

**THE COUNTY OF WARREN
COUNTY COMPREHENSIVE PLAN
FOR THE ORGANIZATION AND DELIVERY OF
ALCOHOL AND ADDICTION SERVICES
PLANNING CYCLE 2024-2027**



WARREN COUNTY BOARD OF COUNTY COMMISSIONERS

Lori Ciesla, Commissioner Director
James R. Kern, III, Commissioner Deputy Director
Jason Sarnoski, Commissioner

Prepared by The Warren County Department of Human Services
Division of Administration
1 Shotwell Dr.
Belvidere, New Jersey 07823

TABLE OF CONTENTS

TABLE OF CONTENTS	i
SECTION ONE: FOUNDATIONS, PURPOSE AND PRINCIPLES	2
SECTION TWO: LOOKING BACK, ASSESSING THE NEEDS AND LOOKING FORWARD	4
SECTION THREE: THE 2024-2027 COUNTY COMPREHENSIVE PLAN	6
A. VISION	10
B. PLANNING PROCESS	10
C. PREVENTION AND EARLY INTERVENTION	14
D. LOGIC MODEL NARRATIVES	Error! Bookmark not defined.
APPENDIX 1: DEFINITIONS OF PLANNING CONCEPTS	19
APPENDIX 2: REFERENCES	21
APPENDIX 3: LIST OF PARTICIPANTS IN THE PLANNING PROCESS	22
APPENDIX 4: LOGIC MODELS	23

SECTION ONE: FOUNDATIONS, PURPOSE AND PRINCIPLES

From the Division of Mental Health and Addiction Services:

A. STATUTORY AND POLICY FOUNDATIONS

Every four years, New Jersey's 21 counties prepare a County Comprehensive Plan (CCP) for Alcoholism and Addiction 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 use 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, cannabis and prescription medicines or illegal drugs like 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 addiction, 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 use disorder 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 addiction services continuum of care.¹

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

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

LOOKING BACK AT THE OUTCOMES OF THE 2020-2023 CCP

A. PREVENTION

Warren County's prevention goal for the 2020-2023 plan was to increase protective factors against alcohol and drug use through education, identification and implementation. By engaging youth through school-prevention classes, the objective was to increase at risk youth's knowledge of risk factors in early substance use, including negative engagement with law enforcement, negative mental and physical health impacts and potential for overdose death. The overall goal in Warren County's prevention strategies was to strengthen youths' resiliency to say no while living in an environment where substance use may be encouraged.

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

The Coalition for Safe and Healthy Communities is a two-county coalition for Warren and Sussex Counties, whose mission is to create healthy and safe communities free of substance misuse, addiction and other related issues to people of all ages. Their focus is to educate about and prevent underage drinking, cannabis use, prescription drug misuse, use of illegal substances including heroin and fentanyl, and to track any new and emerging drug trends.

In collaboration with the Warren County Municipal Alliances and the Regional Coalition, Warren County is engaging youth through school-prevention classes. The objective was to increase at risk youth's knowledge of risk factors in early substance use, including negative engagement with law enforcement, negative mental and physical health impacts and potential for overdose death. Additionally, the Children's Interagency Coordinating Council (CIACC), in collaboration with the Regional Coalition, created a Partnership for Success Logic Model to reduce the significant rise in underage drinking in Warren County.

In order to measure outcomes, the County & Regional Coalition has focused more on evidence-based practices and programs, such as PreVenture, Botvin LifeSkills, TIPS Trainings, and Strengthening Families. With great collaborative efforts, there is the ability to have prevention practices and programs available to every school and community in the county.

Warren County's financial investment in prevention includes \$18,951 in AEREF/State allocation of Chapter 51 funding, as described in Annex A of the regulation. This figure is subject to change annually, based on funding allocation changes at the State level.

Warren County has subcontracted AEREF prevention funding to two agencies along with County funding as a match. The Family Guidance Center (FGC) School-Based Program at the Warren Hills Regional School District, originally held the full AEREF prevention allotment in their Second Step Program, an evidence based prevention program. Due to the closure of in person instruction at the school in March 2020 from the Covid-19 pandemic, the nature of this program not accruing credits for the student's participating, and proposed changes from the NJ Department of Children and Families to the school-based programs, this program was at the point of closure in August 2020. However, with the reinstatement of the school-based program, the then-

Director was able to submit a proposal that met the prevention guidelines and was able to immediately implement it within the school to enthusiastic response from the high school students.

Therefore, in the fall of 2020, fifteen students in the Warren Hills Regional High School were recruited to be peer leaders for elementary and middle school students in the high school’s catchment area. While working with a Youth Development Specialist from the school-based program, the peer leaders were able to create and promote prevention education to the youth at those schools, utilizing evidence-based programs where available. For their first quarter report they were able to schedule programming at four schools, three elementary and one middle school. They also worked with a consultant and created a video to present in 2021 as a kickoff event to promote prevention education to the youth. The program expanded its outreach in 2021 and 2022 with the following chart outlining the peer participation and outreach impact to the elementary and middle schools in this school district:

Year	Number of Peer Leaders	Number of Student Participants (Elementary & Middle School)	Number of Prevention Awareness Events/Campaigns
2021	16	387	9
2022 (through 3 rd quarter)	45	42	4

Fig. 1. WHYPC Peer Leader Program, 2021-2022. (Gregor Thomas, 2022)

As you can see by the chart, there was a significant increase in peer leader participation between the two years. While the number of elementary and middle school students appears quite low in 2022, please note the second and third quarters for school-based programming is always light due to springtime events that effect planning and the summer break in which no programming occurs. The program director anticipates six additional events/campaigns will be held in the fourth quarter, increasing the above numbers, demonstrating the change in programming has impacted a far greater number of youth in this school district than the previous Second Step program (142 over a four year period).

An expansion for prevention education at the remaining school districts the Warren Hills program does not reach, is provided through Community Prevention Resources with AEREF and Municipal Alliance funding, allowing all county schools to have access to prevention education through State and County funding.

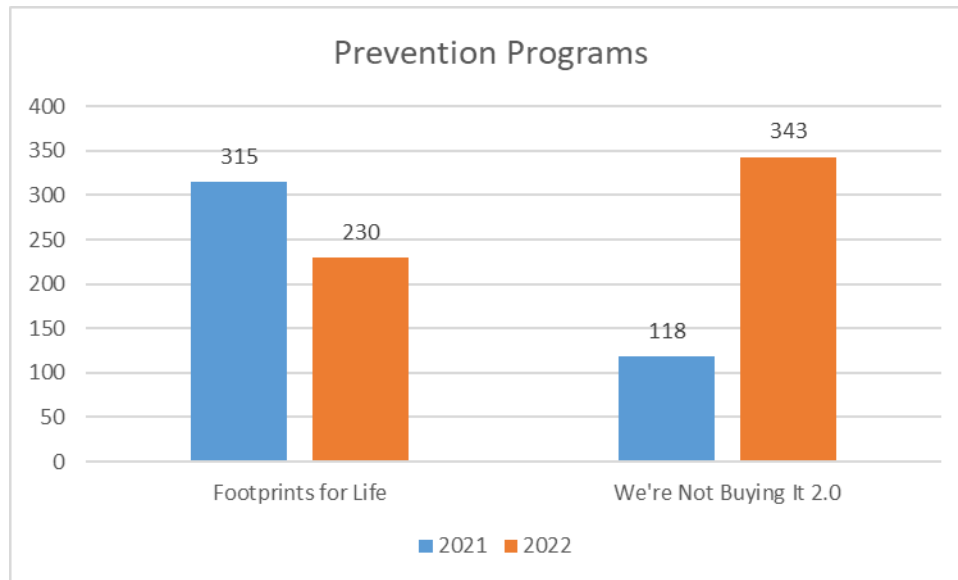


Fig. 2. Prevention programs in elementary & middle schools. (Mary Bermingham, 2022)

As evidenced in the chart above, between 2020 through 2022 school years (including the fall of the 2022-2023 school year), over 400 elementary students received the Footprints for Life and over 550 middle school students received We're Not Buying It 2.0, through Municipal Alliance (2020-2021 school year) and Chapter 51 (2021-2022) funding. Footprints is a six-week, classroom-based curriculum helping students in 2nd and 3rd grades build strong foundation of life skills based in key social competencies. These include planning and decision making, interpersonal skills, cultural competence, peer pressure and peaceful resolution, to promote positive attitudes and behaviors as they grow utilizing age appropriate methods. We're Not Buying It 2.0 is an evidence-based program geared toward middle school students to aid in developing media literacy skills. The program focuses on reducing substance use by learning how to deconstruct media messages that promote or glamorize use in order to help them make healthy choices. Both programs were provided to four schools, covering 45 total classrooms.

B. EARLY INTERVENTION

Law enforcement and Emergency Medical Service (EMS) personnel are often first to a scene of an overdose, and often express frustration when responding to the same individual repeatedly, creating stigma toward the individual and those who use drugs, particularly opiates. It also creates secondary trauma, also known as compassion fatigue, in the first responders when called to reverse overdoses in the same individuals time after time.

The goal for the 2020-2023 plan years was to increase first responders' ability to identify an individual with a substance use and/or mental health need and make a referral to an appropriate program within the community before an overdose, thereby reducing County overdoses and increasing the number of individuals linked to treatment. Utilizing the Screening, Brief Intervention, Referral to Treatment model, all County law enforcement and EMS departments were to be trained on how to quickly assess a person they interact with who is using drugs or who has overdosed and then refer them for an appropriate level of care.

Outcomes for this program were not as expected in that it was difficult to determine the full scope of individuals that may have utilized the referrals provided by the first responders.

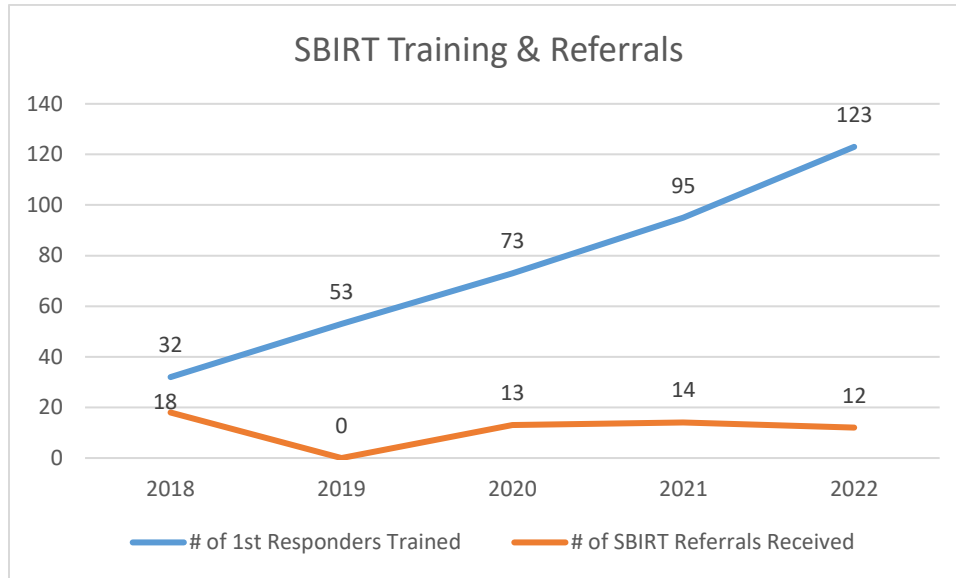


Fig. 3. Screening Brief Intervention Referral to Treatment impact. (Yvette Day, 2022)

As the above chart demonstrates, since the inception of the program in 2018, 123 law enforcement and EMS personnel were trained, yet the number of referrals for recovery supports at the agency remained about the same each year the program was in operation. The agency did not differentiate referrals from SBIRT and other sources in 2019; therefore, the data is not available for that year. However, the years of collected data cannot speak to all who may have contacted treatment providers following interactions with trained personnel because the agency providing the service is a recovery-based service and would not have had access to that data. Additionally, the agency providing the service would not have access to data at another recovery-based service if the person went elsewhere. While the achievement of the SBIRT program is challenging to determine, it has provided additional resources to the first responders interacting with individuals who use drugs with positive results, albeit limited to the information available through the provider agency.

In the meantime, other early intervention programs have emerged in the county through other funding sources and collaborations, in particular the Warren County Prosecutor's office. These programs include the Hope One Recovery van operated by Parent to Parent Addiction Services, bringing people straight to treatment through the Community Law Enforcement Addiction Recovery (C.L.E.A.R.) and Operation Helping Hand programs. In reviewing this objective and what other services are available in the county, the LACADA Planning Committee has recommended expanding the goal for early intervention to include additional programming that encompasses mentoring youth, trauma informed care, co-occurring mental health diagnoses, and caregiver training/education.

An additional goal in the 2020-2023 prevention planning was to further strengthen the knowledge and capacity for early intervention within law enforcement, EMS, school and medical personnel through the provision of Crisis Intervention Team (CIT) and Mental Health First Aid (MHFA) trainings on an annual basis, in collaboration with the Warren County Prosecutor's Office. The purpose of this goal was to build a team network of law enforcement and behavioral health professionals responding to individuals in crisis due to a mental health and/or substance use issue. This training aims to provide additional resources for law enforcement personnel to utilize in the field when interacting with someone in crisis, and increase their awareness of programs operating in the community as they respond to such crises. Mental Health First Aid

(MHFA) was to be offered at least once annually, as needed, to all community members interested in learning how to help someone with a mental illness and/or substance use disorder in crisis access available services.

Due to the Covid-19 pandemic and the interactive nature of the classes, CIT was offered in August 2022 for the first time since the fall of 2019. One to two classes are slated to run in 2023, and a core team continues to meet annually since this training began in the county in 2012. The annual meetings include a review of cases and discussion on collaboration and upcoming programs that can benefit the team. In comparison, MHFA was offered in a virtual format by the NJ Department of Human Services Division of Mental Health & Addiction Services through a SAMHSA grant, as well as by Centenary University through a grant from the Hackettstown Medical Center’s Community Advisory Board, several times during the pandemic. These training announcements were distributed widely through the Department’s extensive mailing lists and on social media platforms.

C. TREATMENT (Including Detoxification)

The goal for treatment services, including withdrawal management services (Detox), for the 2020-2024 plan was to ensure individuals in Warren County receive the appropriate level of treatment to address their substance use disorder, including all levels of care as outlined in the American Society of Addiction Medicine (ASAM) criteria. The Department has continued to meet this objective by contracting with providers who offer inpatient treatment for detox and short term residential, intensive outpatient, and outpatient services.

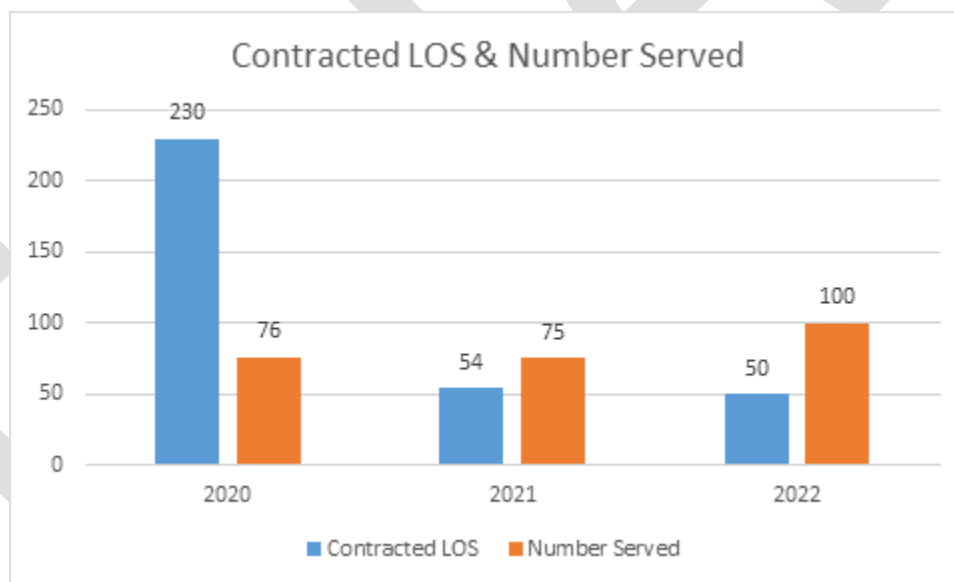


Fig. 4. Treatment Program Outcomes. (Heidi Herrick-Lynn, Jillian Ruballos, & Deidre Lonza, 2022)

The chart above represents the level of service (LOS) contracted providers had with the County since 2020, and the number of individuals served. An adjustment to the LOS was required in 2021 to better represent individuals utilizing funding from the county and the funding allocation available to the agency. Agencies continued to meet and exceed service levels for individuals who were uninsured or underinsured. This number will not reflect those individuals covered by Medicaid, Medicare or private insurance. These numbers represent individuals receiving withdrawal management (detox), short-term residential inpatient care (both adults and adolescents) including co-occurring mental health diagnoses, intensive outpatient, and outpatient treatment services.

D. RECOVERY SUPPORT SERVICES

The goal for the 2020-2024 Recovery Support Services was to increase the number of individuals with a substance use disorder obtain and sustain recovery through a strong, positive community support system that can help guide them through treatment, education and linkages to other wraparound support services. According to SAMHSA (Substance Abuse & Mental Health Services Administration, 2012), the recovery support principle is based on a person's ability to be in charge of their own recovery process, the hope that recovery is possible and that it involves not only themselves but also the strengths and responsibilities of their family and community. Addiction has a ripple effect that influences not only the individual but also the community in which they live, which is also true of the recovery aspect of their lives. With full support from their community, including family and friends, an individual can have opportunities for housing, employment and education to empower them to maintain recovery over time.

Recovery Support services available in Warren County include peer recovery support specialists, a recovery center, telephone and in-person recovery supports, weekly support groups, and a recovery house for men. All but the recovery center, funded through the Division of Mental Health & Addiction Services (DMHAS), receive funding utilizing AEREF or County dollars, and may also have other funding sources.

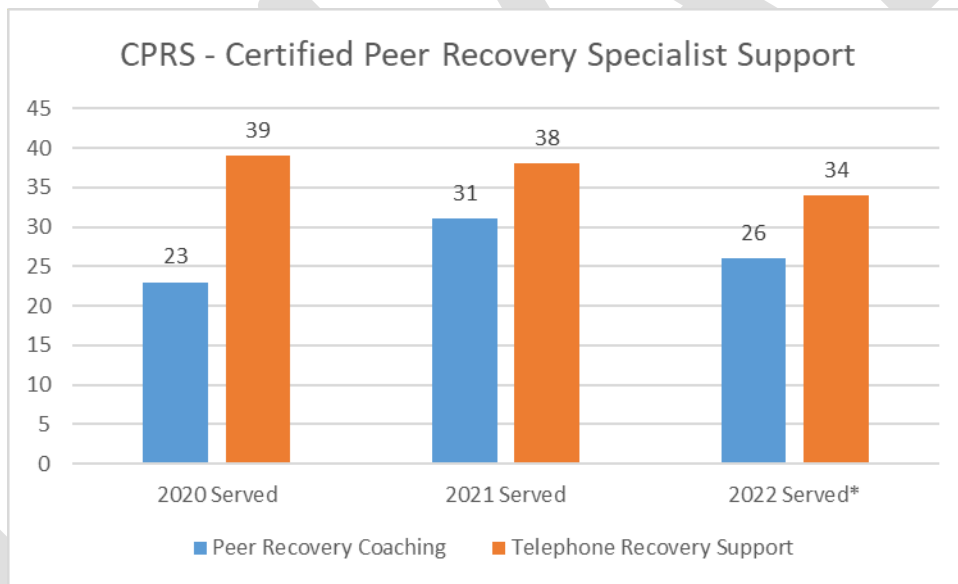


Fig. 5. Certified Peer Recovery Support Specialists outcomes. (Yvette Day, 2022)

*2022 data shown through to the end of the 3rd quarter. Quarter 4 data was not available at time of publication.

Community Prevention Resources of Warren County was awarded the contract for Certified Peer Recovery Specialists (CPRS), including Telephone Recovery Support through their collaboration with the Center for Addiction Recovery, Education & Success (CARES). As shown in the chart above, Community Prevention Resources has maintained contact with just under 40 individuals via telephone supports and near 30 in person visits since 2020. The numbers are based on levels of service determined by the funding amount received each year.

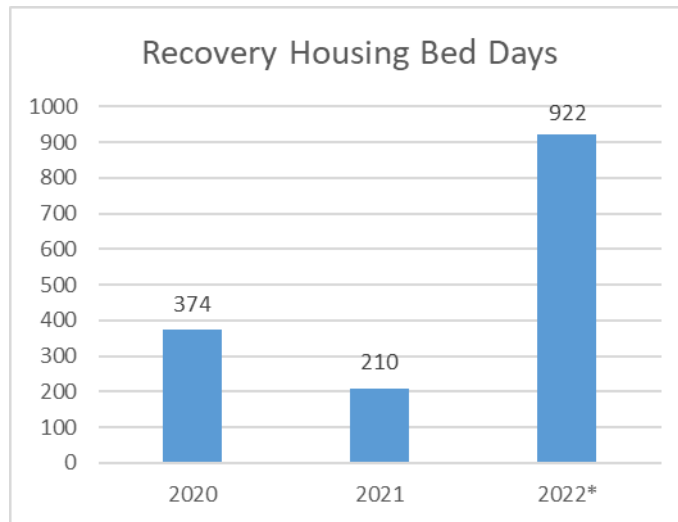


Fig. 6. Recovery House services outcomes. (Jillian Ruballos, 2022)
 *2022 data is through quarter 3. Quarter 4 data was not available at time of publication.

In 2020, Warren County funded an adult male recovery house through Freedom House, providing a sober living environment for men coming out of inpatient treatment needing a safe location to get back on their feet. Services include an independent or shared room, and case management services to assist with job training/placement connections, scheduling medical appointments, and other needs that may arise for a person newly in recovery. The first year of the grant was greatly affected by the Covid pandemic, as well as the cost of housing at that time. Freedom House at first attempted to rent a location, however the cost of a house or of repairs required to pass inspection through the Department of Community Affairs was prohibitive, and then the Covid pandemic further impacted the process. Therefore, upon the Department’s request, Freedom House was able to place Warren County residents in homes the agency had outside of the county for the first two years of the grant. The second year the agency purchased a location in Lopatcong, but due to necessary repairs and inspections, the house did not open until January 2022. In the first two years of the program, the agency was able to successfully house three individuals, increasing to nine in 2022. While the number of individuals is minimal, the length of time they remained housed post-discharge from inpatient units provided a long-term recovery option before moving into permanent housing.

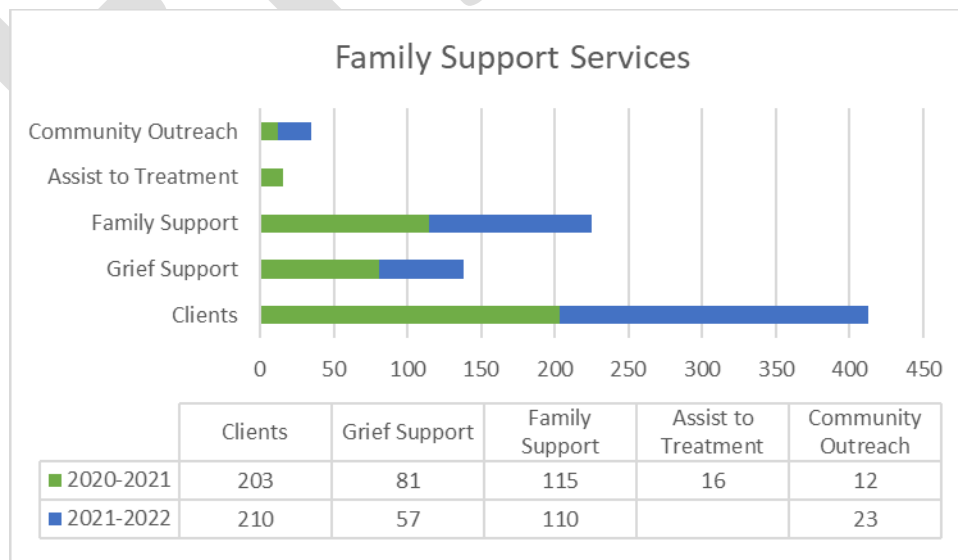


Fig. 7. Family Support Services outcomes. (Helen Carey, 2022)

For the 2021-2022 grant cycle, the agency received additional county funding for their Hope One Van that assisted to treatment.

The County received innovation grant funding from the NJ Division of Mental Health and Addiction Services (DMHAS) in 2020, in which Parent to Parent Addiction Services was awarded funds to provide family support services to families impacted by addiction. They were able to form a grief support group for families who lost a loved one to an overdose, as well as providing family support groups, connection to treatment for loved ones, individual education sessions for families as needed, and community outreach to provide education and resources about addiction services available to Warren County residents. This grant operated through to 2022 and the impact within the community can be seen in the chart above. They were able to provide services to over 500 clients in the two year period, across all levels of service including CPRS. Community outreach included trainings at high schools on Hidden in Plain Sight, Naloxone trainings with kit distribution, podcasts and event attendance in which they saw hundreds of residents to get the message out about local resources.

In addition to the services shown in the above chart, the agency was also able to provide Community Reinforcement and Family Training (CRAFT) to 9 family members over two 12-week sessions that ran in the last two quarters of the first award year, and in the second quarter of the second award year. CRAFT is an evidence-based intervention to assist family members in addressing addiction with their loved ones in a non-confrontational manner that has proven effective in aiding individuals into treatment. They also opened a Recovery Stop for the community to have a sober, social place to go for activities like All Recovery meetings, Coffee Chats and Qigong classes. The latter are mindful exercises meant to improve health outcomes for individuals with a chronic illness or physical disability.

ASSESSING THE NEEDS

In every mode of service, the Covid-19 pandemic has had a significant impact on every aspect of care. The mental health of the community, not only locally but globally, is at a crisis point. More people are seeking services, making it challenging for service providers to keep up with demand. Staffing shortages also impact agencies ability to meet demand. Additionally, there are many people that may not be seeking help, or sought it and were unable to access it, as evidenced by the rise in deaths of despair: overdose, alcohol-induced and suicide deaths. Therefore, the effects of the pandemic are already being felt and will continue to do so throughout this planning cycle.

A main challenge created by the pandemic was the ability to gather in groups, especially in 2020 in which this planning cycle began. It also shifted the focus from gathering data for planning purposes to striving to provide necessary services in a way that reduced the life-threatening nature of Covid-19 and those with a mental health crisis and/or substance use disorder. At the start of the public health emergency, direction was unclear or confusing on best practices, and there was not a lot of consistency in the way agencies responded county and statewide. However, for those providers contracted through the NJ Division of Mental Health & Addiction Services, which includes the majority of Warren County providers discussed in this plan, all were required to provide a Continuity of Operations Plan (COOP) due to the fact treatment providers are considered emergency-based need services. Additionally, throughout the pandemic, all treatment providers funded through Chapter 51 and County dollars continued to function and provide services to the community. Many were able to alter their practices in order to offer telehealth services, with all continuing to provide in-person services for outpatient and inpatient care. The County, through the LACADA, MHB, OFRT, Community Health Improvement Committee (CHIC) and other advisory committees, was able to convene focus groups and key informant interviews to assess the needs of the community.

A. PREVENTION

The County anticipates many changes in the coming years that will affect funding allocations and priorities within the community. With cannabis legalization going into effect at the state level, it is already having an impact on youths' perception toward perceived risks of cannabis, and potentially other drugs and alcohol as well. The use of vaping is high within our communities' schools and this is further compounded with the ability of youth to access illegal substances to smoke within the devices.

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

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

Based on the 2021 Middle School Survey (Center for Research and Evaluation on Education and Human Services, 2021), Warren County's protective factors are similar to the state average, with Warren County's risk factors higher than the state average. Some protective factors included interaction with prosocial peers and prosocial involvement. Some risk factors included low neighborhood attachment, community transitions and mobility, and perceived availability of drugs. However, despite these ratios, the County's rate of alcohol use and un-prescribed medications were the 4th and 3rd highest rates when compared to all other NJ counties.

Stigma, defined in this context as a mark of disgrace associated with addiction or mental illness, also plays a strong role in keeping families and schools from referring youth for treatment for substance use and mental health issues, therefore prolonging the point in which they receive needed services. Use of substances to the point of addiction involves negative consequences that can include juvenile arrests, unstable families and poor physical health outcomes. In the 2021-2022 Warren County PRIDE Survey, 10th grade students reported a higher rate of illicit substance use, easy access to prescription opioid pain killers, lower report of harmfulness of nicotine and lower parental disapproval of alcohol and marijuana use specifically for this grade level. (International Survey Associates, LLC, 2022) As shown in the chart below, they also reported a significantly higher rate of suicidal ideation than the 9th and 11th grade students. Suicide risk is correlated with substance use because it often reduces a person's inhibitions to protect oneself from harm.

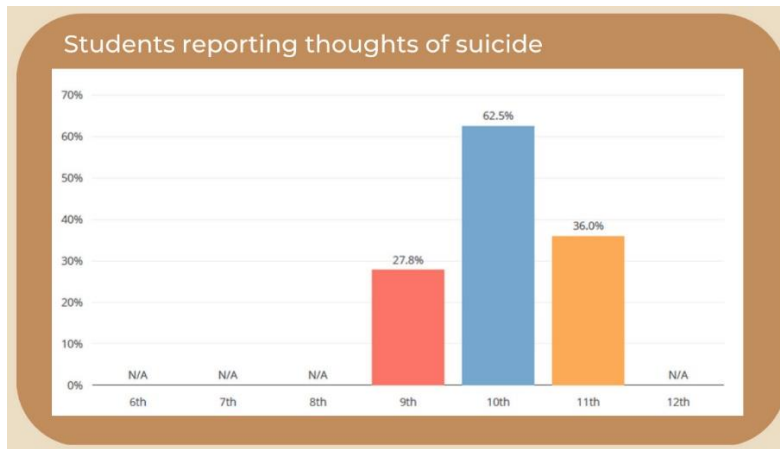


Fig. 8. Pride Survey suicide risk. (International Survey Associates, LLC, 2022)

In early 2022, the Warren County Health & Wellness Field Day Committee, a group comprised of the Warren County Prosecutor’s Office, Warren County Department of Human Services, a majority of local youth service and treatment providers, and community volunteers, sent out a survey to all middle and high school students to provide feedback in preparation for the year’s field day event, the third year the event ran (second in-person). The Prosecutor’s office received a grant from the NJ Attorney General’s Office in an effort to bolster positive youth engagement with law enforcement that was utilized to host this annual event at a local high school, in which all county middle and high school youth were invited to attend. In order to assess the students’ mental wellness, two questions were asked with a pre-Covid and a post-Covid response: Did you ever feel alone or isolated for 2 or more weeks in a row, and did you ever feel so sad or hopeless almost every day for 2 weeks or more in a row that you stopped your usual activities. A total of 657 Warren County students in 7th through 12th grade completed the survey. As demonstrated in the charts below, Covid-19 had a profound effect on students overall mental wellness.

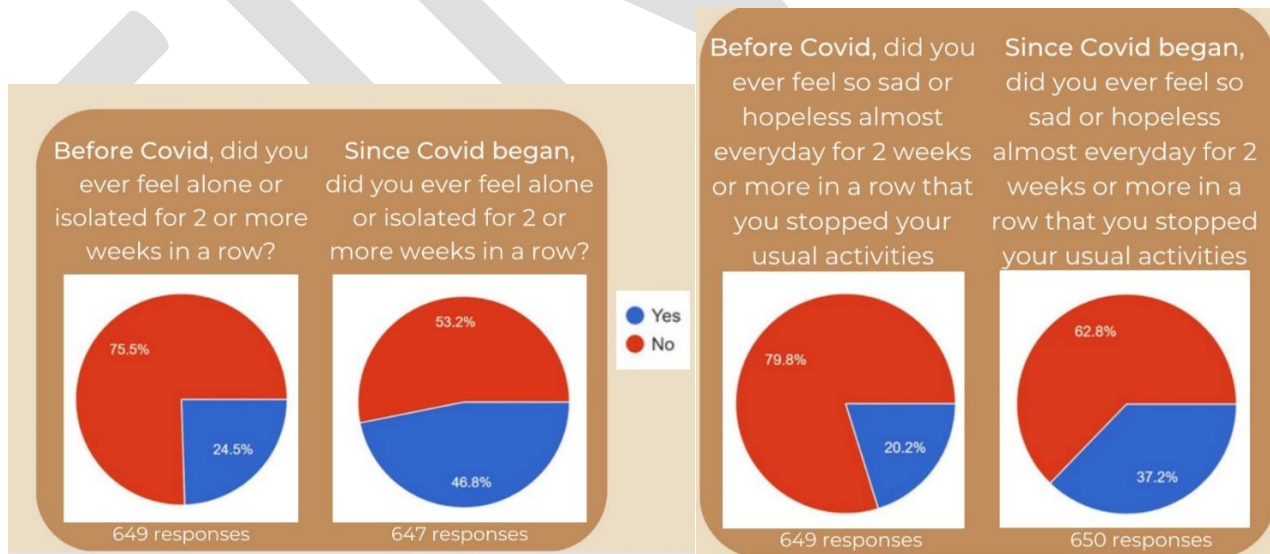


Fig. 9. Risk of depression & suicidality among middle & high school students pre- & post-Covid. (Kelly Shelton, 2022)

A little less than half of all students completing the survey identified as white not Hispanic or Latino (45%), 17% Hispanic or Latino, 10% Black or African American, 4% Multiracial, 7% other, 3% Asian or Pacific Islander, 1% Native American or Alaskan Native and 14% chose not to answer.

Students responding to the survey reported almost two times increase of feeling symptoms associated with major depressive disorder since the pandemic began. There was still a significant number, almost a quarter for each question in which students reported feeling this way prior to the start of the pandemic. Both are risk factors for increased substance use.

According to the New Jersey Violent Death Reporting System (NJVDRS) report from September 2018, Warren County is also reported to have the highest rates of suicide attempts for youth ages 10-24, per capita (NJVDRS, NJDOH Suicide Prevention Conference, September 2018). Additionally, data in Substance Abuse and Mental Health Services Administration (SAMHSA), there is a high correlation to substance use and suicide.

The goal for Warren County prevention services is to build resiliency in youth by developing positive coping skills, say no to drugs and risky behavior, and be less likely to make poor decisions that will negatively impact their health, safety and wellbeing; including suicide prevention. Programs are geared to target elementary and middle school-age children in preparing them to navigate adolescence with communication, coping and decision-making skills that help them to make good choices and avoid pitfalls such as peer pressure and substance misuse. In addition, providing Adverse Childhood Experiences (ACEs) training to school personnel and other trusted adults to help bolster resiliency building in youth that have experienced a trauma, such as death of a parent due to an overdose, use of substances in the home, domestic violence, etc.

B. EARLY INTERVENTION

Warren County established an Overdose Fatality Review Team (OFRT) through the Warren County Health Department in 2020 that was funded by a grant from the NJ Department of Health. “The purpose of this team is to establish a multidisciplinary team to review social determinants of health and risk factors that cause or are correlated with the fatal overdoses by examining a decedent’s life cycle.” (Harris, 2022) The team is also responsible for developing strategies, programs and policy recommendations with the goal of preventing and intervening with overdoses or individuals at high risk of overdose. Through the OFRT, key informant interviews, and focus group discussions, the largest barrier to treatment for Warren County residents is knowledge of where to go for services, whether for youth or adults seeking treatment. There are a variety of reasons given for lack of knowledge, primarily stigma, concern about cost, distance from home and/or work to get to treatment, and hours of available services. The struggle parents have for their children showing evidence of substance use, is lack of knowledge of area resources, limited assistance from their school system, and being unsure if their child’s use is at a level requiring treatment.

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

It is documented that the highest risk time for an individual to overdose again is after a prior overdose. The administration of Naloxone should be part of an overdose early intervention program. LE, EMS and family members are often the first responders at an overdose. Expanding SBIRT training to primary care physicians’ offices and school personnel, along with LE and EMS, gives them additional opportunities to provide early intervention to the individual who has overdosed, and to those showing signs of early substance use.

Due to challenges with tracking the effects of SBIRT on the overall linkage to services, additional programming that encompasses mentoring youth, trauma informed care, co-occurring mental health diagnoses, and caregiver training/education is also recommended. Additionally, utilizing harm reduction methods to engage

with individuals who use drugs in a safe, non-judgmental setting “is effective in addressing the public health epidemic involving substance use as well as infectious disease and other harms associated with drug use,” according to SAMHSA (Administration, 2022). Specifically, these methods can provide overdose education, direct linkage to treatment providers, reduce infectious diseases and overdose deaths, along with a variety of other services and resources to better engage individuals with a substance use disorder.

Crisis Intervention Team (CIT) training, Question, Persuade, Refer (QPR) (a suicide prevention training) and Mental Health First Aid (MHFA) provide further awareness of available resources for mental health and substance use services to first responders, school professionals and medical personnel. Providing these trainings also offers an opportunity for professionals in these entities to build collaborative relationships, strengthening the community’s ability to support those most in need of services.

C. TREATMENT (Including Detoxification)

Warren County has a scarcity of addiction services providers for individuals regardless of income or insurance status, particularly inpatient and recovery housing services. The majority of inpatient providers are located far outside the boundaries of the county, including withdrawal management, short-term and long-term residential stays, halfway houses and licensed sober living environments. For individuals who require a higher level of care than outpatient treatment, they must travel far from their families and places of employment to access help. Often this leads to discontinuing of treatment against medical advice, before they are ready to embrace full recovery, due to obligations at home, whether real or perceived. This puts a burden on the individual interested in recovery, their support system and community as a whole. These individuals are at higher risk for overdose due to their start of treatment and reduction of use, which can lead to higher incidences of first responder calls and ED use, further burdening an already burdened system.

One of the biggest challenges in Warren County is being able to provide services to all those seeking help at the time they need it. According to the 2021 Statewide Substance Abuse Overview from the NJ Department of Human Services Division of Mental Health and Addiction Services (DMHAS), Warren County has a 76.7% unmet demand, meaning only a quarter of the individuals seeking treatment are able to access it (Office of Planning, 2021). The county has one inpatient treatment provider that has traditionally been accessible only by those who can self-pay or with private insurance. While that is soon slated to change, it is still currently unavailable to a large population in the county in need of treatment.

Two other major challenges faced by those seeking treatment are the stigma associated with substance use disorder and the lack of knowledge of available services by the general public. The Warren County Board of County Commissioners and Department of Human Services is making strides at increasing awareness of what services are available in the county through the many advisory councils, social media posts, email blasts, as well as increasing presence at community events to share resource information. Additionally, the Department facilitates the County Stigma Free Committee, providing an opportunity to engage communities in increasing overall understanding of the disease of mental illness and substance use disorder, sharing their experiences through events and webinars, and acting as technical assistance for those municipalities that have created their own task force to start the conversation on the local level.

D. RECOVERY SUPPORT SERVICES

According to SAMHSA (Substance Abuse & Mental Health Services Administration, 2012), the recovery support principle is based on a person's ability to be in charge of their own recovery process, the hope that recovery is possible and that it involves not only themselves but also the strengths and responsibilities of their family and community. Addiction has a ripple effect that influences not only the individual but also the community in which they live, which is also true of the recovery aspect of their lives. With full support from their community, including family and friends, an individual can have opportunities for housing, employment and education to empower them to maintain recovery over time.

According to SAMHSA (Substance Abuse & Mental Health Services Administration, 2012), recovery is a process in which an individual needs the support of their family, friends and community. Peer supports for the family system is a beneficial component in the recovery process for someone with a substance use disorder. Certified Recovery Support Specialists (CPRS) are individuals who have lived experience with substance use disorder who can help guide individuals toward appropriate levels of care, support them through the process and encourage them to continue even as they face setbacks and challenges. This can also be true for family support specialists who have lived with a loved one that experienced a substance use disorder, as they will have the perspective of what worked best and what did not, in helping others through the system of care. Recovery supports include, but are not limited to, CPRS staff providing telephone and in-person supports, sober social activities, and recovery housing with case management services.

Affordable housing is a barrier for individuals returning to their community, where they may already have a support system in their family and/or employment that can have a detrimental impact to their recovery. Key informant interviews and focus group discussions identified returning to the community where the addiction started as a relapse risk. Oftentimes, in returning to their home can provide easy access from suppliers to re-engage the individual in use, and/or be a triggering environment due to others in the household continuing to use or other trauma in the home that is non-conducive to continued recovery. The 2022 OFRT Annual Report found just under 17% of individuals who died by an accidental overdose had unstable housing and more than half had a housing situation that was unknown, meaning it was unclear if they had been visiting the residence at which they passed away or were homeless at the time of death. (Harris, 2022) Therefore, having access to alternative, affordable housing linked to recovery supports may help to promote continued recovery without having to move far from a healthy support system (such as close family members supportive of their recovery journey).

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

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

LOOKING FORWARD: THE 2024 TO 2027 CCP PLAN

A. PREVENTION

As evidenced by the Health & Wellness Field Day survey results and Pride Survey, the levels of depression, anxiety and suicidal ideation are elevated for a many of Warren County youth, especially post-pandemic (Kelly Shelton, 2022) (International Survey Associates, LLC, 2022). This trend is being seen across the state and nation, as reported in the U.S. Surgeon General's Advisory, Protecting Youth Mental Health (Murthy, 2021). In this report, Dr. Murthy notes pre-pandemic "mental health challenges were the leading cause of disability and poor life outcomes" for youth ages 3-17. He cites a recent study that showed rates of depressive and anxiety symptoms in youth doubled during the pandemic. The local surveys completed with county youth along with data from county emergency departments, mirror these findings. Taking into consideration the concerns for youth mental wellness and their reports of lowered perception of the danger to legal substances, specifically alcohol & cannabis, increasing awareness of substance use risk to their developing bodies, dependence risk and affect to their mental health are critical in reducing the number of youth who start using substances.

The goal for Warren County prevention services is to build resiliency in youth by developing positive coping skills, say no to drugs and risky behavior, and be less likely to make poor decisions that will negatively impact their health, safety and wellbeing; including suicide prevention. Programs will be provided to target elementary and middle school-age children in preparing them to navigate adolescence with communication, coping and decision-making skills that help them to make healthy choices and avoid pitfalls such as peer pressure and substance use. In addition, providing Adverse Childhood Experiences (ACEs) training to school personnel and other trusted adults to help bolster resiliency building in youth that have experienced a trauma, such as death of a parent due to an overdose, use of substances in the home, domestic violence, etc. Expanding stigma free initiatives in schools and local communities will help increase knowledge of local resources for mental health and substance use treatment, as well as encourage conversations about the importance of mental well-being for overall health.

B. EARLY INTERVENTION

Through the OFRT, key informant interviews, and focus group discussions, the largest barrier to treatment for Warren County residents is knowledge of where to go for services, whether for youth or adults seeking treatment. There are a variety of reasons given for lack of knowledge, primarily stigma, concern about cost, distance from home and/or work to get to treatment, and hours of available services. The struggle parents have for their children showing evidence of substance use, is lack of knowledge of area resources, limited assistance from their school system, and being unsure if their child's use is at a level requiring treatment. One key informant stated "there is a mindset that 'it's not alcoholism until you graduate college' which prevents people who seriously need help from searching for it."

Moving forward, Warren County plans to expand training and educational opportunities about addiction, the effects of different substances to the developing brain and how continued use can impact our physical reaction to the substance(s), and about available resources. These trainings will include, but not be limited to, SBIRT, CIT, MHFA, trauma-informed care, and harm reduction, particularly geared toward pharmacists, medical personnel, school personnel, and other community members as appropriate.

C. TREATMENT (Including Detoxification)

Access to treatment remains a major hurdle in the county for individuals who are seeking help. This is partly due to the stigma individuals with a substance use disorder face, both internally and externally, as well as due to challenges with transportation to treatment, concerns about cost, and time programs are open for treatment.

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

Additionally, notice of available services and information about addiction will continue to be provided through the Department's advisory councils, Stigma Free Initiative, and in collaboration with State efforts such as NJ REACH and Naloxone distribution campaign.

D. RECOVERY SUPPORT SERVICES

The County will ensure availability of a variety of peer recovery support services to meet the needs of the community thus reducing the number of individuals relapsing and needing further treatment, including CPRS supports for both individuals and family members effected by addiction, and recovery housing. We would also like to research the opportunity of offering sober social activities and health services, such as nutrition-based programs geared toward recovery services based on the Brain-Gut Connection. Research has been found to show the "leaky gut syndrome," in which bacteria in the gut effects physical and mental health, can play a part in relapse and poor mental health. (Maureen Schwehr, 2022) Exploring options to offer nutrition-based programs to promote relapse prevention is part of the Department's 2024-2027 plan.

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

SECTION THREE: THE 2024-2027 COUNTY COMPREHENSIVE PLAN

A. VISION

Warren County envisions a future for all residents facing the chronic disease of substance use disorder 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 use disorder in the local environment, meets the clinical treatment needs of the county's residents, and reduces the frequency and severity of disease relapse.

B. PLANNING PROCESS

1. Indicate the source and kind of data that was used in conducting the county needs assessment. (Please **CIRCLE** or **HIGHLIGHT** your answers)

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

13. RECOVERY COMMUNITY	YES	NO	YES	NO
------------------------	-----	----	-----	----

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

With the advent of the Covid-19 pandemic at the start of this planning cycle, efforts to engage public input were greatly impeded. Without the ability to meet in person for over a year, meetings and presentations were held virtually. In a rural county in which access to internet is not evenly available throughout each municipality, participation was significantly reduced from pre-pandemic levels. For those individuals that prefer in person to the virtual platforms, membership on advisory councils was effected. Even with a slow reopening of meetings and events in early 2021, many community members were still cautious about gathering in group settings. As of 2022, all the advisory committees meet in a hybrid format in which an in-person location and a virtual meeting link are provided for members and guests to participate at their own comfort level.

Despite the challenges, advisory councils did continue to meet throughout the pandemic, virtually at the beginning and then in a hybrid model in which in-person and virtual options were offered. This allowed for public participation and discussion among members on trends and gaps in services that have continued and/or been exacerbated throughout the pandemic. Additionally, data was recorded from key informant interviews with providers and community members knowledgeable about the challenges in seeking treatment within the county, via phone calls and in person interactions at local events and meetings.

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

1. Members of the County Board of Commissioners	YES	NO
2. County Executive (If not applicable leave blank)	YES	NO
3. County Department Heads	YES	NO
4. County Department Representatives or Staffs	YES	NO
5. LACADA Representatives	YES	NO
6. PACADA Representatives	YES	NO
7. CASS Representatives	YES	NO
8. County Mental Health Boards	YES	NO
9. County Mental Health Administrators	YES	NO
10. Children System of Care Representatives	YES	NO

11. Youth Services Commissions	YES	NO
12. County Interagency Coordinating Committee	YES	NO
13. Regional Prevention Coalition Representatives	YES	NO
14. Municipal Alliances Representatives	YES	NO
15. Other community groups or institutions	YES	NO
16. General Public	YES	NO

4. Briefly evaluate your community outreach experience over the last three years of preparing your 2024-2027 CCP. What role did the LACADA play in the community participation campaign? What approaches worked well, less than well, or not at all to generate community participation and a balance of “interests” among the participants?

In preparation for the 2024-2027 CCP, Warren County has engaged in community outreach over the past three years to encourage participation in an accurate and representative plan for the County, despite the Covid-19 pandemic creating barriers for engagement. Warren County has utilized LACADA, Mental Health Board, PACADA, PAC, OFRT, Municipal Alliance, Stigma Free Committee, County Interagency Coordinating Council (CIACC) and Human Services Advisory Council (HSAC) involvement. Information gathered at these advisory council meetings, focus groups and committee recommendations are shared with the state and other key stakeholders. The LACADA committee has been involved with the site review report process, Chapter 51 budget allocation conversations and the County Competitive Contract process. Participation in online webinars, virtual and in person conferences and other community events has allowed the County to reach community members in various environments. Events include the Warren County Senior Expo at the Fair, joint meetings with the Mental Health Board (MHB) and LACADA, Overdose Awareness events, and municipal community days. Ongoing outreach for committee membership encourages community members to become involved in learning how to advocate for their community.

Warren County notifies community members of events, trainings, services and support groups in their area at meetings, via emails utilizing extensive email lists and by posting on social media. County staff also attended outside committees, conferences and events to gain perspectives that can make an impact within the County, as well as collaborating with stakeholders in neighboring Counties to share community outreach experiences and successes. This collaboration has given a better understanding of the similarities between the local communities and the best practices available to use within Warren.

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

1. Countywide Town Hall Meeting	YES	NO	1	2	3	4	5
2. Within-County Regional Town Hall Meeting	YES	NO	1	2	3	4	5

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

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

In early 2022, the Warren County Health & Wellness Field Day (HWFD) Committee, a group comprised of the Warren County Prosecutor’s Office, Warren County Department of Human Services, a majority of local youth service and treatment providers, and community volunteers, sent out a survey to all middle and high school students to provide feedback in preparation for the year’s field day event, the third year the event ran (second in-person). The Prosecutor’s office received a grant from the NJ Attorney General’s Office in an effort to bolster positive youth engagement with law enforcement that was utilized to host this annual event at a local high school, in which all county middle and high school youth were invited to attend. The event is meant to bring together county youth for a fun-filled event where providers share activities and tools they can take home to use as coping mechanisms during times of stress or anxiety. Due to the grant opportunity, the committee developed a short survey to assess the overall mental health needs of the youth and what types of activities they would be interested in seeing at the event.

As shown in the Assessment of Needs section above, students mental health has been significantly impacted by the Covid-19 pandemic and the public health response to combating it (Kelly Shelton, 2022). Activities the youth wanted to see at the event included painting, pottery, woodworking, and a variety of other interactive activities the committee was able to provide for two events held in 2022 for county youth.

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?

As previously mentioned, the Covid-19 pandemic created a significant barrier to gathering community feedback and input. Much of the information gathered over this time period was via online survey or meetings, a format that provides limited feedback for a robust assessment. As we move out of the pandemic mindset and limited local engagement, a focus moving forward will be to engage the community in dialogue through in-person events, as well as continuing to use online surveys, focus groups and key informant interviews.

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

<p>a. Offenders – Our County Prosecutor is invested in the work of the Coalition for Healthy & Safe Communities, and has committed staff and resources to sit on both our LACADA and CASS. The Warren County Correctional Facility received grant funding to provide medication for inmates with Opioid Use Disorder (MOUD), and has agreements with agencies to provide recovery supports and education for eligible inmates. The Covid-19 pandemic greatly impacted the facility in allowing outside agencies access to inmates prior to discharge, therefore there is anticipation of a higher need for treatment and recovery supports as inmates are discharged into the community.</p>
<p>b. Intoxicated Drivers - Staff reviewed Intoxicated Driver Resource Center (IDRC) reports and spoke with the County designated IDRC Program Director to discuss trends in utilization as well as gaps in the services.</p>
<p>c. Women – two local providers have been awarded funds to serve pregnant and parenting mothers with a Substance Use Disorder. Both agencies are actively engaged with the Department through the LACADA and PACADA, in providing and gathering information to better serve this population.</p>
<p>d. Youth - The County Mental Health Administrator and County Juvenile Justice Coordinator/Children’s Services Coordinator are actively involved in the planning process. We recognize that the treatment of youth behavioral health and substance use are being managed by a separate entity; however, for some of the youth they are only less than 12 months away from entering the adult system. A survey was also conducted in preparation for the 2022 Health & Wellness Field Day that asked about the mental wellness and substance use of middle and high schools students that demonstrated a higher need for services due to the effects of the Covid-19 pandemic.</p>
<p>e. Disabled - We continue to work closely with the Warren County Department of Human Services, Division of Aging and Disability Services to identify needs of this population. On treatment provider site visits we do monitor a programs’ accessibility and their ability to treat individuals with disabilities.</p>
<p>f. Workforce – According to the NJ Substance Abuse Monitoring System (NJSAMS), the majority of those seeking treatment are unemployed or not in the labor force, with Medicaid as their primary insurer, the top payor for treatment in the County. We will continue to work with the Warren County Department of Human Services, Division of Temporary Assistance & Social Services and other local providers to better serve this population.</p>
<p>g. Seniors - We continue to work closely with the Warren County Department of Human Services, Division of Aging and Disability Services to identify needs of this population, specifically with ADRC Connection for seniors and disabled community residents. Several of our Municipal Alliances offer prescription drug awareness programs, as does the Division of Aging and Disability Services. This population has been identified as a growing population in the misuse of prescription drugs and will be monitored. As such, this is an area the County would like to spend more time on in the coming years to determine the gaps in services and how to best bridge them to better serve this population.</p>

h. Co-occurring – The County Addiction Coordinator also holds the role of County Mental Health Administrator and is integral in the county planning process. Additionally, we have had representation from Family Guidance Center of Warren County, our Outpatient Mental Health and Substance Use Treatment agency who has contributed to the plan. Warren County created an Integrated Behavioral Health program through the County Competitive Process with Atlantic Health System in 2018 that continues to successfully meet its levels of service. We also sought input from the LACADA, Mental Health Board and the Systems Review Committee, and we will continue to collaborate with providers to gain information on how best services should be offered for this population.

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

Warren County's planning process does assist in building a collaborative relationship between many partners, including: Warren County Health Department, law enforcement, community members, and local and professional advisory committees. The NJCADAD (County Alcohol and Drug Addiction Directors) meetings have continued to be held on a monthly basis virtually throughout the past two years, and in person at the state offices prior to that. The discussion among the Directors is on how to best serve our county residents in innovative ways that responds to the needs seen at the local level. County and statewide coalitions and public policy events allowed educational opportunities and connection to a variety of resources that benefited Warren County.

In working closely with the Health Department, the County established an Overdose Fatality Review Team (OFRT) in 2020. The purpose of the OFRT, a multidisciplinary team that reviews social determinants of health and risk factors that cause or are correlated with fatal overdoses, and develops strategies, programs and policy recommendations to prevent and intervene with individuals at high risk of overdose. The goal of the Warren County OFRT is to reduce fatal or near fatal overdoses in the county. (Harris, 2022)

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

C. PREVENTION AND EARLY INTERVENTION

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

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

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

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

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

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

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

Examples of the Prevention programs sponsored by our Alliances from 2021-2022 include:

- Senior Wellness Education Programs
- After-school activities such as theatrical arts, wellness, and mentoring programs for at-risk youth
- Prevention Education Programs such as Footprints for Life and Forest Friends
- Red Ribbon Week activities
- Above the Influence Clubs

- TREP\$ (enTREPpreneur\$) Club
- Education and community substance abuse awareness through local community-based activities
- Peer Leadership/Mentoring Programs
- LEAD (Law Enforcement Against Drugs) Programs
- Intergenerational Programs
- Lindsay Meyer Teen Institute through Partners in Prevention

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

FINAL

D. LOGIC MODEL NARRATIVES

THE PREVENTION LOGIC MODEL NARRATIVE

Need Capacity Gap

Based on the 2021 Middle School Survey (Center for Research and Evaluation on Education and Human Services, 2021), Warren County's protective factors are similar to the state average, with Warren County's risk factors higher than the state average. Some protective factors included interaction with prosocial peers and prosocial involvement. Some risk factors included low neighborhood attachment, community transitions and mobility, and perceived availability of drugs. However, despite these ratios, the County's rate of alcohol use and un-prescribed medications were the 4th and 3rd highest rates when compared to all other NJ counties.

Low perception of harm has led to increased use of substances by youth that can result in community problems such as criminal activity and negative health consequences, including overdose deaths. By providing prevention education, youth can increase their knowledge about risk factors and change behaviors accordingly. This increased knowledge can strengthen resiliency to say no in an environment with such a high prevalence of abuse.

Social Costs/Community Problems

Warren County has one of the highest rates of youth suicide attempts in the State (NJ Department of Children & Families, 2017). According to the New Jersey State Health Assessment Data (NJ Department of Health, 2020-2021), New Jersey's rate is 7.1 per 100,000 residents. In comparison to Warren County, a county with just over 100,000 residents and therefore the data is not enough to provide a per capita data set, had 14 suicide deaths in 2020 and 11 in 2021. According to SAMHSA (Substance Abuse and Mental Health Services Administration, 2015) there is a high correlation between substance use and suicide. Stigma also plays a strong role in keeping families and schools from referring youth for treatment for substance use and mental health issues. If youth are not referred to treatment, whether due to stigma or low perception of harm, substance use in youth can lead to criminal activity and negative health consequences, including overdose deaths or motor vehicle accidents resulting in death.

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

Quantitative and Qualitative Evidence

The Health & Wellness Field Day Committee Survey was distributed to all Warren County schools for all students in middle and high school to complete. Over 600 students in grades 7th through 12th responded, indicating almost a quarter pre-Covid felt sad or hopeless for two or more weeks in a row, to the point of stopping their normal activities; this number jumped to 37% post-Covid (Kelly Shelton, 2022). For the question of whether the students felt alone or isolated for two or more weeks in a row, almost a quarter

responded in the affirmative before the Covid pandemic started, and this number increased to 47%. This is a large number of students with symptoms associated with Major Depressive Disorder. Additionally, the results from the 2021-2022 PRIDE survey showed an increase of illicit drug use and suicidal ideation in 10th grade students (International Survey Associates, LLC, 2022). Without the proper skills and resources to support their need for positive interaction, peer pressure and a low perception of harm can lead to substance use at a young age.

Goal

The goal for Warren County prevention services is to build resiliency in youth to build positive coping skills, say no to drugs and risky behavior, and be less likely to make poor decisions that will negatively impact their health, safety and wellbeing. Programs are geared to target elementary and middle school-age children in preparing them to navigate adolescence with communication, coping and decision-making skills that help them to make good choices and avoid pitfalls such as peer pressure and substance misuse.

While it is difficult to measure the impact prevention programs have on future substance misuse among youth, data collected for this program can be improved to look at correlating factors between youth substance use, known risk factors such as absenteeism, aggressive behavior in school and the long-term resiliency of youth abstinence through exposure to evidence-based educational programs. Following the youth from elementary school through high school may be a way to determine the benefits of the program.

Protective factors against alcohol and drug use will be increased through education, identification and implementation. Ideally, the County would like to see a multitude of prevention programs expanded to all county elementary, middle and high schools over the next few years, as funding allows.

Objectives

2024

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

2025

The County will review outcome of 2024 Q1 and Q2 Quarterly Contract Performance Reports (QCPRs) to determine effectiveness of the funded initiative and will assess if the prevention education goals are effectively being met.

2026

Evaluate effectiveness of targeted interventions offered in 2025 and repeat and/or revise the programs offered based on needs assessment.

2027

Evaluate effectiveness of targeted interventions offered in 2026 and repeat and/or revise the programs offered based on needs assessment.

Strategies

The County will fund a program (or programs) that will reach all elementary and middle school students about the risk factors for Substance Use Disorder.

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

Annual Cost

We anticipate funding the program at a minimum of \$19,711, based on available funds and the State Prevention Education Reserve set aside requirement.

Annual Outputs

We anticipate funding for a minimum of 1,700 students.

Annual Outcomes/Community Benefits

Youth will gain knowledge of risks associated with negative coping skills such as substance use, increase knowledge of healthy coping strategies and supportive resources, and develop more critical attitudes toward substance use. This will be accomplished through a combination of utilizing evidence-based programs in elementary & middle schools and through peer-led presentations by high school students, that include but are not limited to stress management, goal setting, safe use of prescription and over the counter drugs, and the effects of a variety of substances (nicotine use, alcohol, marijuana, etc.). The peer program will also provide the high school students an opportunity to build a set of 12 core competencies such as assessing audience needs, public speaking, developing effective power points and other forms of educational media, researching content for presentations or media campaigns, and more, with the goal of demonstrating proficiency in at least 10 of the 12 by all peer prevention program providers (high school students).

Participating Partners

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

THE EARLY INTERVENTION LOGIC MODEL NARRATIVES

Need Capacity Gap

Through the OFRT, key informant interviews, and focus group discussions, the largest barrier to treatment for Warren County residents is knowledge of where to go for services, whether for youth or adults seeking treatment. There are a variety of reasons given for lack of knowledge, primarily stigma, concern about cost, distance from home and/or work to get to treatment, and hours of available services. The struggle parents have for their children showing evidence of substance use, is lack of knowledge of area resources, limited assistance from their school system, and being unsure if their child's use is at a level requiring treatment. One

key informant stated “there is a mindset that ‘it’s not alcoholism until you graduate college’ which prevents people who seriously need help from searching for it.”

Social Costs/Community Problems

Warren County Law Enforcement (LE), Emergency Medical Services (EMS) personnel, school personnel, medical providers and the aging population may have limited knowledge how to respond to early intervention. They are not traditionally trained on assessing an individual on their levels of intoxication or withdrawal symptoms, therefore prohibiting the intervention process to progress. They often feel frustrated and helpless at responding to the same individuals repeatedly to provide Naloxone, which frequently leads to stigmatizing the individual with a substance use disorder. Increased calls to the same households for the same individuals also decreases the number of emergency personnel able to respond to other medical emergencies in the same communities.

Quantitative/Qualitative Evidence

Warren County had 1,702 unduplicated treatment admissions from January 2021-June 29, 2022, with a total of 2,678 admissions overall, meaning of the overall admissions 1,702 were individual people. The two main primary drugs sought for treatment were heroin/other opiates and alcohol, both at about 40% of all treatment admissions. ((NJ-SAMS), CY2020-CY2022) Further, as reported in the Substance Abuse Overview for 2021, Warren County has an unmet need of 76.7%, an increase by 1.7% from 2020. Unmet demand is defined as the “[p]roportion of the 2018 NJ Household Surveys estimated adult population who did not receive treatment in the 12 months prior to the interview but who felt they needed and wanted treatment, times the 2021 adult resident population.” (Office of Planning, 2021)

Since the inception of the Overdose Fatality Review Team (OFRT) in 2020, the team has reviewed 71 cases, representing an overdose death within Warren County. For those individuals for which the team had available data, about a quarter had a history of mental health and/or substance use treatment, almost a half had interacted with Social Services, and many had co-morbid health conditions such as hypertension, a chronic health diagnosis and chronic pain. (Harris, 2022) (Mary Jo Harris, 2021)

Goal

Providing evidence-based trainings, like SBIRT, CIT, harm reduction and MHFA within Law Enforcement (LE), Emergency Medical Services (EMS) personnel, school personnel, medical providers and other community partners can help empower these groups to connect individuals to available resources and reduce overdose calls and stigma by building a community of supportive individuals around those with a substance use disorder. Moving forward, Warren County plans to expand training and educational opportunities about addiction, the effects of different substances to the developing brain and how continued use can impact our physical reaction to the substance(s), and about available resources. These trainings will include, but not be limited to, SBIRT, CIT, MHFA, trauma-informed care, and harm reduction, particularly geared toward pharmacists, medical personnel, school personnel, and other community members as appropriate. The Department will also work collaboratively with other Departments to promote programs such as Operation Helping Hand (OHH) and Community Law Enforcement Addiction Recovery (C.L.E.A.R.).

In addition to trainings, the Department aims to work with communities in increasing harm reduction methods to better serve individuals with an active addiction that may not yet be ready for treatment. These methods

can include, but not be limited to, assisting police, medical personnel, family members and others to access Naloxone. The LACADA would also like to provide trainings to pharmacists, such as SBIRT, along with information about harm reduction and addiction, as well as explore mentoring opportunities for youth who have engaged in substance use as a way to cope with stress and anxiety.

Objectives

2024

As a member of the OFRT and through collaboration with the LACADA and other advisory committees, the Department will look at local, state and federal data to determine where and what type of training to provide throughout the county. This will assist in determining gaps for those attempting to move through the continuum of care. Intervention is an organized effort by people in the addiction environment that help break walls to seeking admission to treatment.

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

2025

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

Work with local agencies to provide ongoing trainings that may be funded by other sources, and determine where gaps are on utilizing AEREF funding for additional trainings. Continue to offer MHFA trainings in all communities as needed and requested, as well as annual CIT trainings.

2026

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

Work with local agencies to provide ongoing trainings that may be funded by other sources, and determine where gaps are on utilizing AEREF funding for additional trainings. Continue to offer MHFA trainings in all communities as needed and requested, as well as annual CIT trainings.

2027

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

Work with local agencies to provide ongoing trainings that may be funded by other sources, and determine where gaps are on utilizing AEREF funding for additional trainings. Continue to offer MHFA trainings in all communities as needed and requested, as well as annual CIT trainings.

Strategies

Provide community trainings that include SBIRT, CIT, harm reduction, stigma free information and MHFA where requested and identified as a high needs area.

Annual Cost

Estimated cost of \$10,000 based on available funding and Competitive Contract for training and mentoring programs.

Annual Output

We anticipate a minimum of 50 community partners will be trained annually.

Annual Outcomes

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

Participating Partners

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

THE TREATMENT ACCESS LOGIC MODEL NARRATIVES

Capacity Gap

Warren County has a scarcity of addiction services providers for individuals regardless of income or insurance status, particularly inpatient and recovery housing services. The majority of inpatient providers are located far outside the boundaries of the county, including withdrawal management, short-term and long-term residential stays, halfway houses and licensed sober living environments. For individuals who require a higher level of care than outpatient treatment, they must travel far from their families and places of employment to access help. Often this leads to discontinuing of treatment against medical advice, before they are ready to embrace full recovery, due to obligations at home, whether real or perceived. This puts a burden on the individual interested in recovery, their support system and community as a whole. These individuals are at higher risk for overdose due to their start of treatment and reduction of use, which can lead to higher incidences of first responder calls and ED use, further burdening an already burdened system.

One of the biggest challenges in Warren County is being able to provide services to all those seeking help at the time they need it. According to the 2021 Statewide Substance Abuse Overview from the NJ Department of Human Services Division of Mental Health and Addiction Services (DMHAS), Warren County has a 76.7% unmet demand, meaning only a quarter of the individuals seeking treatment are able to access it (Office of Planning, 2021). The county has one inpatient treatment provider that has traditionally been accessible only by those who can self-pay or with private insurance. While that is soon slated to change, it is still currently unavailable to a large population in the county in need of treatment.

Social Costs/Community Problems

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

Stigma plays a significant role in decreasing access to treatment. Individuals with a substance use disorder often face stigma from family members, law enforcement, medical personnel, and school personnel. Shame keeps people from seeking treatment, increasing their chances for poor physical health outcomes, incarceration, poverty, homelessness, and overdose deaths. The social costs are not to the person with the addiction alone, but to their family, which can further delay treatment when they do not know where to go and whom to reach out to.

Quantitative and Qualitative Evidence

From 2020 to 2022, Warren County's treatment admissions for residential treatment or withdrawal management ranged from 27-32% of all admissions. ((NJ-SAMS), CY2020-CY2022) In-county residential resources are limited to individuals with a higher income at this time. While that is scheduled to change over the coming years due to the one provider applying for licensure with Medicaid, the process has been slow and continues to require county residents to seek treatment far from home. Most County residents have had to travel a minimum 60-75 minutes to access treatment and regularly did not complete treatment often due to the distance from their support system.

The county does have a variety of outpatient providers that can serve individuals in need of intensive outpatient, outpatient and medication to maintain their recovery.

Goal

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

Objectives

2024

Ensure sufficient providers of all levels of care on the continuum by funding residential treatment, including withdrawal management, as well as intensive outpatient and outpatient services for individuals who are uninsured or for whom there are no other financial resources available. The funding for programs may include enhancements for transportation, sober living or recovery housing costs, case management and wraparound services (such as medication for Opioid Use Disorder or other substance use disorders, as medically indicated) as needed/where appropriate.

2025 - 2027

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

Strategies

The County utilizes a competitive contract process to identify and fund services across the continuum on an annual basis, with an option to renew effective programs up to two years from the original award. The Department and LACADA review all LOS and treatment data from the previous year's 1st and 2nd quarters to have input into the following year's funding allocations. Any program running below LOS or under-expending funds, may have their funding reduced or re-allocated to another program, at the discretion of the Department.

Annual Cost

County: An estimate of \$31,000, based on competitive contracts and available funding
AEREF/State: An estimate of \$75,000, based on available funding
Total: An estimate of \$106,000, based on competitive contract and available funding

Annual Outputs

Est. Detox-4 individuals
Est. STR (incl. Co-Occurring)-3 individuals
Est. adult and adolescent OP/IOP-64 individuals

Annual Outcomes

Reduction and eventual elimination of substance use, increased stability and behavioral change, increased wellness and recovery skills as well as increased interpersonal relationship skills. Established supports, including sober support network with the community to maintain sobriety.

Participating Partners

WC DHS, Division of Administration
CADAD
LACADA
Contracted providers through an annual Competitive Contract Process

THE RECOVERY SUPPORT LOGIC MODEL NARRATIVES

Capacity Gap

Out of the total Warren County treatment admissions (2,678) for 2020-2022, as reported through the NJSAMS, 1,702 were unduplicated clients, meaning 976 individuals had returned to treatment. ((NJ-SAMS), CY2020-CY2022) For a long time the recovery community has stated "relapse is a part of recovery," however it does not have to be. Providing strong supports with wraparound services to help a person navigate the challenges of life without utilizing unhealthy coping mechanisms, such as the substance they had used pre-recovery. Recovery is a journey that requires community.

Additionally, safe, affordable sober housing can be challenging to find, particularly in a fairly small, rural community like Warren County. Oftentimes, individuals are returning to the community in which their substance use started, making it challenging for them to start fresh, and easily accessible to the marketers wanting to keep up the business of selling drugs. For individuals with an alcohol use disorder, their social network may be linked to the places they would drink, requiring them to seek alternate ways to build support networks to support them in their recovery. Providing safe, fun, sober social activities to support individuals in their recovery can build a better, stronger community.

Social Costs/Community Problems

Addiction has a ripple effect that influences not only the individual but also the community in which they live, which is also true of the recovery aspect of their lives. With full support from their community, including family and friends, an individual can have opportunities for housing, employment and education to empower them to maintain recovery over time.

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

Qualitative and Quantitative Evidence

Thirty six percent of total admissions for treatment from January 1, 2020 through June 29, 2022 were individuals returning to treatment. ((NJ-SAMS), CY2020-CY2022) Additionally, according to DMHAS, 76.7% of individuals have an unmet need in Warren County of accessing treatment. (Office of Planning, 2021) Recovery supports not only assists individual post-treatment. They can also provide harm reduction information to individuals not yet ready for treatment, such as Naloxone training and kits, safe syringe access, and other basic needs to engage them in a non-judgmental, safe environment that may lead to treatment connection; as well as connecting individuals who are ready for treatment to Certified Peer Recovery Specialists and system navigators knowledgeable about the system of care and how they can access the services they need.

Affordable housing is a barrier for individuals returning to their community, where they may already have a support system in their family and/or employment that can have a detrimental impact to their recovery. Key informant interviews and focus group discussions identified returning to the community where the addiction started as a relapse risk. Oftentimes, in returning to their home can provide easy access from suppliers to re-engage the individual in use, and/or be a triggering environment due to others in the household continuing to use or other trauma in the home that is non-conducive to continued recovery. The 2022 OFRT Annual Report found just under 17% of individuals who died by an accidental overdose had unstable housing and more than half had a housing situation that was unknown, meaning it was unclear if they had been visiting the residence at which they passed away or were homeless at the time of death. (Harris, 2022) Therefore, having access to alternative, affordable housing linked to recovery supports may help to promote continued recovery without having to move far from a healthy support system (such as close family members supportive of their recovery journey).

Goal

To increase the number of individuals with a substance use disorder obtain and sustain recovery through a strong, positive community support system that can help guide them through treatment, education and linkages to other wraparound support services. Assist in linking individuals with harm reduction tools, housing resources, and other basic needs that are essential to successful recovery.

Objectives

2024

Ensure a minimum of one provider of certified peer recovery support services receives designated funding. Also evaluate funding availability to provide harm reduction strategies, medication assisted treatment, housing resources including recovery housing costs, and straight to treatment options to assist all individuals with a substance use disorder.

2025, 2026 & 2027

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

Strategies

The County utilizes a competitive contract process to identify and fund services across the continuum on an annual basis, with an option to renew effective programs up to two years from the original award. The Department and LACADA review all LOS and data from the previous year's 1st and 2nd quarters to have input into the following year's funding allocations. Any program running below LOS or under-expending funds, may have their funding reduced or re-allocated to another program, at the discretion of the Department.

Annual Cost

County: An estimate of \$30,000, based on competitive contracts and available funding

AEREF/State: An estimate of \$180,000, based on available funding and competitive contracts

Total: An estimate of \$210,000, based on competitive contract and available funding

Annual Outputs

A minimum of 200 individuals will receive certified peer recovery support services, harm reduction tools, recovery housing, or other recovery supports to benefit an overall recovery strategy for individuals with a substance use disorder.

Annual Outcomes

Reduction in relapse rates

Individuals served will self-report meeting their Wellness goals.

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

Participating Partners

WC DHS, Division of Administration

CADAD

LACADA

Contracted providers as determined by Competitive Contract Process

11. 2024-2027 Evidence-Based Programs

Prevention/Education

Name: Footprints for Life

Description: Research-based comprehensive substance use prevention intervention program for early elementary school-aged children in 2nd and 3rd grades. Six-week classroom-based curriculum for 40-minute long sessions. Includes weekly homework assignments and worksheets, to engage parents in the learning process.

Objectives: Promotes social skills & problem-solving strategies. Builds assets and teaches important life skills, such as planning & decision making, interpersonal skills, cultural competence, peer pressure and peaceful conflict resolution. Age-appropriate program that includes the use of puppets and stories to engage the children in learning

Location or Setting for its Delivery: 2nd & 3rd Grade elementary classrooms throughout the county.

Expected Number of People to Be Served: minimum of 195 students per year

Cost of Program: Subject to available funding; estimate of \$7,500 per year

Evaluation Plan: The Department of Human Services (DHS), through the Addiction Services Coordinator, will conduct annual site monitoring visits to determine LOS are being met and the providers are submitting accurate funding reports. DHS requires all contracted agencies to provide quarterly reports demonstrating the number of individuals served, services provided and outcomes measures are met. This program includes pre- and post-tests to assess the retention of the key concepts. During Covid, the teachers provided feedback from their experience with the program and feedback from the students in lieu of the pre-/post-tests that provided helpful information for the instructor to incorporate into the program.

Name: We're Not Buying It 2.0

Description: Substance use prevention intervention program for middle school-aged children in 6th-8th grades. Six-week classroom-based curriculum for 40-minute long sessions.

Objectives: Assists youth in developing media literacy skills, by deconstructing media messages that promote or glamorize substance use. Lessons include topics such as bullying, use of alcohol, marijuana, tobacco and prescription and over-the-counter medication. The goal is for students to understand the messages directed at them via media so they are better able to resist them and make healthy decisions.

Location or Setting for its Delivery: 6th-8th Grade middle school classrooms throughout the county.

Expected Number of People to Be Served: minimum of 195 students per year

Cost of Program: Subject to available funding; an estimate of \$7,500 per year

Evaluation Plan: The Department of Human Services (DHS), through the Addiction Services Coordinator, will conduct annual site monitoring visits to determine LOS are being met and the providers are submitting accurate funding reports. DHS requires all contracted agencies to provide quarterly reports demonstrating the number of individuals served, services provided and outcomes measures are met. This program includes pre- and post-tests to assess the retention of the key concepts. During Covid, the teachers provided feedback from their experience with the program and feedback from the students in lieu of the pre-/post-tests that provided helpful information for the instructor to incorporate into the program.

Name: Prevention Plus Wellness

Description: Practical, single-lesson program designed to enhance positive development of youth by teaching wellness behaviors and linking them to prevention efforts (avoidance of starting substance use). Methods include participation in sports activities, eating healthy and discussing other healthy life choices, such as plenty of sleep and how to control stress. This program will also incorporate presentations from local positive role models who will share their journey as an inspiration to the youth.

Objectives: By promoting a healthy lifestyle, remaining active and setting goals, youth will be less likely to engage in unhealthy behaviors such as substance use.

Location or Setting for its Delivery: Joseph T. Firth Youth Center in Phillipsburg for 6th-8th Grade Middle School Youth from the Phillipsburg High Schools sending districts.

Expected Number of People to Be Served: minimum of 300 students per year

Cost of Program: Subject to available funding; an estimate of \$11,000 per year

Evaluation Plan: The Department of Human Services (DHS), through the Addiction Services Coordinator, will conduct annual site monitoring visits to determine LOS are being met and the providers are submitting accurate funding reports. DHS requires all contracted agencies to provide quarterly reports demonstrating the number of individuals served, services provided and outcomes measures are met. This program includes pre- and post-tests to assess the retention of the key concepts.

Name: Warren Hills Youth Prevention Coalition (WHYPC)

Description: Peer leaders from the high school research, develop and present prevention-based programming to elementary and middle school students in the Warren Hills Regional High School sending districts, with supervision from the Prevention Programming Coordinator in the School-based Youth Services Program. Peer-led programs are an evidence-based model shown to positively influence the younger students participating in these programs.

Objectives: Peer leaders, in developing prevention presentations geared toward elementary & middle school students, will learn 12 core competencies that include public speaking tailoring programming to audiences at different levels, development of educational material, etc. The elementary and middle school students will learn about the effects of substances on their brains and bodies, including alcohol, marijuana, tobacco and more. They will also learn about stress management, goal setting, improving communication skills, and more.

Location or Setting for its Delivery: Elementary & Middle Schools for the Warren Hills Regional School District.

Expected Number of People to Be Served: minimum of 135 students per year

Cost of Program: Subject to available funding; an estimate of \$18,000 per year (both peers and targeted youth in elementary and middle schools).

Evaluation Plan: The Department of Human Services (DHS), through the Addiction Services Coordinator, will conduct annual site monitoring visits to determine LOS are being met and the providers are submitting accurate funding reports. DHS requires all contracted agencies to provide quarterly reports demonstrating the number of individuals served, services provided and outcomes measures are met. This program includes pre- and post-tests to assess the retention of the key concepts. During Covid, the teachers provided feedback from their experience with the program and feedback from the students in lieu of the pre-/post-tests that provided helpful information for the instructor to incorporate into the program.

Early Intervention

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

Description: Per SAMHSA, SBIRT “is research-based comprehensive behavioral health SBIRT model” that is brief, comprehensive, universal, targets multiple behaviors, and can occur in a variety of settings. (SAMHSA, 2014) Training is offered in two modules totaling 4 hours in which participants are taught how to redefine their understanding of substance use problems, how to identify those problems, intervene with an individual experiencing a substance use problem, what treatment looks like and how to refer someone for treatment. The purpose is to assist participants who encounter someone with a substance use problem in engaging that person in understanding their behavior as at risk of developing, if not already, into a substance-related health problem and how to get help as needed.

Objectives: Work with local police departments, Emergency Service Teams, Fire Departments, schools, and primary care physicians’ offices to schedule trainings. Begin trainings communities with higher overdose rates.

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

Expected Number of People to Be Served: At a minimum, 50 individuals trained annually.

Cost of Program: an estimate of \$7,400 per year, based on available funding.

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

Treatment

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

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

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

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

Expected Number of People to Be Served: minimum of 75 individuals per year

Cost of Program: An estimate of \$106,000 per year, subject to available funding

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

Recovery Supports

Name: Certified Peer Recovery Support Specialists

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

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

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

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

Cost of Program: An estimate of \$40,000 based on competitive contracts and available AEREF funding.

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

APPENDIX 1: DEFINITIONS OF PLANNING CONCEPTS

County Comprehensive Plan (CCP) is a *document* that describes the *future* relationship between the addiction 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 use disorder 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 addiction prevention and education, early, or pre-clinical, intervention, clinical treatment and long term recovery support.

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

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

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

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

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

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

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

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

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

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

APPENDIX 2: REFERENCES

- (NJ-SAMS), N. S. (CY2020-CY2022). *Substance Abuse Treatment Admissions*. Trenton: NJ Department of Human Services.
- Administration, S. A. (2022, August 16). *Harm Reduction*. Retrieved from SAMHSA: <https://www.samhsa.gov/find-help/harm-reduction>
- Center for Research and Evaluation on Education and Human Services. (2021). NJ Middle School Risk & Protective Factors Survey: Warren County Summary. Warren.
- Committee, H. &. (2022). *High School & Middle School Survey Results Final*. Belvidere: Google Form.
- Gregor Thomas, M. L. (2022). *Quarterly Contract Programmatic Report (QCPR) (Unpublished raw data)*. Warren County Department of Human Services.
- Harris, M. J. (2022). *Warren County Fatality Overdose Review Team Annual Report*. Oxford, NJ: Warren County Health Department.
- Heidi Herrick-Lynn, L. A., Jillian Ruballos, F. H., & Deidre Lonza, L. L. (2022). *Quarterly Contract Programmatic Report (QCPR) (Unpublished raw data)*. Warren County Department of Human Services.
- Helen Carey, D. N. (2022). *Quarterly Contract Programmatic Report (QCPR) (Unpublished raw data)*. Warren County Department of Human Services.
- International Survey Associates, LLC. (2022). *2021-22 Warren County Schools Executive Summary Pride Survey Plus for Grades 6-12*. Washington, NJ: ISA.
- Jillian Ruballos, F. H. (2022). *Quarterly Contract Programmatic Report (QCPR) (Unpublished raw data)*. Warren County Department of Human Services.
- Kelly Shelton, L. R. (2022). *High School & Middle School Survey Final*. Health & Wellness Field Day Committee (Unpublished raw data).
- Mary Bermingham, C. P. (2022). *Quarterly Contract Programmatic Report (QCPR) (Unpublished raw data)*. Warren County Department of Human Services.
- Mary Jo Harris, W. C. (2021). *Warren County Fatality Overdose Review Team Annual Report*. Oxford : Warren County Health Department.
- Maureen Schwehr, N. (2022, June 23). *HMP Global Learning Network*. Retrieved from Psychiatry & Behavioral Health Learning Network: https://naccme.s3.amazonaws.com/Sierra+Tucson+June+2022/2022_SierraTucson-Gut-Brain-Addiction.pdf
- Murthy, U. S. (2021). *Protecting Youth Mental Health*. Washington, D.C.: U.S. Department of Health & Human Services .
- NJ Department of Children & Families. (2017). *New Jersey Youth Suicide Prevention*. Retrieved from State of New Jersey Department of Children & Families: <https://www.nj.gov/dcf/news/reportsnewsletters/dcreportsnewsletters/New%20Jersey%20Youth%20Suicide%20Report%202017.pdf>
- NJ Department of Health. (2020-2021). *State Health Assessment Data (NJSHAD)*. Retrieved from NJ Department of Health: <https://www.nj.gov/health/chs/njshad/index.shtml>
- Office of Planning, R. E. (2021). *Substance Abuse Overview - Warren County*. Trenton: NJ Department of Human Services, Division of Mental Health & Addiction Services.
- SAMHSA. (2014). *Systems-Level Implementation of Screening, Brief Intervention, and Referral to Treatment . Technical Assistance Publication Series TAP 33*. Rockville, MD, USA: SAMHSA.
- Substance Abuse & Mental Health Services Administration. (2012, February). *10 Guiding Principles of Recovery*. Retrieved from samhsa.gov: <https://store.samhsa.gov/sites/default/files/d7/priv/pep12-recdef.pdf>
- Substance Abuse and Mental Health Services Administration. (2015, October). *Tip 50: Addressing Suicidal Thoughts and Behaviors in Substance Abuse Treatment*. Retrieved from SAMHSA:

<https://www.samhsa.gov/resource/ebp/tip-50-addressing-suicidal-thoughts-behaviors-substance-abuse-treatment>

Warren County Department of Human Services. (2022). *Quarterly Contract Programmatic Report (QCPR)*. Belvidere: Warren County Department of Human Services.

Yvette Day, C. P. (2022). *Quarterly Contract Programmatic Report (QCPR) (Unpublished raw data)*. Warren County Department of Human Services.

FINAL

APPENDIX 3: LIST OF PARTICIPANTS IN THE PLANNING PROCESS

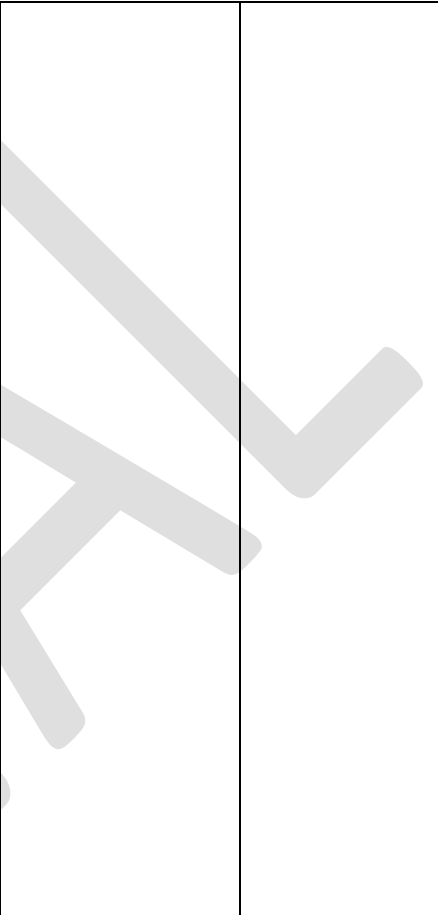
No.	NAME	AFFILIATION	CONTACT INFO.
1	Lori Ciesla	Commissioner, Liaison to DHS	
2	Shawn Buskirk	WC DHS Director, OFRT	
3	Alessandre Singher	LACADA	
4	Charles Raffaele	LACADA	
5	Dawn Schafer	LACADA	
6	Deborah Meade	LACADA	
7	Loretta Brickman	LACADA	
8	Michael Calderon	LACADA	
9	Naya Tsang	LACADA/Prosecutor's Office	
10	Randi Hengst	LACADA/DCP&P	
11	Samantha Volk	LACADA	
12	Sheila Theodorou	LACADA/MHB	
13	William Robbins	LACADA/Treatment provider	
14	Mary Jo Harris	OFRT Coordinator	
15	Brooke Renkens	Treatment provider/OFRT	
16	Pauline Shehata	Public Health Epidemiologist/OFRT	
17	Pete Summers	WC Health Department Director, OFRT	
18	Michele Eichorn	Treatment Provider, OFRT, PACADA	
19	Heidi Herrick-Lynn	Treatment Provider, OFRT, PACADA	
20	Lauren Burd	Director, WC TASS, OFRT	
21	Ken McCarthy	Warden, WC Corrections, OFRT	
22	Kenny Decker	WC Prosecutor's Office, OFRT	
23	Frank Wheatley	WC OEM, OFRT	
24	Jim Seng	DV Provider, OFRT, PACADA	
25	Stephanie Nienstedt	WC DHS, County Alliance Coordinator	
26	Jessica Szczepanik	Prevention Coalition	
27	Debi Natale	Recovery Supports, OFRT, PACADA	
28	Helen Carey	Recovery Supports, OFRT, PACADA	
29	Yvette Day	Recovery Supports, OFRT, PACADA	
30	Galindo King	Treatment Provider, Recovery Housing, PACADA	
31	Kristina VanLaningham	Treatment Provider, Recovery Housing, PACADA	

32	Jennifer Carpinteri	Hospital Network, PACADA	
33	Dave Roden	Treatment Provider, PACADA	
34	Kristina Bloodgood	Treatment Provider, PACADA	
35	Layne Turner	Hospital Network, PACADA	
36	Lou Naumann	Former LACADA member	
37	Lee Clark	Former LACADA member	
38	Nichola Lydon	Treatment Provider, Recovery Supports	
39	Robert Herrera	Hospital Network, PACADA	
40	Shelly Whitmore	Recovery Supports, PACADA	
41	William Glennon	Treatment Provider, PACADA	
42	Jan McDyer	WC DHS, Transportation Coordinator	
43	Patricia Testa	WC DHS, Youth Services Coordinator	
44	Steve Unger	WC DHS, Director Aging & Disability	
45	Delaney Fiore	WC DHS Summer Intern	

APPENDIX 4: LOGIC MODELS

LOGIC MODEL: PREVENTION

Need-capacity gap and associated community problem (A)	Evidence of problem and its significance for the county (B)	Goal For 2024-2027 (C)	Objectives Targets Per Annum (D)	Strategy To Achieve Objective (E)	Inputs Financial or Other Resources (F)	Outputs Expected product (G)	Outcomes Expected Community Benefits (H)	Agency Responsible (I)
<p>Need-capacity Gap: Low perception of harm has led to increased use of substances by youth that can result in community problems such as criminal activity and negative health consequences, including overdose deaths. By providing prevention education, youth can increase their knowledge</p>	<p>The Health & Wellness Field Day Committee Survey was distributed to all Warren County schools for all students in middle and high school to complete. Over 600 students in grades 7th through 12th responded, indicating almost a quarter pre-Covid felt sad or hopeless for two or more weeks in a row, to the</p>	<p>To: The goal for Warren County prevention services is to build resiliency in youth to build positive coping skills, say no to drugs and risky behavior, and be less likely to make poor decisions that will negatively impact their health, safety and wellbeing. Programs are geared to target elementary</p>	<p>2024: To To increase at youth's knowledge of risk factors in early substance use, including negative engagement with law enforcement, negative mental and physical health impacts and potential for overdose death. The goal is to strengthen the youth's resiliency and coping skills to say no while living in an</p>	<p>2024: The County will fund a program (or programs) that will reach all elementary and middle school students about the risk factors for Substance Use Disorder. The County and LACADA will review QCPRs from Quarter 1 and Q2, and adjustments</p>	<p>County: Estimate of \$7,000 based on available funds & competitive contract AEREF/State: at a minimum of \$19,711, based on available funds and NJ Prevention Education Requirements Total: \$19,711 based on available funds & competitive contract</p>	<p>Anticipate funding for a minimum of 1,700 students</p>	<p>Short Term: Reduce the number of youth engaging in substance use</p>	<p>Warren County DHS LACADA Agency awarded Contract of service</p>

<p>about risk factors and change behaviors accordingly. This increased knowledge can strengthen resiliency to say no in an environment with such a high prevalence of abuse.</p>	<p>point of stopping their normal activities; this number jumped to 37% post-Covid. For the question of whether the students felt alone or isolated for two or more weeks in a row, almost a quarter responded in the affirmative before the Covid pandemic started, and this number increased to 47%. This is a large number of students with symptoms associated with Major Depressive Disorder. Additionally,</p>	<p>and middle school-age children in preparing them to navigate adolescence with communication, coping and decision-making skills that help them to make good choices and avoid pitfalls such as peer pressure and substance misuse.</p>	<p>environment where substance use may be encouraged.</p>	<p>in the Addictions Appendix of the County Competitive Contract will be made if need be to refine the goals of Prevention/Education. The County will monitor through the QCPRs that the funded provider is reporting data that addresses the identified outcomes.</p>				
			<p>2025: To The County will review outcome of 2024 Q1 and Q2 Quarterly Contract Performance Reports (QCPRs) to determine</p>	<p>2025: The County and LACADA will review QCPRs from Quarter 1 and Q2, and adjustments in the Addictions Appendix of</p>	<p>An estimate of County: \$7,000 based on available funds & competitive contract AEREF/State: at a minimum of \$19,711, based on available funds & NJ</p>	<p>Anticipate funding for a minimum of 1,700 students</p>	<p>Middle Term: Reduce the number of youth engaging in substance use and increase the number of peer leaders/mentors available for youth coming up in the education system</p>	

	<p>the results from the 2020-2021 PRIDE survey showed an increase of illicit drug use and suicidal ideation in 10th grade students. Without the proper skills and resources to support their need for positive interaction, peer pressure and a low perception of harm can lead to substance use at a young age.</p>		<p>effectiveness of the funded initiative and will assess if the prevention education goals are effectively being met.</p>	<p>the County Competitive Contract will be made if need be to refine the goals of Prevention/Education. The County will monitor through the QCPRs that the funded provider is reporting data that addresses the identified outcomes.</p>	<p>Prevention Education requirements Total: \$19,711 based on available funds & competitive contract</p>			
<p>Associated Community Problem: If youth are not referred to treatment, whether due to stigma or low perception of harm, substance use in youth can lead to criminal activity and negative health consequences, including overdose deaths or motor</p>	<p>to substance use at a young age.</p>		<p>2026: To Evaluate effectiveness of targeted interventions offered in 2025 and repeat and/or revise the programs offered based on needs assessment.</p>	<p>2026: The County and LACADA will review QCPRs from Quarter 1 and Q2, and adjustments in the Addictions Appendix of the County Competitive Contract will</p>	<p>An estimate of County: \$7,000 based on available funds & competitive contract AEREF/State: at a minimum of \$19,711, based on available funds & NJ Prevention Education requirements</p>	<p>Anticipate funding for a minimum of 1,700 students</p>	<p>Middle Term:</p>	

vehicle accidents resulting in death.				be made if need be to refine the goals of Prevention/Education. The County will monitor through the QCPRs that the funded provider is reporting data that addresses the identified outcomes.	Total: \$19,711 based on available funds & competitive contract			
			2027: To Evaluate effectiveness of targeted interventions offered in 2026 and repeat and/or revise the programs offered based on needs assessment.	2027: The County and LACADA will review QCPRs from Quarter 1 and Q2, and adjustments in the Addictions Appendix of the County Competitive Contract will be made if need be to refine the	County: \$7,000 based on available funding & competitive contract AEREF/State: \$19,711 based on available funding Total: \$19,711 based on available funds, NJ State Prevention Education requirement &	Anticipate funding for a minimum of 1,700 students	Long Term: Reduce the number of youth using substances, increase peer leader roles, reduce/eliminate overdose and suicide deaths among youth	

				goals of Prevention/Education. The County will monitor through the QCPRs that the funded provider is reporting data that addresses the identified outcomes.	competitive contract			
--	--	--	--	---	-----------------------------	--	--	--

FAMILY

LOGIC MODEL: EARLY INTERVENTION

Need-capacity gap and associated community problem (A)	Evidence of problem and its significance for the county (B)	Goal For 2024-2027 (C)	Objectives Targets Per Annum (D)	Strategy To Achieve Objective (E)	Inputs Financial or Other Resources (F)	Outputs Expected product (G)	Outcomes Expected Community Benefits (H)	Agency Responsible (I)
<p>Need-capacity Gap: Through the OFRT, key informant interviews, and focus group discussions, the largest barrier to treatment for Warren County residents is knowledge of where to go for services, whether for youth or adults seeking treatment. There are a variety of reasons given for lack of knowledge, primarily stigma,</p>	<p>Warren County had 1,702 unduplicated treatment admissions from January 2021-June 29, 2022, with a total of 2,678 admissions overall, meaning of the overall admissions 1,702 were individual people. The two main primary drugs sought for treatment were heroin/other opiates and alcohol, both</p>	<p>To: Providing evidence-based trainings, like SBIRT, CIT, harm reduction and MHFA within Law Enforcement (LE), Emergency Medical Services (EMS) personnel, school personnel, medical providers and other community partners can help empower these groups to connect individuals to</p>	<p>2024: To As a member of the OFRT and through collaboration with the LACADA and other advisory committees, the Department will look at local, state and federal data to determine where and what type of training to provide throughout the county. This will assist in determining gaps for those attempting to move through</p>	<p>2024: Provide community trainings that include SBIRT, CIT, harm reduction, stigma free information and MHFA where requested and identified as a high needs area.</p>	<p>An estimate of County: \$5,000 based on available funding & competitive contract AEREF/State: \$5,000 based on available funding Total: \$10,000 based on available funding & competitive contract</p>	<p>At a minimum, at least 50 community partners within law enforcement, EMT, school personnel, medical personnel, and pharmacists; along with behavioral health personnel and community members</p>	<p>Short Term: We anticipate an annual reduction in the overall overdoses in the County and an increase in the number of individuals linked to treatment/recovery.</p>	<p>Warren County DHS Warren County OFRT Warren County Prosecutor's Office LACADA Agency awarded Contract of service</p>

<p>concern about cost, distance from home and/or work to get to treatment, and hours of available services. The struggle parents have for their children showing evidence of substance use, is lack of knowledge of area resources, limited assistance from their school system, and being unsure if their child’s use is at a level requiring treatment. One key informant stated “there is</p>	<p>at about 40% of all treatment admissions. ((NJ-SAMS), CY2020-CY2022) Further, as reported in the Substance Abuse Overview for 2021, Warren County has an unmet need of 76.7%, an increase by 1.7% from 2020. Unmet demand is defined as the “[p]roportion of the 2018 NJ Household Surveys estimated adult population who did not receive treatment in the 12 months</p>	<p>available resources and reduce overdose calls and stigma by building a community of supportive individuals around those with a substance use disorder. Moving forward, Warren County plans to expand training and educational opportunities about addiction, the effects of different substances to the developing brain and how continued use can impact our physical</p>	<p>the continuum of care. Intervention is an organized effort by people in the addiction environment that help break walls to seeking admission to treatment.</p> <p>In collaboration with the Warren County Prosecutor’s office, offer at least once annually CIT training to LE, EMS and behavioral health personnel within the County. WC DHS will offer to all community members</p>				
--	---	--	--	--	--	--	--

<p>a mindset that 'it's not alcoholism until you graduate college' which prevents people who seriously need help from searching for it."</p>	<p>prior to the interview but who felt they needed and wanted treatment, times the 2021 adult resident population." (Office of Planning, 2021)</p>	<p>reaction to the substance(s), and about available resources. These trainings will include, but not be limited to, SBIRT, CIT, MHFA, trauma-informed care, and harm reduction, particularly geared toward pharmacists, medical personnel, school personnel, and other community members as appropriate. The Department will also work collaboratively with other Departments</p>	<p>MHFA in collaboration with the Division of Mental Health and Addiction Services (DMHAS) and other providers offering an adult and youth course.</p>					
	<p>Since the inception of the Overdose Fatality Review Team (OFRT) in 2020, the team has reviewed 71 cases, representing an overdose death within Warren County. For those individuals for which the team had available data, about a</p>		<p>2025: To Identify gaps in continuum of care and establish what programs are needed and what funding is available to fill the need. This information will be gathered through key informant interviews, surveys, focus groups and committee</p>	<p>2025:</p>	<p>An estimate of County: \$5,000 based on available funding & competitive contract AEREF/State: \$5,000 based on available funding Total: \$10,000 based on available funding & competitive contract</p>	<p>At a minimum, at least 50 community partners within law enforcement, EMT, school personnel, medical personnel, and pharmacists; along with behavioral health personnel and</p>	<p>Middle Term: We anticipate an annual reduction in the overall overdoses in the County and an increase in the number of individuals linked to treatment/recovery.</p>	

	<p>quarter had a history of mental health and/or substance use treatment, almost a half had interacted with Social Services, and many had co-morbid health conditions such as hypertension, a chronic health diagnosis and chronic pain. (Harris, 2022) (Mary Jo Harris, 2021)</p>	<p>to promote programs such as Operation Helping Hand (OHH) and Community Law Enforcement Addiction Recovery (C.L.E.A.R.).</p> <p>In addition to trainings, the Department aims to work with communities in increasing harm reduction methods to better serve individuals with an active addiction that may not yet be ready for treatment. These methods can include, but</p>	<p>meeting discussions, as well as looking at state and national data.</p> <p>Work with local agencies to provide ongoing trainings that may be funded by other sources, and determine where gaps are on utilizing AEREF funding for additional trainings. Continue to offer MHFA trainings in all communities as needed and requested, as well as annual CIT trainings.</p>			community members		
Associated Community Problem: Warren County Law			2026: To Identify gaps in continuum of care and	2026:	An estimate of County: \$5,000 based on available	At a minimum, at least 50 community	Middle Term: We anticipate an annual reduction in the overall	

<p>Enforcement (LE), Emergency Medical Services (EMS) personnel, school personnel, medical providers and the aging population have limited knowledge how to respond to early intervention. They are not traditionally trained on assessing an individual on their levels of intoxication or withdrawal symptoms, therefore prohibiting the intervention process to progress. They often feel frustrated and helpless at responding to the same individuals repeatedly to provide Naloxone, which frequently leads to stigmatizing the individual with a substance use</p>		<p>not be limited to, assisting police, medical personnel, family members and others to access Naloxone. The LACADA would also like to provide trainings to pharmacists, such as SBIRT, along with information about harm reduction and addiction, as well as explore mentoring opportunities for youth who have engaged in substance use as a way to cope with stress and anxiety.</p>	<p>establish what programs are needed and what funding is available to fill the need. This information will be gathered through key informant interviews, surveys, focus groups and committee meeting discussions, as well as looking at state and national data.</p> <p>Work with local agencies to provide ongoing trainings that may be funded by other sources, and determine where gaps are on utilizing</p>		<p>funding & competitive contract AEREF/State: \$5,000 based on available funding Total: \$10,000 based on available funding & competitive contract</p>	<p>partners within law enforcement , EMT, school personnel, medical personnel, and pharmacists; along with behavioral health personnel and community members</p>	<p>overdoses in the County and an increase in the number of individuals linked to treatment/recovery.</p>	
---	--	--	---	--	--	--	---	--

disorder. Increased calls to the same households for the same individuals also decreases the number of emergency personnel able to respond to other medical emergencies in the same communities.			AEREF funding for additional trainings. Continue to offer MHFA trainings in all communities as needed and requested, as well as annual CIT trainings.					
			2027: To Identify gaps in continuum of care and establish what programs are needed and what funding is available to fill the need. This information will be gathered through key informant interviews, surveys, focus groups and committee meeting discussions, as well as looking	2027:	An estimate of County: \$5,000 based on available funding & competitive contract AEREF/State: \$5,000 based on available funding Total: \$10,000 based on available funding & competitive contract	At a minimum, at least 50 community partners within law enforcement , EMT, school personnel, medical personnel, and pharmacists; along with behavioral health personnel and community members	Long Term: We anticipate an annual reduction in the overall overdoses in the County and an increase in the number of individuals linked to treatment/recovery. Increased knowledge of addiction, mental health and reduced stigma from medical & school personnel, law enforcement, EMTs and other	

			<p>at state and national data.</p> <p>Work with local agencies to provide ongoing trainings that may be funded by other sources, and determine where gaps are on utilizing AEREF funding for additional trainings. Continue to offer MHFA trainings in all communities as needed and requested, as well as annual CIT trainings.</p>				community members.	
--	--	--	--	--	--	--	--------------------	--

LOGIC MODEL: CLINICAL TREATMENT WITH DETOXIFICATION

Need-capacity gap and associated community problem (A)	Evidence of problem and its significance for the county (B)	Goal For 2024-2027 (C)	Objectives Targets Per Annum (D)	Strategy To Achieve Objective (E)	Inputs Financial or Other Resources (F)	Outputs Expected product (G)	Outcomes Expected Community Benefits (H)	Agency Responsible (I)
<p>Need-capacity Gap: Warren County has a scarcity of addiction services providers for individuals regardless of income or insurance status, particularly inpatient and recovery housing services. The majority of inpatient providers are located far outside the boundaries of the county, including withdrawal</p>	<p>From 2020 to 2022, Warren County’s treatment admissions for residential treatment or withdrawal management ranged from 27-32% of all admissions. ((NJ-SAMS), CY2020-CY2022) In-county residential resources are limited to individuals with a higher income at this time. While that is scheduled to change over</p>	<p>To: Ensure individuals in Warren County receive the appropriate level of treatment to address their substance use disorder, including all levels of care as outlined in the American Society of Addiction Medicine (ASAM) criteria.</p>	<p>2024: To Ensure sufficient providers of all levels of care on the continuum by funding residential treatment, including withdrawal management, as well as intensive outpatient and outpatient services for individuals who are uninsured or for whom there are no other financial resources available. The</p>	<p>2024: The County utilizes a competitive contract process to identify and fund services across the continuum on an annual basis, with an option to renew effective programs up to two years from the original award. The Department and LACADA review all LOS and treatment data from</p>	<p>An estimate of County: \$31,000, based on available funding & competitive contracts AEREF/State: \$75,000, based on available funding Total: \$106,000, based on available funding & competitive contract</p>	<p>Est. Detox-4 individuals Est. STR (incl. Co-Occurring)-3 individuals Est. adult and adolescent OP/IOP-64 individuals</p>	<p>Short Term Reduction and eventual elimination of substance use, increased stability and behavioral change, increased wellness and recovery skills as well as increased interpersonal relationship skills. Established supports, including sober support network with the community to maintain sobriety. :</p>	<p>WC DHS, Division of Administration CADAD LACADA Contracted providers through an annual Competitive Contract Process</p>

<p>management, short-term and long-term residential stays, halfway houses and licensed sober living environments. For individuals who require a higher level of care than outpatient treatment, they must travel far from their families and places of employment to access help. Often this leads to discontinuing of treatment against medical advice, before they are ready to embrace full recovery, due to obligations at home,</p>	<p>the coming years due to the one provider applying for licensure with Medicaid, the process has been slow and continues to require county residents to seek treatment far from home. Most County residents have had to travel a minimum 60-75 minutes to access treatment and regularly did not complete treatment often due to the distance from their support system.</p>		<p>funding for programs may include enhancements for transportation, sober living or recovery housing costs, case management and wraparound services (such as medication for Opioid Use Disorder or other substance use disorders, as medically indicated) as needed/where appropriate.</p>	<p>the previous year's 1st and 2nd quarters to have input into the following year's funding allocations. Any program running below LOS or under-expending funds, may have their funding reduced or re-allocated to another program, at the discretion of the Department.</p>				
			<p>2025: To Review of the previous year's levels of service (LOS) for</p>	<p>2025: The County utilizes a competitive contract</p>				

<p>whether real or perceived. This puts a burden on the individual interested in recovery, their support system and community as a whole. These individuals are at higher risk for overdose due to their start of treatment and reduction of use, which can lead to higher incidences of first responder calls and ED use, further burdening an already burdened system.</p> <p>One of the biggest challenges in</p>			<p>contracted providers and make recommendations for changes in LOS and allocations as may be necessary.</p>	<p>process to identify and fund services across the continuum on an annual basis, with an option to renew effective programs up to two years from the original award. The Department and LACADA review all LOS and treatment data from the previous year's 1st and 2nd quarters to have input into the following year's funding allocations. Any program running</p>	<p>competitive contracts AEREF/State: \$75,000, based on available funding Total: \$106,000, based on available funding & competitive contract</p>	<p>Occurring)-3 individuals Est. adult and adolescent OP/IOP-64 individuals</p>	<p>increased stability and behavioral change, increased wellness and recovery skills as well as increased interpersonal relationship skills. Established supports, including sober support network with the community to maintain sobriety.</p>	
--	--	--	---	--	---	---	---	--

<p>Warren County is being able to provide services to all those seeking help at the time they need it. According to the 2021 Statewide Substance Abuse Overview from the NJ Department of Human Services Division of Mental Health and Addiction Services (DMHAS), Warren County has a 76.7% unmet demand, meaning only a quarter of the individuals seeking treatment are able to access it (Office of</p>				<p>below LOS or under-expending funds, may have their funding reduced or re-allocated to another program, at the discretion of the Department.</p>				
---	--	--	--	--	--	--	--	--

<p>Planning, 2021). The county has one inpatient treatment provider that has traditionally been accessible only by those who can self-pay or with private insurance. While that is soon slated to change, it is still currently unavailable to a large population in the county in need of treatment.</p>								
<p>Associated Community Problem: Warren County residents often find it difficult to access the appropriate level of care due to the location of the</p>			<p>2026: To Review of the previous year's levels of service (LOS) for contracted providers and make recommendati</p>	<p>2026: The County utilizes a competitive contract process to identify and fund services across the</p>	<p>An estimate of County: \$31,000, based on available funding & competitive contracts AEREF/State: \$75,000, based</p>	<p>Est. Detox-4 individuals Est. STR (incl. Co-Occurring)-3 individuals Est. adult and adolescent</p>	<p>Middle Term: Reduction and eventual elimination of substance use, increased stability and behavioral change, increased</p>	

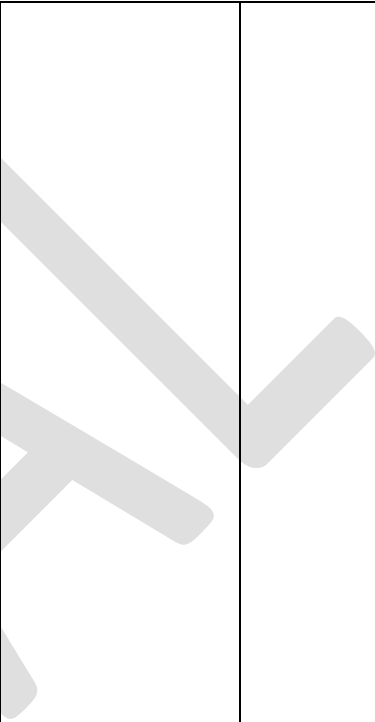
<p>providers and lack of treatment on demand availability. These factors contribute to individuals who continue to use alcohol or drugs despite knowing they need treatment. Crime, homelessness and lack of regular medical care can be anticipated to increase. Continued use by individuals who use heroin or other opioids may result in overdose and possibly death. Law Enforcement and Emergency Medical Services, as well as hospital emergency departments, may be overburdened with responding to these medical emergencies.</p>			<p>ons for changes in LOS and allocations as may be necessary.</p>	<p>continuum on an annual basis, with an option to renew effective programs up to two years from the original award. The Department and LACADA review all LOS and treatment data from the previous year's 1st and 2nd quarters to have input into the following year's funding allocations. Any program running below LOS or under-expending funds, may</p>	<p>on available funding Total: \$106,000, based on available funding & competitive contract</p>	<p>OP/IOP-64 individuals</p>	<p>wellness and recovery skills as well as increased interpersonal relationship skills. Established supports, including sober support network with the community to maintain sobriety.</p>	
--	--	--	---	---	--	------------------------------	--	--

<p>Stigma plays a significant role in decreasing access to treatment. Individuals with a substance use disorder often face stigma from family members, law enforcement, medical personnel, and school personnel. Shame keeps people from seeking treatment, increasing their chances for poor physical health outcomes, incarceration, poverty, homelessness, and overdose deaths. The social costs are not to the person with the addiction alone, but to their family, which can further delay treatment when they do not know where to go and</p>			<p>2027: To Review of the previous year's levels of service (LOS) for contracted providers and make recommendations for changes in LOS and allocations as may be necessary.</p>	<p>have their funding reduced or re-allocated to another program, at the discretion of the Department.</p> <p>2027: The County utilizes a competitive contract process to identify and fund services across the continuum on an annual basis, with an option to renew effective programs up to two years from the original award. The Department and LACADA review all</p>	<p>An estimate of County: \$31,000, based on available funding & competitive contracts AEREF/State: \$75,000, based on available funding Total: \$106,000, based on available funding & competitive contract</p>	<p>Est. Detox-4 individuals Est. STR (incl. Co-Occurring)-3 individuals Est. adult and adolescent OP/IOP-64 individuals</p>	<p>Long Term: Reduction and eventual elimination of substance use, increased stability and behavioral change, increased wellness and recovery skills as well as increased interpersonal relationship skills. Established supports, including sober support network with the community to maintain sobriety.</p>	
--	--	--	--	--	---	---	---	--

whom to reach out to.				LOS and treatment data from the previous year's 1st and 2nd quarters to have input into the following year's funding allocations. Any program running below LOS or under-expending funds, may have their funding reduced or re-allocated to another program, at the discretion of the Department.				
-----------------------	--	--	--	---	--	--	--	--

LOGIC MODEL: RECOVERY SUPPORT SERVICES

Need-capacity gap and associated community problem (A)	Evidence of problem and its significance for the county (B)	Goal For 2024-2027 (C)	Objectives Targets Per Annum (D)	Strategy To Achieve Objective (E)	Inputs Financial or Other Resources (F)	Outputs Expected product (G)	Outcomes Expected Community Benefits (H)	Agency Responsible (I)
<p>Need-capacity Gap: Out of the total Warren County treatment admissions (2,678) for 2020-2022, as reported through the NJSAMS, 1,702 were unduplicated clients, meaning 976 individuals had returned to treatment. ((NJ-SAMS), CY2020-CY2022) For a long time the recovery community has stated “relapse is a part of</p>	<p>Thirty six percent of total admissions for treatment from January 1, 2020 through June 29, 2022 were individuals returning to treatment. ((NJ-SAMS), CY2020-CY2022) Additionally, according to DMHAS, 76.7% of individuals have an unmet need in Warren County of accessing treatment. (Office of Planning,</p>	<p>To: To increase the number of individuals with a substance use disorder obtain and sustain recovery through a strong, positive community support system that can help guide them through treatment, education and linkages to other wraparound support services. Assist in</p>	<p>2024: To Ensure a minimum of one provider of certified peer recovery support services receives designated funding. Also evaluate funding availability to provide harm reduction strategies, medication assisted treatment, housing resources including recovery housing costs, and straight to</p>	<p>2024: The County utilizes a competitive contract process to identify and fund services across the continuum on an annual basis, with an option to renew effective programs up to two years from the original award. The Department and LACADA review all LOS and data from the previous</p>	<p>An estimate of County: \$30,000, based on available funding & competitive contracts AEREF/State: \$180,000, based on available funding Total: \$210,000, based on available funding & competitive contract</p>	<p>A minimum of 200 individuals will receive certified peer recovery support services, harm reduction tools, recovery housing, or other recovery supports to benefit an overall recovery strategy for individuals with a substance use disorder.</p>	<p>Short Term: Reduction in relapse rates Individuals served will self-report meeting their Wellness goals. Individuals served will self-report improvement in relationships and social networks.</p>	<p>WC DHS, Division of Administration CADAD LACADA Contracted providers as determined by Competitive Contract Process</p>

<p>recovery,” however it does not have to be. Providing strong supports with wraparound services to help a person navigate the challenges of life without utilizing unhealthy coping mechanisms, such as the substance they had used pre-recovery. Recovery is a journey that requires community.</p>	<p>2021) Recovery supports not only assists individual post-treatment. They can also provide harm reduction information to individuals not yet ready for treatment, such as Naloxone training and kits, safe syringe access, and other basic needs to engage them in a non-judgmental, safe environment that may lead to treatment connection; as well as connecting individuals who are ready</p>	<p>linking individuals with harm reduction tools, housing resources, and other basic needs that are essential to successful recovery.</p>	<p>treatment options to assist all individuals with a substance use disorder.</p>	<p>year’s 1st and 2nd quarters to have input into the following year’s funding allocations. Any program running below LOS or under-expending funds, may have their funding reduced or re-allocated to another program, at the discretion of the Department.</p>				
<p>Additionally, safe, affordable sober housing can be challenging to find,</p>	<p>connecting individuals who are ready</p>		<p>2025: To Review previous years’ LOS for contracted provider(s) and</p>	<p>2025: The County utilizes a competitive contract process to</p>	<p>An estimate of County: \$30,000, based on available funding &</p>	<p>A minimum of 200 individuals will receive certified peer recovery</p>	<p>Middle Term: Reduction in relapse rates Individuals served will self-report</p>	

<p>particularly in a fairly small, rural community like Warren County. Oftentimes, individuals are returning to the community in which their substance use started, making it challenging for them to start fresh, and easily accessible to the marketers wanting to keep up the business of selling drugs. For individuals with an alcohol use disorder, their social network may be linked to the places they would drink, requiring them</p>	<p>for treatment to Certified Peer Recovery Specialists and system navigators knowledgeable about the system of care and how they can access the services they need.</p> <p>Affordable housing is a barrier for individuals returning to their community, where they may already have a support system in their family and/or employment that can have a detrimental impact to their recovery. Key informant</p>		<p>make recommendations for changes in LOS and allocations as may be necessary</p>	<p>identify and fund services across the continuum on an annual basis, with an option to renew effective programs up to two years from the original award. The Department and LACADA review all LOS and data from the previous year's 1st and 2nd quarters to have input into the following year's funding allocations. Any program running below LOS or under-</p>	<p>competitive contracts AEREF/State: \$180,000, based on available funding Total: \$210,000, based on available funding & competitive contract</p>	<p>support services, harm reduction tools, recovery housing, or other recovery supports to benefit an overall recovery strategy for individuals with a substance use disorder.</p>	<p>meeting their Wellness goals. Individuals served will self-report improvement in relationships and social networks.</p>
---	--	--	---	---	--	--	--

<p>to seek alternate ways to build support networks to support them in their recovery. Providing safe, fun, sober social activities to support individuals in their recovery can build a better, stronger community.</p>	<p>interviews and focus group discussions identified returning to the community where the addiction started as a relapse risk. Oftentimes, in returning to their home can provide easy access from suppliers to re-engage the individual in use, and/or be a triggering</p>			<p>expending funds, may have their funding reduced or re-allocated to another program, at the discretion of the Department.</p>				
<p>Associated Community Problem: Addiction has a ripple effect that influences not only the individual but also the community in which they live, which is also true of the recovery aspect of their lives. With full support from their</p>	<p>environment due to others in the household continuing to use or other trauma in the home that is non-conducive to continued recovery. The 2022 OFRT Annual Report</p>		<p>2026: To Review previous years' LOS for contracted provider(s) and make recommendations for changes in LOS and allocations as may be necessary</p>	<p>2026: The County utilizes a competitive contract process to identify and fund services across the continuum on an annual basis, with an option to</p>	<p>An estimate of County: \$30,000, based on available funding & competitive contracts AEREF/State: \$180,000, based on available funding Total: \$210,000, based on</p>	<p>A minimum of 200 individuals will receive certified peer recovery support services, harm reduction tools, recovery housing, or</p>	<p>Middle Term: Demonstrate continued recovery as measured in previous two years Stable housing and employment</p>	

<p>community, including family and friends, an individual can have opportunities for housing, employment and education to empower them to maintain recovery over time.</p> <p>An individual with a substance use disorder faces many challenges without a positive support system. These can include risk of relapse, the ability to maintain sober housing, gain and retain employment, and sustaining successful recovery when living in the same environment that may have contributed to their substance use. A positive peer support system can</p>	<p>found just under 17% of individuals who died by an accidental overdose had unstable housing and more than half had a housing situation that was unknown, meaning it was unclear if they had been visiting the residence at which they passed away or were homeless at the time of death. (Harris, 2022)</p> <p>Therefore, having access to alternative, affordable housing linked to recovery supports may help to promote continued</p>			<p>renew effective programs up to two years from the original award. The Department and LACADA review all LOS and data from the previous year's 1st and 2nd quarters to have input into the following year's funding allocations. Any program running below LOS or under-expending funds, may have their funding reduced or re-allocated to another</p>	<p>available funding & competitive contract</p>	<p>other recovery supports to benefit an overall recovery strategy for individuals with a substance use disorder.</p>		
--	---	--	--	---	--	---	--	--

<p>be influential in helping them obtain and sustain long-term recovery.</p>	<p>recovery without having to move far from a healthy support system (such as close family members supportive of their recovery journey).</p>			<p>program, at the discretion of the Department.</p>				
			<p>2027: To Review previous years' LOS for contracted provider(s) and make recommendations for changes in LOS and allocations as may be necessary</p>	<p>2027: The County utilizes a competitive contract process to identify and fund services across the continuum on an annual basis, with an option to renew effective programs up to two years from the original award. The Department and LACADA review all LOS and data from the previous year's 1st and 2nd</p>	<p>An estimate of County: \$30,000, based on available funding & competitive contracts AEREF/State: \$180,000, based on available funding Total: \$210,000, based on available funding & competitive contract</p>	<p>A minimum of 200 individuals will receive certified peer recovery support services, harm reduction tools, recovery housing, or other recovery supports to benefit an overall recovery strategy for individuals with a substance use disorder.</p>	<p>Long Term: Demonstrate continued recovery as measured in previous two years Stable housing and employment Provide peer supports to others moving through system; share stories, reduce stigma</p>	

				quarters to have input into the following year's funding allocations. Any program running below LOS or under-expending funds, may have their funding reduced or re-allocated to another program, at the discretion of the Department.				
--	--	--	--	---	--	--	--	--