interactive parenting course designed by family and social scientists to equip parents with the tools necessary to engage their children in difficult family scenarios. It holds the distinction of being the only online parent education course for families that is currently listed on the U.S. Department of Health and Human Services National Registry for Evidence-based Programs and Practices. This is a self-administered online program that parents can access in the privacy of their own home. http://www.nrepp.samhsa.gov/ViewIntervention.aspx?id=35

Objectives: Parents would learn constructive skills proven to lessen drug and alcohol abuse in youth, school and homework problems, delinquency and other problem behaviors, family conflict, and more.

Location or Setting for its Delivery: Parents utilize program on-line

Expected Number of People to Be Served: 160 slots purchased in CY 2015 – spots remaining

Cost of Program: This program is a licensed program and the OCHD purchased slots for parents to take the curriculum. OCHD staff will register parents to use the program. The cost is the salary and fringe of staff for their time to register parents to the program.

Evaluation Plan: Test results of participants

Innovative Prevention Programs

The Ocean County Health Department also offer innovative prevention programs developed using Ocean County specific data, looking at local trends and discussing the issues that have been reported through qualitative data collection.

Potential Prevention Programs

The OCHD is interested in the Wellness Initiative for Senior Education (WISE) program for the 2020-2023 cycle.

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?

During the 2016-2019 county comprehensive plan, the OCHD wanted to add a specific early intervention programs into the continuum of care. A program titled, "Teen Intervene" was identified as it was evidence based and provided several sessions for at risk youth ages 12-19. In each year of the last plan, approximately $10,000 was allocated to the provision of this program. On average, 21 youth are served annually. The benefits for the community is that as youth exhibit at risk behavior, there is now a 3-4 session program that they can attend, free of cost in order to have an evaluation to determine if 1) a higher level of care is needed or 2) if a risk reduction plan can be made for the youth.

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.

In 2017, there were 101 under 18 youth that were admitted to substance use treatment as per NJSAMS.[5] With early intervention programs, youth exhibiting at risk behaviors may have the opportunity for evaluation and an intervention to encourage healthier decision making.

The 2012 New Jersey Middle School Risk and Protective Survey showed that 7.2% of surveyed youth used alcohol in the past 30 days, 1.3% used cigarettes n the past 30 days, 1.4% used prescription drugs in the past 30 days and 4.2% used marijuana in the past 30 days. Since 2012, qualitative information reports that cigarette use and use of electronic nicotine devices as well as use of marijuana is significantly higher than it has ever been within the schools.

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.

The OCHD will continue to fund Teen Intervene during the 2020-2023 CCP. Although the program has reached a small number of youth in the previous planning cycle, there is value to have an evidenced based program in the Ocean County continuum of care. The OCHD will work with the contracted provider to continue to market the program to the community in order to increase utilization.

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.

The gap is that youth substance use outnumbers efforts to stop them. Without effective intervention programming, youth can continue using substances and develop a substance use disorder.

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

Youth will continue with substance use developing a substance use disorder. This will result in admissions into treatment. The continuum of care for treatment has limited capacity; additional admissions will continue to tax an already exhausted system.

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

In addition to the data already provided, each focus group held during this planning period discussed the need for early intervention to be able to identify youth that are in need of help with an effective program for youth to attend.

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

To develop an early intervention program for Ocean County residents who are identifiably at risk of developing need for clinical treatment for substance use disorder

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.

Using 2017 utilization numbers as a baseline with 26 youth receiving early intervention services
2020 – To increase the number of youth participating in Teen Intervene by 25% annually or 33 youth
2021 – To increase the number of youth participating in Teen Intervene by 25% annually or 41 youth
2022 – To increase the number of youth participating in Teen Intervene by 25% annually or 51 youth

2023 – To increase the number of youth participating in Teen Intervene by 25% annually or 63 youth

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

The OCHD will continue to contract with a local provider through RFP to provide Teen Intervene and ensure they market the program to the community.

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

Based on the 2016-2019 CCP, OCHD will continue to allocate approximately $10,000 annually to Teen Intervene. As number of participant's increase, OCHD will increase annual allocation.

9. 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 output will be an increase in participants at 25% annually.

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

Short Term: Youth to get a service that has been missing in the continuum of care

Middle Term: A service that is well known to the community to take referrals

Long Term: A county capacity to provide evidence based programming that can identify and subsequently refer and enroll a resident in programming to reduce at risk behavior that will decrease Ocean County clinical treatment admissions, recidivism, medical hospitalization and incarceration

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

Contracted agency, Schools, Youth programs

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: Teen Intervene

Description: Teen Intervene is a proven, research-based program designed to help young people make healthier choices surrounding substance, alcohol and drug abuse. Teen Intervene is an easily administered, low-cost SBIRT program that helps teens self-identify a substance use disorder, provides a brief plan for intervention, and guides the referral to treatment. By engaging both the teen and the parents in this three or four-session model, Teen Intervene is a unique comprehensive program created specifically to drive adolescent engagement and produce positive outcomes.

Objectives: Meet with youth in 3 or 4 sessions to reduce the use of both alcohol and marijuana

Location or Setting for its Delivery: Decided by contracted provider

Expected Number of People to Be Served: Based on a $10,000 award, 25 youth

Cost of Program: TBD based on annual sub-contract

Evaluation Plan: Site visits annually with contracted provider

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 CCP, the OCHD wanted to increase treatment capacity for residents. In addition to more residents getting into treatment, the OCHD also wanted to enhance the services covered by the Alcohol and Drug Comprehensive Funding to include things such as evaluation, medication monitoring, and psychiatric evaluations. In the planning period, there were changes at the state level that impacted county comprehensive funding utilization as different state and federal funding sources began covering treatment for the same population served by the county comprehensive funding. The chart below shows the Alcohol and Drug Comprehensive Grant allocation to treatment and new clients served from 2016-2019.

Year	**Treatment Allocation**	**New Clients Served**
2016	$1,107,175	874
2017	$1,086,506	767
2018 as of September 30, 2018	$1,176,867	440
2019	$1,156,678	

Although the county comprehensive funding did not see a 6.4% annual increase in treatment as planned in the 2016-2019 CCP, an increase in admission was evidenced using NJSAMS data which encompasses all payer sources with an approximate 9% increase in annual admissions.[5] As more residents enter the system of care, there is opportunity for recovery which not only impacts the individual but their family and the community as a whole. The impact of successful treatment is far reaching for the person and society. The chart below shows the annual increase in admissions from NJSAM from 2015-2017.

Year	**Admissions**	**% Increase**
2015	7103	9.8% increase from 2015-2016
2016	7244	9.6% increase from 2016-2017
2017	7527	

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.

Similar to past Ocean County Comprehensive Plans, there continues to be discussion on the need to build capacity in the county for the residents that are in need of substance abuse treatment. Capacity still remains an issue in Ocean County as the population continues to grow and the number of residents accessing treatment also continues to increase annually. From 2013-2017, Ocean County had the highest proportion of treatment admissions out of all the counties in New Jersey.[5] These numbers do not take into account the number of people that don't try to access services which is an estimated 35.3% of Ocean County residents that had a demand for substance abuse treatment did not access services according to the 2009 Household Survey.[6] As the admission rates for substance abuse services are projected to increase over the next several years, there is as of yet no comprehensive plan to expand Ocean County's current infrastructure to be able to effectively provide services to the increasing number of indigent residents in need.

During the focus groups, it was reported that in order to make a difference for residents with substance use order that there needs to be an increase in the number of available beds to ensure rapid admission and clinically appropriate lengths of stay. The focus groups discussed that the existing system of care is overwhelmed by the number of residents accessing available beds on a daily basis. The lack of capacity contributes to residents leaving treatment too soon or not accessing treatment at all. In using the Southeast Coastal Regional Learning Collaborative Binder provided by the DMHAS, Ocean County from 2020-2023 experiences an average gap, meaning residents that would not be able to access treatment due to the overall county need and overall capacity of: 10,418 residents needing outpatient annually, 1,503 residents needing opioid maintenance annually, 1,416 residents needing residential annually, and 1,156 residents needing detoxification annually[9] These number provide evidence that Ocean County residents need to be able to access timely treatment and that treatment needs to meet their needs the first time they enter into the continuum of care. Further as per the Office of Drug Monitoring and Anaylsis from January 1, 2018 – August 31, 2018, Ocean County had 545 naxolone administration. [10] This number captures only the administration documented by law enforcements and emergency personnel. It is imperative that residents have access to immediate treatment as well as access to a full continuum of care.

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.

Locally, the OCHD can manage the local county comprehensive grant funding in order to impact changes in admission to have a 9% increase per annum. The OCHD has no control over private insurance, state grants, fee for service networks, and agency sliding scales. The OCHD is responsible for the navigation and referral of residents to the IME and treatment providers. As Medicaid became a payer for detoxification and residential on July 1, 2018, OCHD anticipates a decrease in funding for those levels of care. The OCHD will manage annual funding amounts to have a continuum of care that supports outpatient treatment and recovery supports with the focus on providing community based supports to help residents remain in recovery and gain recovery capital. Therefore, if less residents return to detoxification and inpatient levels of care that will result in increased bed availability for new residents to access treatment.

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.

The treatment system of Ocean County needs to be able to continue to support a 9% annual increase in treatment admissions, some portion of which is maybe comprised of residents that have never sought either substance abuse treatment services or those that may have stopped seeking services due to lengthy waiting periods or lack of funding. By looking at opportunities to enhance the existing continuum of care in Ocean County, for example; by better coordinating behavioral health treatment service opportunities for residents, it is anticipated that Ocean County could better meet the increasing substance abuse treatment needs of the county.

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

As more residents seek treatment the amount of available "slots" or "beds" in the continuum of care are going to be utilized resulting in significant waitlists. If people are unable to access to treatment they will most likely continue using resulting in possible incarceration, hospitalization or death.

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

From 2008-2013, OC admissions increased on average by 6.4% per annum and from 2013-2018 on average by approximately 9% per annum; likewise, since 2006 Ocean County's ranking among all counties for number of admissions has risen steadily from fourth in 2006 to first from 2013 to 2017.

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

   To not only maintain current levels of treatment capacity access but to spread that capacity to greater numbers of county residents with substance abuse treatment need

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.

Objective 1: To increase the number of residents that access treatment within the calendar year by 9%, using 2017 unique admissions of 7,527 as a baseline resulting in an additional 677 will receive services in 2020 for a total of 8,204 residents being admitted for treatment
Objective 2: To increase the number of residents accessing treatment within the year 2021 by another 9%, for a total increase of 18% admissions from year 2017 resulting in a total of 8,942 residents being admitted for treatment
Objective 3: To increase the number of number accessing treatment within the year 2022 by another 9%, for a total increase of 27% from year 2017 resulting in a total of 9,746 residents being admitted for treatment
Objective 4: To increase the number of residents accessing to treatment by another 9%, within the year 2023 for a total increase of 36% from year 2017 resulting in a total of 10,623 residents being admitted for treatment in 2019

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

Unknown at this time. Investments will be determined based off of the annual grant award, utilization of level of service in previous years and review of any state changes to their funding of the continuum of care.

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

Unknown at this time. Investments will be determined based off of the annual grant award, utilization of level of service in previous years and review of any state changes to their funding of the continuum of care.

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?

As stated above, the output for 2020 will be 8,204 residents receiving treatment, for 2021 there will be 8,942 residents receiving treatment, in 2022 there will be 9,746 residents receiving treatment, and in 2023 there will be 10,623 residents receiving treatment.

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

Short Term: Increased admissions into substance abuse treatment

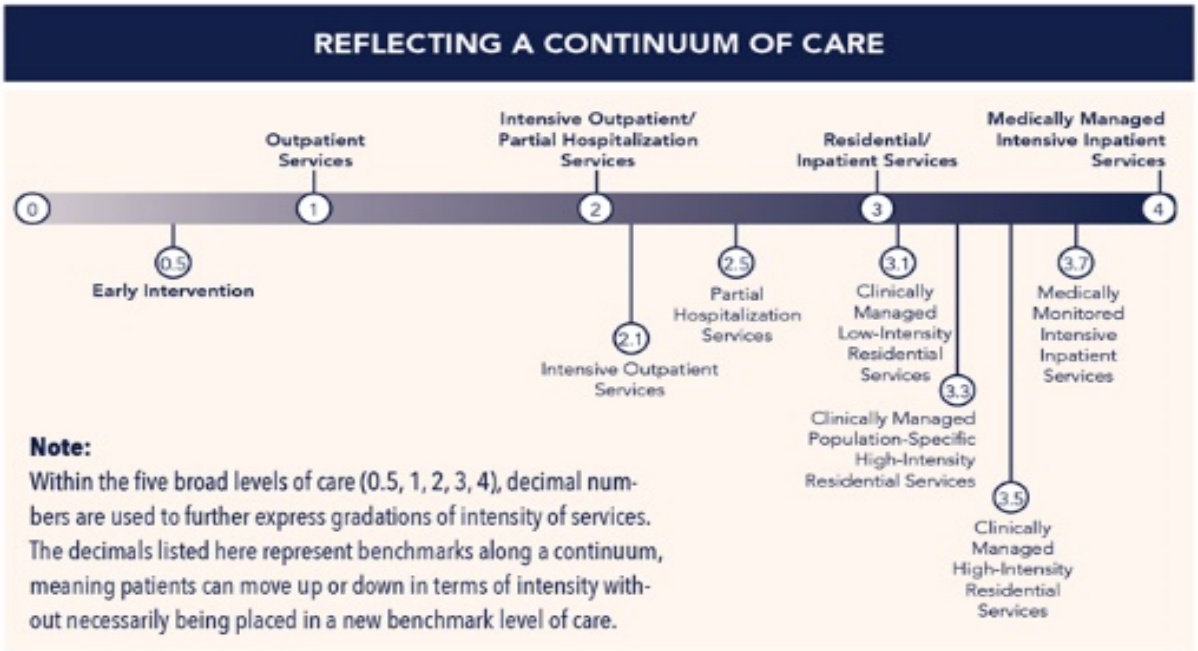
Middle Term: Increased sobriety time will enable residents to enter outpatient services and decrease their potential for relapse

Long Term: For Ocean County residents to have access to a full continuum of treatment with immediate admission into the appropriate level of care

10. Whose participation beyond the county's initiative will be needed to execute the strategy or any of its parts?
    OCHD stakeholders, DMHAS and IME

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.



Historically, the county comprehensive funding has funded the American Society of Addiction Medicine (ASAM) levels of care for treatment which include:

Level III.7d	Sub-Acute Detoxification
Level III.7	Short Term Residential
Level III.I	Halfway House for Male and Female
Level II.5	Co-Occurring
Level II. I	Intensive Outpatient
Level I	Outpatient
Level .5	Early Intervention

Through planning within the county it has been established that a funded continuum of care for indigent residents will provide a foundation for successful recovery for those with substance use disorder. As per ASAM, "through this strength-based multidimensional assessment the ASAM criteria addresses the patient's needs, obstacles and liabilities, as well as the patient's strengths, assets, resources and support structure." The county comprehensive funding provides almost a full year of funded treatment for an eligible client that enters detoxification. [7]

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?

The 2016-2019 goal was to begin to build recovery supports through county comprehensive funding. It was found that recovery supports were extremely limited in Ocean County at that time and through the planning process, it was determined that they needed to be added to the continuum of care. In 2016, the recovery case management was provided through a behavioral health agency to be delivered to a resident after completion of Intensive Outpatient but only 17 clients were served in the year. It was decided that recovery case management needed to be located outside of a clinical treatment venue to truly feel like a step down from a clinical level of care to a less restrictive and less clinical environment. In 2017, Mental Health Association received the grant for recovery case management and provided services to 55 residents. In 2018, Mental Health Association continued their program adding on 5 new clients from January 1 to June 30, 2018. The 2018 recovery case management expanded services to include telephone case management, transportation and recovery groups.

In 2019, those same services were available with an additional component to offer support to the families of those in recovery. Additionally, another contracted provider was added in 2019 for recovery case management to reach more Ocean County residents. During the past several years many other programs and initiatives focuses on supporting those in recovery began to provide services and offer a way for those in early recovery to have support, socialization and a place to go with no stigma on addiction and recovery. Although numerous programs exist from county funded programs, to state funded initiatives to local grassroots efforts, with the increase in admissions to treatment evidenced at 9% per annum; recovery supports will need to continue to expand during the 2020-2023 plan to accommodate all residents entering and sustaining recovery.

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.

Focus groups held during this planning cycle discussed the need for additional recovery support services. In 2015 for Ocean County, there were 4,845 unduplicated clients but 7,103 admissions which could mean that up to 32% of admissions were relapses. In 2016, there were 5004 unduplicated clients but 7,244 admissions which could mean that up to 31% of admissions were residents that experienced relapse or recidivism and were entering the system of care again. And in 2017, there were 4991 unduplicated clients but 7,527 admissions which could mean that up to 34% of admissions were residents that experienced relapse or recidivism and were entering the system of care again.[5]

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.

There are no anticipated issues for recovery support services over the next four years. Recovery support services continues to be an underdeveloped part of the Ocean County continuum of care and would benefit from additional and varied programming to meet the needs of residents in recovery. Hopefully in 2020-2023, the OCHD along with other reputable community partners can continue to build more recovery support services that help residents build recovery capital and continue to have significant time in recovery. Based on the qualitative information gained in focus groups in the county along with anecdotal reports from the OC-OFRPP, there needs to be more specific recovery supports services including but not limited to: workforce development, criminal and legal services, and housing.

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.

In 2015, there was no continuity amongst counties for recovery support services as there were only two DMHAS licensed recovery support services in New Jersey, therefore; counties had different recovery supports services dependent on the culture and availability of services and providers in their county. Ocean County began researching the need for recovery supports in order to enhance the already existing continuum of care. In 2015 for Ocean County, there were 4,845 unduplicated clients but 7,103 admissions which could mean that up to 32% of admissions were relapses. In 2016, there were 5004 unduplicated clients but 7,244 admissions which could mean that up to 31% of admissions were residents that experienced relapse or recidivism and were entering the system of care again. And in 2017, there were 4991 unduplicated clients but 7,527 admissions which could mean that up to 34% of admissions were residents that experienced relapse or recidivism and were entering the system of care again.[5]

By continuing to build recovery support services into Ocean County during 2020-2023, there is the potential to reduce the amount of relapse and recidivism in the county. Relapse and recidivism does not only impact the individual but impacts the whole county. It is likely that an individual who uses or relapses may interface with the police, be hospitalized or incarcerated which impacts the person, the person's family, the person's neighborhood and the county as a whole. In 2017, 74% of admission had legal issues, 15% were linked to the Division of Child Protection and Permanency, 27% were unemployed and 3% were homeless. By providing recovery supports, Ocean County can help individuals build their recovery capital by circumventing issues that may be a trigger for relapse through case management and community navigation.[5]

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

There a multiple social costs and community problems due to this gap. For the individual, relapses result in a return to either the treatment system or possibly the judicial system. This individual may not be able to continue with their employment impacting the Ocean County work force. It impacts the family, their well-being and overall productivity. There are potential secondary costs of hospitalization, police engagement and incarceration.

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

In 2017, Ocean County residents accounted for 7,527 treatment admissions in New Jersey. This represented 9% of the 82,644 total NJ admissions. It was also the highest proportion of any county in the state.

Of clients discharged in 2017, only 55% reported completing an alcohol and drug goal with many other goals being unmet. [5]

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

To design Ocean County as a recovery friendly environment to assist with sustaining recovery

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.

Using 2017 as a baseline with 55 clients provided with recovery support services adding an additional 25% per annum in residents that receive recovery support services

Objective 1: To reach 68 residents in recovery through case management services in 2020
Objective 2: To reach 85 residents in recovery through case management services in 2021
Objective 3: To reach 106 residents in recovery through case management services in 2022
Objective 4: To reach 133 residents in recovery through case management services 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?

The OCHD will receive monthly invoices from contract providers to monitor admissions of clients.

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

   Unknown at this time. Investments will be determined based off of the annual grant award, utilization of level of service in previous years and review of any state changes to their funding of the continuum of care.

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?

   As stated above, the output for 2020 will be 68 residents receiving treatment, for 2021 there will be 85 receiving treatment, in 2022 there will be 106 receiving treatment, and in 2023 there will be 133 residents receiving treatment.

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

The potential outcome is that the more residents that receive recovery support services that there will be a decrease in re-admissions to treatment facilities thus opening up availability for first time admissions.

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

    OCHD stakeholders, DMHAS and IME

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 Case Management

Description: Provision of recovery support services to residents in the community

Objectives: To help residents build recovery capital through recovery case management services

Location or Setting for its Delivery: To be determined by annual sub-contract

Expected Number of People to Be Served: As stated above, the output for 2020 will be 68 residents receiving treatment, for 2021 there will be 85 receiving treatment, in 2022 there will be 106 receiving treatment, and in 2023 there will be 133 residents receiving treatment.

Cost of Program: Unknown at this time. Investments will be determined based off of the annual grant award, utilization of level of service in previous years and review of any state changes to their funding of the continuum of care.

Evaluation Plan: Site visit and monthly invoices

APPENDIX 1: REFERENCES

1. Ocean County Health Department (2018). [Internal Document: Survey titled, "Ocean County 2018 Community Health Needs Assessment]. Unpublished raw data.

2. Ocean County Health Department (2018). [Internal Document: Ocean County Overdose Fatality Review Pilot Program 3rd Quarter Report]. Unpublished raw data.

3. U.S. Census Bureau Quick Facts. Retrieved on 11/26/18

   https://www.census.gov/quickfacts/fact/table/oceancountynewjersey,jacksontownshipoceancountynewjersey/PST045217

4. New Jersey Department of Educated. Retrieved on 11/26/18

   https://www.nj.gov/education/aps/cccs/chpe/

5. Division of Mental Health and Addiction Services (2006-2017). *Annual Substance Abuse Overview*. Retrieved from
   https://www.state.nj.us/humanservices/dmhas/publications/statistical/

6. Division of Mental Health and Addiction Services (2009). *New Jersey Household Survey on Drug Use & Health. Retrieved from*
   http://www.state.nj.us/humanservices/das/news/reports/surveys/

7. The ASAM Criteria Decision Engine. Retrieved on 11/26/18

   https://www.asamcontinuum.org/knowledgebase/what-are-the-asam-levels-of-care/

8. Robert Culleton, Ph.d (2018). *Southeast Coastal Learning Collaborative (RLC).*

9. Division of Mental Health and Addiction Services (2012). *Comparison between Ocean County and New Jersey Middle School Students.*
   Retrieved from http://www.state.nj.us/humanservices/das/news/reports/surveys/

10. Office of Drug Monitoring & Analysis Ocean County Residents: EMS & LE Naxolone Administrations in Other Counties (2018).

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**
1.	Y	Dr. Barbara Barr
2.	Y	Rose Bulbach
3.	Y	John Foti
4.	Y	Andrew Green
5.	Y	Heather Hynes
6.	Y	Jamie Jubert
7.	Y	Sheriff Michael Mastronardy
8.	Y	Melanie Mitchell
9.	Y	Camille Mussari
10.	Y	Stamatina Skevakis
11.	Y	Lydia Valencia
12.	Y	Frank Zrinksy
13.		
14.		
15.		
16.		

Thank You!

The Ocean County Health Department would like to thank all providers and community members that took the time to participate in survey and focus groups. Your contribution was essential to the success of this plan!

During the focus groups and key informant interviews held during this planning cycle, the OCHD maintained that each session was private and confidential so participants would be comfortable disclosing their experiences.

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: The availability of agencies and funding for prevention is limited compared to the amount of residents in Ocean County	Almost 5,000 residents reached in the first half of 2018 17 public high schools in Ocean County 23% of OC population is 55 and older	**To:** expand the geographic reach of prevention education services to the entire Ocean County community and from preschool through older adults	2020: **To increase the number of municipalities to 15**	2020-2023: Market to the community	**.1177% of the awarded AERED fund to Ocean County at minimum**	15 participating municipalities	Short Term: Increase municipalities reached by 5 additional from 2017	Regional prevention coalition School Districts Municipal Alliances Faith Based Senior Village
			2021: **To increase the number of municipalities to 20**			20 participating municipalities	Middle Term: Provide prevention programs for all ages in all municipalities in Ocean County.	
Associated Community Problem: Lack of effective prevention education results in at-risk behaviors			2022: **To increase the number of municipalities to 25**			25 participating municipalities		
			2023: **To increase the number of municipalities to 30**			30 participating municipalities	Long Term: A county capacity of evidence based programs	

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: Youth substance abuse outnumbers efforts to stop them	In 2017, there were 101 under 18 youth that were admitted to substance use treatment under NJSAMS.[5]	**To: develop an early intervention program for Ocean County residents who are identifiably at risk of developing need for clinical treatment for substance use disorder**	2020: **To increase participation by 25% or 33 youth annually**	2020-2023: Continue to market to the community	Approximately $10,000 a year	Number of youth enrolled to be at 33 annually	Short Term: Youth to get a service that has been missing in the continuum of care	Schools Youth Programs Contracted Providers
			2021: **To increase participation by 25% or 41 youth annually**			Number of youth enrolled to be at 41 annually	Middle Term: A service that is well known to the community to take referrals	
Associated Community Problem: Youth developed a substance use disorder			2022: **To increase participation by 25% or 51 youth annually**			Number of youth enrolled to be at 51 annually		
			2023: **To increase participation by 25% or 63 youth annually**			Number of youth enrolled to be at 63 annually	Long Term: A county capacity for evidence based early intervention.	

TREATMENT ACCESS

Need-capacity **gap and** associated community **problem (A)**	**Evidence** of problem **and** its **significance** for the county (B)	**Goal** For 2020-2023 (C)	**Objectives** Targets Per Annum (D)	**Strategy** To Achieve Objective (E)	**Inputs** Financial or Other Resources (F)	**Outputs** Expected product (G)	**Outcomes** Expected Community Benefits (H)	**Participant Agencies Other Than County** (I)
Need-capacity Gap: Overall capacity for residents to enter the continuum of care	From 2013-2017, Ocean County has had the most admissions in NJ[5] Estimated 35.3% of residents are in need of treatment but are not accessing it[6]	**To not only maintain current levels of treatment capacity access but to spread the capacity to greater numbers of county residents with substance abuse treatment need**	2020: **To** increase residents that access treatment to 8,204	From 2020-2023, allocate the county comp plan so residents can get into treatment, work with other funding sources	**Unknown at this time.**	Number of residents to receive treatment to be 8,204	Short Term: Increased admissions into substance use treatment	OCHD stakeholders DMHAS IME
			2021: **To** increase residents that access treatment to 8,942			Number of residents to receive treatment to be 8,942	Middle Term: Increased sobriety time will enable clients to enter outpatient and decrease potential for relapse	
Associated Community Problem: Residents returned to treatment multiple times			2022: **To** increase residents that access treatment to 9,746			Number of residents to receive treatment to be 9,743		
			2023: **To** increase that access treatment to 10,623			Number of residents to receive treatment to be ,10,623	Long Term: Residents to have access to full continuum of care	

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: Limited recovery supports for residents in recovery	In 2017, there were 4991 unduplicated clients but 7527 admissions meaning that 34% of admissions were duplicate[5]	**To: design Ocean County as a recovery friendly environment to assist with sustaining recovery**	2020: **To reach 68 residents in recovery with recovery case management**	2020-2023: Market recovery support services to the community	**Unknown at this time**	Number of residents reached to be 68 annually	Short Term: To increase the recovery capital of residents	OCHD Recovery partners DMHAS
			2021: **To reach 85 residents in recovery with recovery case management**			Number of residents reached to be 85 annually	Middle Term: To increase the recovery capital of residents earlier in the continuum of care and with more tailored recovery support services.	
Associated Community Problem: Need to build recovery captial			2022: **To reach 106 residents in recovery with recovery case management**			Number of residents reached to be 106 annually		
			2023: **To reach 133 residents in recovery with recovery case management**			Number of residents reached to be 133 annually	Long Term: To have a system of care and a county that is recovery oriented	

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

2020	
PROGRAM DOMAIN	**PERCENT OF AVAILABLE RESOURCES**
PREVENTION	At minimum, .1177% of the awarded AEREF funds to Ocean County.
EARLY INTERVENTION	A minimum of 1% of total award or approximately $10,000.
TREATMENT ACCESS	To be determined annually based on previous expenditure.
RECOVERY SUPPORT SERVICES	To be determined annually based on previous expenditure.
2021	
PROGRAM DOMAIN	**PERCENT OF AVAILABLE RESOURCES**
PREVENTION	At minimum, .1177% of the awarded AEREF funds to Ocean County.
EARLY INTERVENTION	A minimum of 1% of total award or approximately $10,000.
TREATMENT ACCESS	To be determined annually based on previous expenditure.
RECOVERY SUPPORT SERVICES	To be determined annually based on previous expenditure.
2022	
PROGRAM DOMAIN	**PERCENT OF AVAILABLE RESOURCES**
PREVENTION	At minimum, .1177% of the awarded AEREF funds to Ocean County.
EARLY INTERVENTION	A minimum of 1% of total award or approximately $10,000.
TREATMENT ACCESS	To be determined annually based on previous expenditure.
RECOVERY SUPPORT SERVICES	To be determined annually based on previous expenditure.
2023	
PROGRAM DOMAIN	**PERCENT OF AVAILABLE RESOURCES**
PREVENTION	At minimum, .1177% of the awarded AEREF funds to Ocean County.
EARLY INTERVENTION	A minimum of 1% of total award or approximately $10,000.
TREATMENT ACCESS	To be determined annually based on previous expenditure.
RECOVERY SUPPORT SERVICES	To be determined annually based on previous expenditure.

Appendix 6

6.1 Summary of 7/11/18 PACADA/PAC Focus Group
6.2 CHIP/MAPP Substance Abuse Sub-Committee

6. 1 PAC/PACADA Meeting – 7/10/2018

The following information was gathered at the joint PAC/PACADA meeting on July 10th, 2018. A total of 39 representatives from local agencies were in attendance. They were asked to share their ideas for possible solutions to challenges that are commonly presented when addressing mental health and substance abuse in Ocean County. Using that information, top priorities were identified and ranked for four categories: substance abuse and mental health promotion, early intervention and crisis diversion, the treatment continuum, and community support and recovery.

Top priorities for substance abuse prevention and mental health promotion:

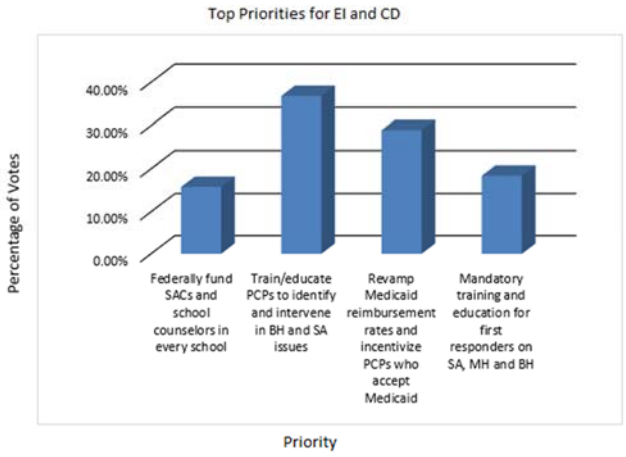
A. **Train/educate medical professionals for early intervention and risk factor identification**
B. **Funding for a stigma-free community based marketing campaign**
C. **Funding for community outreach liaisons to promote awareness**
D. **Funding for more school-based professionals (S.A.C.'s, social workers, family liaisons, etc.)**
E. **Train/educate community based groups on awareness, programs, and compassion**

Polling Responses		
Priority	Percent	# of Votes
A	43.24%	16
B	13.51%	5
C	13.51%	5
D	21.62%	8
E	8.11%	3
Totals	100%	37

← Note: The letters in the "Priority" column correspond with the above defined priorities for substance abuse prevention and mental health promotion.

Top priorities for early intervention and crisis diversion:

A. **Use federal funding to implement SAC's and school counselors in every school**
B. **Train/educate PCP's to identify behavioral health issues to better refer patients to services**
C. **Revamp Medicaid reimbursement rates and incentivize PCPs who accept Medicaid**
D. **Mandatory training/education for first responders on substance abuse, mental and behavioral health, and resources available in the community**



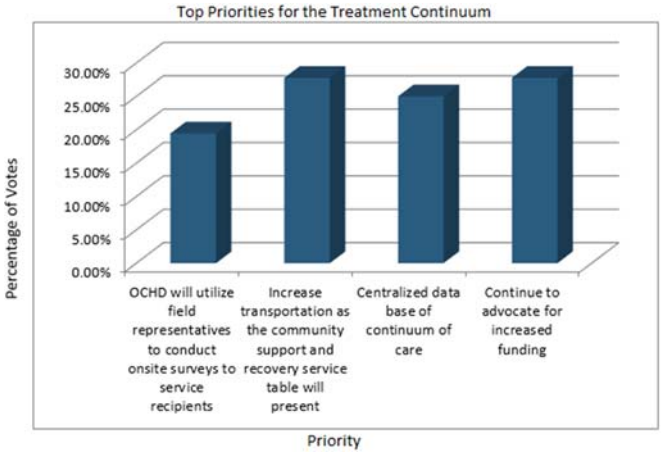
Polling Responses		
Priority	Percent	# of Votes
A	15.79%	6
B	36.84%	14
C	28.95%	11
D	18.42%	7
Totals	100%	38

← Note: The letters in the "Priority" column correspond with the above defined priorities for early intervention and crisis diversion.

Top priorities for the treatment continuum:

A. **OCHD will utilize field representatives to conduct onsite surveys to service recipients**

B. Increase transportation as the community support and the recovery service table will present
C. Centralized database better continuum of care
D. Continue to advocate for increased funding

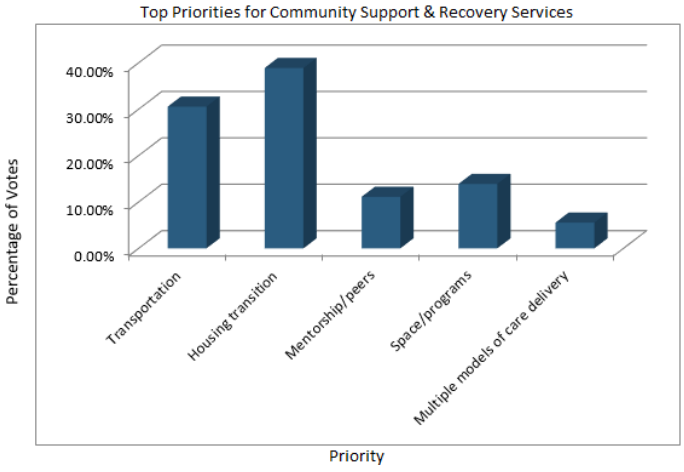


Polling Responses		
Priority	Percent	Count
A	19.44%	7
B	27.78%	10
C	25.00%	9
D	27.78%	10
Totals	100%	36

← Note: The letters in the "Priority" column correspond with the above defined priorities for the treatment continuum.

Top priorities for community support and recovery:

A. Transportation
B. Housing (transitional)
C. Mentorship/Peers
D. Space/Programs
E. Multiple models of care delivery



Polling Responses		
Priority	Percent	Count
A	30.56%	11
B	38.89%	14
C	11.11%	4
D	13.89%	5
E	5.56%	2
Totals	100%	36

← Note: The letters in the "Priority" column correspond with the above defined priorities for community support and recovery services.

If you have questions or comments regarding the information presented in this document, please contact Kimberly Reilly at kreilly@ochd.org or 732-341-9700 x3536.