The Mercer County Comprehensive Plan for the Organization and Delivery of Alcohol and Drug Abuse Services
Planning Cycle 2020-2023

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EXECUTIVE SUMMARY

In accordance with Public Law 1983, Chapter 51 and the establishment of the Alcoholism, Education, Rehabilitation and Enforcement Fund (AEREF), this County Comprehensive Plan (CCP) for the planning cycle of 2020 through 2023, describes Mercer County’s current and emergent drug use trends and the availability of addiction services across the county’s continuum of prevention, early intervention, treatment and recovery support. This plan outlines quantitative and qualitative data to describe the current trends within an evolving system of care according to the statutory requirements of the state legislation. Both the data and the variables from the changing and evolving system of care were considered in order to decide the priorities for the planning cycle of 2020 through 2023. The Local Advisory Committee on Alcohol and Drug Addiction (LACADA) oversaw the design and development of the data collection, community outreach and participation. During the planning process, the Office on Addiction Services conducted 5 focus groups and 26 key informant interviews and participated in 3 town hall meetings, 1 county town hall meeting and 24 community outreach events. Information and feedback was also documented from meeting with providers in the county at annual site visits. In addition, the Office of Addiction Services participated in three other county planning efforts: the Greater Mercer Public Health Partnership (GMPHP), the Prevention Coalition of Mercer County (PCMC) and the Trenton/Mercer Coordinated Entry and Assessment System (CEAS). All three planning efforts have a goal of making Mercer County healthier for its residents. Participation in these efforts further helped the Office on Addiction Services to gather and analyze additional data and determine strategies within the context of these planning efforts and community partners. As a result of this planning approach, a community based process that helped determine the “best uses” of state and county resources to improve Mercer County’s substance abuse continuum of care, was created.

The overall priorities described in this CCP takes in to consideration the data reviewed, system level changes with the addiction treatment continuum of care, and feedback from the community regarding the experience of Mercer County residents. This plan describes the process and data available during the planning process. The overall priorities that are highlighted in this plan are the following:

Prevention - In the area of prevention education, Mercer County will set a goal of educating youth utilizing evidence based programs in order to increase protective factors and decrease risk factors. Based on social and health indicators, such as, treatment admissions, drug related arrests and naloxone administrations, Trenton and Hamilton face a disadvantage. Because of these indicators, Mercer County will target the evidence based programs to be implemented in the communities of Trenton and Hamilton.

Early Intervention - In the area of early intervention, Mercer County will strategically implement early intervention services with the goal of reducing stigma and encouraging earlier identification of substance use disorder (SUD) symptoms.

Treatment - In the area of treatment, Mercer County will address concerns of limited access to halfway house treatment services and other recovery housing options. There is a lack of coverage for this level of care and no insurance, public or private, covers this service.

Recovery Support - In the area of recovery support services, Mercer County recognizes building the capacity of recovery support services in the county can be crucial for individuals at all stages of the recovery process. In addition to building a recovery center, we will utilize the Substance Abuse and Mental Health Services Administration’s (SAMHSA) SSI/SSDI, Outreach, Access and Recovery model (SOAR) to help provide case management services to individual experiencing homelessness with co-occurring and SUD.
1. FOUNDATIONS, PURPOSE AND PRINCIPLES

A. STATUTORY AND POLICY FOUNDATIONS

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

B. ADMINISTRATIVE FOUNDATIONS

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

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

C. PURPOSE AND PRINCIPLES

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

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

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

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

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1 For a glossary of planning terminology used in the CCP, please see Appendix One.
2. THE VISION FOR THE 2020-2023 COUNTY COMPREHENSIVE PLAN

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

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

<table>
<thead>
<tr>
<th>SOURCE</th>
<th>QUANTITATIVE</th>
<th>QUALITATIVE</th>
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<tbody>
<tr>
<td>1. NEW JERSEY DMHAS</td>
<td>YES</td>
<td>YES</td>
</tr>
<tr>
<td>2. GCADA</td>
<td>YES</td>
<td>YES</td>
</tr>
<tr>
<td>3. MOBILIZING ACTION THROUGH PLANNING AND PARTNERSHIPS, MAPP (CDC/NJDOH SPONSORED)</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>4. REGIONAL PREVENTION COALITIONS</td>
<td>YES</td>
<td>YES</td>
</tr>
<tr>
<td>5. COUNTY PLANNING BODIES</td>
<td>YES</td>
<td>YES</td>
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<tr>
<td>6. HOSPITAL COMMUNITY HEALTH PLAN</td>
<td>YES</td>
<td>YES</td>
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<tr>
<td>7. MUNICIPAL ALLIANCES</td>
<td>YES</td>
<td>YES</td>
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<tr>
<td>8. TREATMENT PROVIDERS</td>
<td>YES</td>
<td>YES</td>
</tr>
<tr>
<td>9. FOUNDATIONS</td>
<td>YES</td>
<td>YES</td>
</tr>
<tr>
<td>10. FAITH-BASED ORGANIZATIONS</td>
<td>YES</td>
<td>YES</td>
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<tr>
<td>11. ADVOCACY ORGANIZATIONS</td>
<td>YES</td>
<td>YES</td>
</tr>
<tr>
<td>12. OTHER CIVIC ASSOCIATIONS</td>
<td>YES</td>
<td>YES</td>
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<tr>
<td>13. RECOVERY COMMUNITY</td>
<td>YES</td>
<td>YES</td>
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</table>
2. How did the county organize and conduct outreach to its residents, service providers and their consumers, civic, church and other community and governmental leaders to inform them about the county’s comprehensive alcoholism and drug abuse planning process and invite their participation?

The Office on Addiction Services informed providers, social service agencies, consumers and other outreach advocacy groups about the county comprehensive plan. During the course of the planning process, focus groups and key stakeholder interviews were conducted. In addition, the Office on Addiction Services held a countywide town hall meeting and participated in many other outreach community events in order to monitor changing needs within the continuum of care and determine the “best uses” of state and county resources to improve Mercer County’s substance abuse continuum of care. During meetings with providers, the LACADA or outreach events, all were invited to participate in the process, review the data and provide feedback.

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

<table>
<thead>
<tr>
<th></th>
<th>Members of the County Board of Freeholder</th>
<th>YES</th>
<th>NO</th>
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<tr>
<td>2.</td>
<td>County Executive (If not applicable leave blank)</td>
<td>YES</td>
<td>NO</td>
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<td>3.</td>
<td>County Department Heads</td>
<td>YES</td>
<td>NO</td>
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<td>4.</td>
<td>County Department Representatives or Staffs</td>
<td>YES</td>
<td>NO</td>
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<td>5.</td>
<td>LACADA Representatives</td>
<td>YES</td>
<td>NO</td>
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<td>6.</td>
<td>PACADA Representatives</td>
<td>YES</td>
<td>NO</td>
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<td>7.</td>
<td>CASS Representatives</td>
<td>YES</td>
<td>NO</td>
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<td>8.</td>
<td>County Mental Health Boards</td>
<td>YES</td>
<td>NO</td>
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<td>9.</td>
<td>County Mental Health Administrators</td>
<td>YES</td>
<td>NO</td>
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<td>10.</td>
<td>Children System of Care Representatives</td>
<td>YES</td>
<td>NO</td>
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<td>11.</td>
<td>Youth Services Commissions</td>
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<td>12.</td>
<td>County Interagency Coordinating Committee</td>
<td>YES</td>
<td>NO</td>
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<td>13.</td>
<td>Regional Prevention Coalition Representatives</td>
<td>YES</td>
<td>NO</td>
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<td>14.</td>
<td>Municipal Alliances Representatives</td>
<td>YES</td>
<td>NO</td>
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<td>15.</td>
<td>Other community groups or institutions</td>
<td>YES</td>
<td>NO</td>
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<td>16.</td>
<td>General Public</td>
<td>YES</td>
<td>NO</td>
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4. Briefly evaluate your community outreach experience over the last three years of preparing your 2020-2023 CCP. What role did the LACADA play in the community participation campaign? What approaches worked well, less than well, or not at all to generate community participation and a balance of “interests” among the participants?

The Mercer County Department of Human Services is extremely committed to collaborating with community partners. This CCP attempts to document the county’s current and emergent substance abuse trends, provides goals, and highlights gaps in services for the county’s continuum of care, which include prevention, early intervention, treatment and recovery support services. It is the result of a community-based process that prioritizes the County’s greatest gaps in services and represents our commitment to our residents’ well-being. The production of the CCP was approximately a twenty-four (24) month process, beginning in 2017 and ending in 2019, in which the Office on Addiction Services surveyed the local landscape of addiction services, analyzed gaps within the continuum of care and the legislated subpopulations, and made decisions on resource allocations. The LACADA played a role in the oversight and review of the Mercer County Comprehensive Planning process. The LACADA Board members, as well as internal staff of Human Services, provided input into the development and design of the process.

In the last two years, twenty-six (26) key informant interviews were conducted in order to examine the system of care in planning for services. Five focus groups and many planning sessions, in addition to examination of the current system of care and gaps in services, helped to create this plan for the planning cycle of 2020-2023. In addition to the key informant interviews, dates of five focus groups were established with respect to community providers, residents, consumers, community leaders and individuals in recovery. Participants in the focus groups were given specific data to describe the landscape of substance abuse services currently within the system of care. Participants reviewed the 8 special subpopulations, as legislated and referenced throughout this document. A total of 46 individuals attended the five focus groups. The feedback from the focus groups and key informant interviews provided us with tremendous information on ways to improve the system of care, ideas about prevention activities, treatment needs and barriers to treatment and recovery services. In addition to our internal process, the Office also contributed to three local planning efforts that helped define community needs.

With participation in these additional community-based planning efforts, the Office was able to not only identify and collaborate with community partners but also strengthen the relationship with these entities. The Prevention Coalition of Mercer County (PCMC), the DMHAS funded regional prevention coalition, embarked on their needs assessment process in 2018. Additionally, the Greater Mercer Public Health Partnership (GMPHP) which is a collaboration of local hospitals and health officers, underwent their Community Health Assessment (CHA) and Community Health Improvement Plan (CHIP), both of which Mercer County participated in. Both planning efforts collected data on specific social, health and economic indicators within the community and encouraged the participation from county residents. In addition to participating in those health assessment efforts, the Office on Addiction Services participated in a strategic planning process with the Trenton/Mercer Continuum of Care (CoC) Coordinated Entry and Assessment system (CEASE), in which the U.S. Department of Housing and Urban Development (HUD) requires that every CoC develop a CEASE system. All three local planning efforts were concentrated on developing a plan to help make the Mercer County community healthier. The Department of Human Services, Office on Addiction Services played an essential role in developing strategic plans with these community stakeholders. As a result of participating in these

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4 Trenton/Mercer Continuum of Care (CoC), the City of Trenton (2018). Retrieved from [www.trentonnj.org](http://www.trentonnj.org)
planning processes, the available data, resources and analysis, provided a valuable platform for the production of the County Comprehensive Plan 2020-2023.

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?

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<td>Countywide Town Hall Meeting</td>
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<td>Within-County Regional Town Hall Meeting</td>
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<td>Key Informant Interviews</td>
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<td>Topical Focus Groups</td>
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If you answered “Yes” to item 9, briefly describe that method.

The scale above indicates that the three most valuable methods to the planning process were: key informant interviews, topical and special population focus groups. The system of care for individuals with substance use disorders who qualify for Medicaid or the Fee For Service system has had such a tremendous amount of change in the last 3 years. Because of the most recent changes to the system of care, we utilized key informant interviews and focus groups in order to help identify the gaps in services. Utilizing the key informant interviews allowed the county to target members in the community who were aware of the changing landscape and had an understanding of the system. In addition, using special population and topical focus groups allowed the county to target special concerns and subpopulations.

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

The approach that the we took for the planning cycle of 2020-2023, resulted in a comprehensive, informed, data driven process with a variety of priorities to focus on within addiction services, all while examining the current system of care and changing landscape. Our approach considered the results of several community needs assessments with specific attention to substance abuse prevention activities (Prevention Coalition), general health concerns (GMPHP) and the housing needs of Mercer County residents (CEASe system). In addition, the Office on Addiction Services conducted key informant interviews to help identify gaps in services in a system of care that continues to evolve. The staff in the Department of Human Services met with many community stakeholders during the planning process in order to examine the needs of the community, including the following:
Treatment providers, housing providers, shelter providers, criminal justice providers/community, staff from primary care facilities/FQHC, staff from the NJ State Department of Children and Families, NJ State Department of Human Services (DMHAS), staff from the Interim Managing Entity (UBHC), Mercer County Community College, Municipal Alliances, recovery support organizations, the OORP, STAR Team, Greater Mercer Public Health Partnership (GMPHP), Trenton Health Team, Prevention Coalition of Mercer County, the Hyacinth Foundation, faith based organizations, the Children’s System of Care Substance Use Navigator (SUN) and the recovery community.

Overall, we would not recommend taking a different approach. The approach we took for the planning cycle of 2020-2023, allowed us to monitor the changing needs of the continuum of care and determine the “best use” of State and County resources.

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

During the focus groups, each subpopulation was examined. Participants were informed of the subpopulations and asked if there were concerns or gaps related to each of them. In addition, there were key informant interviews that were conducted in order to further examine the needs of the subpopulations within our county. Key stakeholders representing each of the subpopulations were specifically chosen to further identify and evaluate any gaps in services for each of them. A description of the key informant interviews can be found in the reference section on this document. State representatives were consulted to further confirm our findings or ask more specific questions surrounding certain subpopulations.

All focus groups reviewed the 8 subpopulations and the facilitators solicited any specific concerns that surrounded individuals belonging to one of those groups.

| a. Offenders- During the 5 focus groups, the participants were asked if there were any specific needs regarding this subpopulation. |
| b. Intoxicated Drivers- During the 5 focus groups, the participants were asked if there were any specific concerns regarding this subpopulation. |
| c. Women- During the 5 focus groups, the participants were asked if there were any specific concerns regarding this subpopulation. In addition, there were several key informant interviews and discussions regarding women as a subpopulation and the array of specialized services within the continuum of care. |
| d. Youth- During the 5 focus groups, the participants were asked if there were any specific concerns regarding this subpopulation. In addition, there were several meetings with the Division of Youth Services to discuss the Children’s System of Care and other county funded efforts. |
| e. Disabled- During the 5 focus groups, the participants were asked if there were any specific concerns regarding this subpopulation. In addition, one of the focus groups specifically invited individuals representing people with disabilities. |
| f. Workforce- During the 5 focus groups, the participants were asked if there were any specific concerns regarding this subpopulation. |
| g. Seniors- During the 5 focus groups, the participants were asked if there were any specific concerns regarding this subpopulation. In addition, one of the focus groups had a significant number of providers/members representing the aging community. |
| h. Co-occurring- During the 5 focus groups, the participants were asked if there were any specific concerns regarding this subpopulation. In addition, many of the key informant interviews included participation with the Mercer County Mental Health Administrator, who... |
works closely and collaborates on many initiatives together with the Office on Addiction Services.

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

The overall planning process did strengthen the collaborative relationships with key stakeholders in the county. The process highlighted how with an examination of gaps in services, specific to substance abuse, the Mercer County Office on Addiction Services had an opportunity to help assist with gaps in services and fund vital services to make an impact at the local level. For example, through the planning process, the Office on Addiction Services has strengthened the relationship with housing providers and more specifically, the Coordinated Entry and Assessment System (CEASE). Within the Trenton/Mercer Continuum of Care (CoC), the U.S. Department of Housing and Urban Development (HUD) requires that every CoC develop a CEASE system. The CEASE system regularly identifies individuals that are homeless and very often may struggle with co-occurring issues. By strengthening the relationship with the CEASE system and its partners in Mercer County, we created an opportunity for the Office on Addiction Services to utilize funds to provide access to care coordination and services to this vulnerable population.

4. PREVENTION
LOOKING BACK: PREVENTION ACCOMPLISHMENTS 2016-2019

During the 2016-2019 CCP, the Office on Addiction Services purchased SAMHSA approved evidence based curriculum and spent $50,000 annually in 2016 and 2017 and $60,000 in 2018. As a result of the implementation of these evidence based curriculums, we can expect a reduction in risk factors and an increase in protective factors at the individual, family, and/or community levels. These factors are guided by relevant psychosocial theories regarding the etiology of substance use and abuse. For example, one of the curriculums implemented was Footprints for Life. This program helps young children build a strong foundation of life skills rooted in key social competencies; planning and decision-making practice, interpersonal skills, cultural competence, peer pressure and peaceful resolution. Parenting Wisely was also implemented during the 2016-2019 cycle, and uses an interactive CD-ROM to train parents in relationship enhancement and child management skills. These programs provide education and information in the community, increase awareness of substance use disorders and potentially increase referrals to treatment and early detection. In 2016, 1,590 county residents received education in evidence based curriculum. In 2017, 1,479 residents received the education and in 2018, 2,152 residents received it.

These prevention services were planned in coordination with other prevention efforts in the community. The Municipal Alliance Program, funded by the Governor’s Council on Alcohol and Drug Abuse (GCADA), submitted their five year 2014-2019 Strategic Plans during the last planning cycle and the content of those plans were taken in to consideration. Also, the planning and programming from the Prevention Coalition of Mercer County (PCMC) impacted our prevention efforts. Both the PCMC and the Municipal Alliance program utilize a Strategic Prevention Framework (SPF) that emphasizes a
public health strategy to build capable, competent communities. The key SPF skills are assessment, capacity, planning, implementation and evaluation. These core competencies help guide a process to be effective in community problem solving. Collaborating in these various prevention efforts from a SPF standpoint helps to coordinate efforts and truly develop a comprehensive plan to make a healthier community.

ASSESSING THE NEEDS FOR PREVENTION PROGRAMS
Prevention programs are designed to enhance “protective factors” and to reduce “risk factors”. Protective factors are those associated with reduced potential for drug use and risk factors are those that make drug use more likely. Consistent with the statewide prevention framework, researchers such as Hawkins and Catalano have grouped factors in 4 domains: community, family, school and peer/individual (as seen in the attached description in the reference section of this document). Whether someone engages in substance use is often related to exposure to factors that are typically associated with an increased likelihood of substance use (i.e. risk factors) or factors that are typically associated with a decreased likelihood of substance use (i.e. protective factors). Because of this premise, targeting communities that experience a high number of risk factors could be beneficial in preventing or delaying the initiation of substance use. While considering the elements of effective prevention programming, the Office on Addiction Services examined the current prevention efforts within the county and municipalities and will target those communities with the highest social and health indicators and exposure to multiple risk factors.

When assessing the needs for prevention education, Mercer County considered the planning process of the PCMC and the programming of the Municipal Alliances. As SAMHSA defines, this assessment phase within the strategic prevention framework (SPF) helps define the problem or the issue that a project needs to tackle. This phase involves the collection of data to: understand a population’s needs, review the resources that are required and available and identify the readiness of the community to address prevention needs and service gaps. During 2018, the PCMC underwent a planning process to determine what priorities the coalition will work on for the next 5 year plan and the Office on Addiction Services participated in this planning process. The Municipal Alliances are going in to a sixth year extension for the five year 2014-2019 plan. The following municipalities participate in the GCADA funded program and have chosen the following priorities:

East Windsor- Reduce the Use of Illegal Substances
Ewing- Reduce Problem Drinking/Binge Drinking/Underage Drinking
Hamilton- Reduce Problem Drinking/Binge Drinking/Underage Drinking
Hopewell Valley/Pennington- Reduce Problem Drinking/Binge Drinking/Underage Drinking
Lawrence- Reduce Problem Drinking/Binge Drinking/Underage Drinking
Princeton- Reduce Problem Drinking/Binge Drinking/Underage Drinking

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Trenton- Reduce Problem Drinking/Binge Drinking/Underage Drinking
West Windsor/Plainsboro- Reduce Problem Drinking/Binge Drinking/Underage Drinking

Both planning efforts embrace the seven Community Anti-Drug Coalitions of America (CADCA) strategies to address community level change. These strategies are:

1. Provide information
2. Enhance skills
3. Provide support
4. Enhance access/reduce barriers
5. Change consequences with incentives or disincentives
6. Change physical design
7. Modify or change policies

With the collaborative work and partnerships of the PCMC and Municipal Alliances, the Office on the Addiction Services will continue to use evidence-based research and resources to ensure substance use and misuse prevention education remain a high priority. In order to evaluate where to commit prevention education efforts, the Office on Addiction Services considered several data sources, key informant interviews, and analysis of risk factors and other social and health indicators of Mercer County.

As described by Hawkins and Catalano, risk factors such as low community attachment, extreme economic deprivation and community norms favorable towards substance use, were reviewed with regards to assessing the needs for prevention. In the appendices section of this document, you will find tables describing these risk factors. For example, the City of Trenton experiences a poverty rate of approximately 26%, while other communities in Mercer range from 0.8 to 11.3. Trenton is also reported to have a median household income of approximately $36,000, while the State of New Jersey is $71,000. Other data indicates that there is concern with regards to community attachment and community norms favorable towards substance use. Risk factors such as these could potentially put individuals at risk for exposure to substance use disorders.

In addition to reviewing potential risk factors in the communities of Mercer County and assessing the community efforts already committed to prevention education, the Office also examined other relevant social and health indicators. The data available from the New Jersey Substance Abuse Monitoring System (NJSAMS) reflects the number of individuals in substance abuse treatment for the year 2017, and is broken out by residency and primary substance. Of the 2,991 treatment episodes of Mercer County residents in 2017, 54% of them are Trenton residents and 20% are Hamilton residents, as the table below indicates:

<table>
<thead>
<tr>
<th>Mercer County</th>
<th>Primary Drug</th>
<th>Alcohol</th>
<th>Cocaine/ Crack</th>
<th>Heroin</th>
<th>Other Opiates</th>
<th>Marijuana/ Hashish</th>
<th>Other Drugs</th>
<th>Unknown</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N</td>
<td>%</td>
<td>N</td>
<td>%</td>
<td>N</td>
<td>%</td>
<td>N</td>
<td>N</td>
<td>N</td>
</tr>
</tbody>
</table>


Approximately 44% of the treatment episodes are for treatment for an Opiate Use Disorder. This data includes admissions to all agency based treatment, as required by licensure regulations with the State of New Jersey Division of Mental Health and Addiction Services, but does not account for individual private practices or out of state treatment episodes. In addition, data from the Drug Monitoring Initiative (DMI) with the New Jersey State Police, the Mercer County Drug Environment (January 1, 2016 – March 31, 2017) reports that among all of the municipalities in Mercer County, Trenton and Hamilton had the highest number of drug-related arrests:\(^1\):

- Trenton = 2,342
- Hamilton = 1,086

Other data reviewed from the New Jersey Department of Health, Opioid Dashboard, indicate that from 6/1/17-10/31/18, Trenton had the 4th highest naloxone administrations in NJ at 695 incidents, after Camden (2,279), Newark (1,467) and Paterson (705).\(^2\) Drug overdoses is a serious public health concern and continues to be one of the largest challenges that the County is facing. Many of the key informant interviews reiterated the concern of opioid overdoses, other drug related overdoses and the fact that fentanyl, a potent synthetic opioid, is found in many of the street drugs and is very easy to overdose on. During focus groups and key informant interviews, people acknowledged the importance of educating individuals on Naloxone, the medication designed to rapidly reverse opioid overdoses. Other themes that emerged during the interviews were the importance of education and access to medication assisted treatment and information on housing options for someone in recovery. Lastly, specific to prevention education, concerns were raised regarding access to vaping and tobacco products.

**LOOKING FORWARD: THE 2020 - 2023 COUNTY PREVENTION PLAN**

With examination of the potential risk factors and current social and health indicators, the data suggests that both Trenton and Hamilton have elevated risk and allocating these prevention efforts will be effective. In SAMHSA’s 2016 National Survey on Drug Use and Health, 10.6 percent of people aged 12 years or older used illicit drugs in the past month, and 7.5 percent had a substance use disorder in the

\(^{11}\) New Jersey State Police. Drug Monitoring Initiative (DMI). Mercer County Overview

Whether someone engages in substance use is associated with several risk factors that are typically correlated with an increased likelihood of substance use, such as, the perception of low risk of harm from using a substance, or easy availability of substances. On the other hand, protective factors are typically associated with a decreased likelihood of substance use, for example consistent exposure to prevention messages. Risk and protective factors include variables that reflect different domains of influence, including the individual, family, peer, school, community, and society. Interventions to prevent substance use are commonly designed to reduce the influence of risk factors and enhance the effectiveness of protective factors.

As the substance abuse prevention experts indicate, by offering evidence base prevention programming to individuals in the communities of Trenton and Hamilton, we hope to increase the protective factors and decrease the risk factors for those youth involved in the programming, essentially preventing or delaying the initiation of substance use. Other prevention education areas that Mercer County will continue to support are the following topics:
Emerging drug trends
Naloxone training
Vaping and tobacco
Evidence based curriculum training for prevention education

THE PREVENTION LOGIC MODEL NARRATIVES

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

There is an increase in risk factors for addiction and potential overdose within Mercer County, with the highest risk in the Trenton and Hamilton communities. As substance abuse prevention experts indicate, by offering evidence base prevention programming to individuals in the communities of Trenton and Hamilton, we hope to increase the protective factors and decrease the risk factors for those youth involved in the programming, essentially preventing or delaying the initiation of substance use.

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

Drug overdoses are a serious public health concern and opioid-related overdoses continue to rise. Exposure to peer pressure during adolescence puts youth at higher risk in these communities. Within the limited amount of resources, Mercer County has utilized a prevention principle that if you enhance protective factors, we will reverse or reduce risk factors.

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

There is an evidence of risk factors as seen in the chartbook on tables for Community Attachment, Economic Deprivation and Community Norms. Other indicators are:

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Trenton had the 4th highest naloxone administrations in NJ at 695 incidents.

74% of Mercer County residents seeking treatment were from Trenton (54%) and Hamilton (20%) as reported in the DMHAS 2017 Substance Abuse Overviews. For additional data, please reference the needs assessment section on page 14.

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

Our goal is “to educate youth using an evidence-based program, in order to increase the protective factors and decrease of risk factors”.

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

The annual accomplishment will be to implement an evidence based curriculum program to educate youth and the community by issuing a Request for Proposal (RFP). We expect that with repeated applications of this program annually, we will multiply the number of individuals trained and simultaneously increase its own value as protective factor in the community as the adolescent culture begins to change.

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

The strategy will be to issue the RFP with specific details of implementation in Trenton and Hamilton and continually purchase the programming yearly.

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

It will cost $60,000 annually.

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

The annual outputs will be based on the RFP applicants and will be determined by that process.

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

As stated earlier, by offering evidence base prevention programming to individuals in the communities of Trenton and Hamilton, we hope to increase the protective factors and decrease the risk factors for those youth involved in the programming, essentially preventing or delaying the initiation of substance use.

10. Whose participation beyond the county’s initiative will be needed to execute the strategy or any of its parts?
Applicants will be responding to the issued RFP and the school systems or community centers where the programming will be taking place, are also needed in order to execute this strategy. 2020-2023 EVIDENCE-BASED, PREVENTION EDUCATION PROGRAM(S)

Name: Prevention Programming- evidence based curriculum

Description: The evidence based program will be determined by a Request for Proposal (RFP) process aimed at early adolescence or adolescence.

Objectives: The objective is to provide evidence based programming in order to delay or prevent the age of first use.

Location or Setting for its Delivery: These programs will be delivered within the school system, social service agencies or other recreational locations in Trenton and Hamilton.

Expected Number of People to Be Served: a range between approximately 200-400 annually will be served

Cost of Program: $60,000 annually

Evaluation Plan: Evidence based programming includes a pre and post test to determine the effectiveness of education and skills gained through the sessions.
5. EARLY INTERVENTION
LOOKING BACK: EARLY INTERVENTION ACCOMPLISHMENTS 2016-2019

In the area of Early Intervention, the goal of the 2016-2019 CCP was to provide a prenatal screening and education program in the community. The program was designed to explore and address problems or risk factors that appear to be related to substance abuse. As a result, with an allocation of $48,000 annually to provide the service, 100 women on a yearly basis received screening, education and case management. They were screened at the local health clinic utilizing the 4 P’s screening tool and referred to treatment if needed. Additionally, a clinician was available at the family shelter to provide screenings and psycho-educational groups if needed. These women were at risk for a substance use disorder and with early detection had an opportunity to get treatment. While this early intervention effort was successful, due to specific New Jersey State Department of Human Services prenatal initiatives, it was recognized that this programming was redundant and not needed in the next CCP.

ASSESSING THE NEEDS FOR EARLY INTERVENTION PROGRAMS

Early intervention strategies can reduce the impact of mental and substance use disorders in Mercer County. Early intervention services typically help individuals identify issues around substance abuse or mental health and promote making healthy decisions. Strategies are often implemented in the healthcare setting, for example, utilizing a model such as Screening Brief Intervention, Referral to Treatment (SBIRT). One of the hospital systems and Federally Qualified Healthcare Center (FQHC) in Mercer County utilizes this model and as a result identifies individuals needing an intervention in their healthcare setting. Research has shown that the earlier individuals receive treatment for substance abuse or mental health concerns, the better their prognosis is, which applies to most, if not all health conditions. In addition utilizing a model such as SBIRT can reduce stigma and build the capacity within the community in responding to the needs of each individual.

While reviewing the social and health indicators of Mercer County residents with regards to substance use disorders, the Office on Addiction Services examined several data sources, results of the focus groups and considered key informant interviews, in order to evaluate an early intervention gap. Unfortunately there are very limited early intervention strategies within the county system wide; however there are a handful of programs designed to identify and engage individuals within subsets of certain populations. Issues of stigma were consistently reported during the focus groups, such as the shame and misunderstanding of SUD, the segregated healthcare system and the limited capacity of that healthcare system. For example, key informant interviews revealed that an individual who has a mental health concern, a substance abuse issue and a general medical condition would have to be seen by three different agencies for those three conditions. Until the recent implementation of the Certified Community Behavioral Healthcare Clinic (CCBHC), which is a pilot program for an integrated health model, the segregated healthcare system becomes the barrier for those individual seeking services. The 2014 National Survey on Drug Use and Health found that 21.5 million Americans age 12 and older had a substance use disorder in the previous year; however, only 2.5 million received the specialized treatment they needed, with stigma a contributing factor. Overall, “early identification” and “access” to treatment were central themes in the key informant interviews.

In examination of the New Jersey Substance Abuse Monitoring System (NJSAMS) data, approximately 66% of people seeking treatment for substance use disorder in 2017, identified with a mental illness or co-occurring disorder, as seen in the table below.\textsuperscript{15}

<table>
<thead>
<tr>
<th>Mental Illness/Co-Occurring Disorder</th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>58%</td>
<td>63%</td>
<td>67%</td>
<td>66%</td>
</tr>
</tbody>
</table>

As a legislated subpopulation, individuals who identify as “co-occurring”, risk being stigmatized for either the SUD or mental health illness, or both. As the American Psychiatric Association recently reported, there may be a relationship between individuals with Opiate Use Disorders (OUD) and suicide, and that substance used disorder is an important risk factor for depression and suicide.\textsuperscript{16} Stigma of SUD and mental health issue can cause delays in treating individuals which can be detrimental in the prognosis of their condition. In the US, costs associated with untreated addiction, are estimated yearly at $249 billion for alcohol misuse and $193 billion for drug use (Surgeon General Report.)\textsuperscript{17} In a John Hopkins Research study, they found that the general public was more likely to have negative attitudes towards those dealing with addiction issues than with mental illness. Additionally, researchers found that people don’t generally support insurance, housing and employment policies that benefited people with SUD.\textsuperscript{18} It is because of these statistics and concerns, that the Office on Addiction Services has identified the stigmatization and early identification of SUD as the early intervention priority.

\textsuperscript{15} The New Jersey Department of Human Services, Division of Mental Health and Addiction Services (DMHAS). Substance Abuse Overview 2017 Mercer County. Retrieved from https://www.nj.gov/humanservices/dmhas/publications/statistical/#1
LOOKING FORWARD: THE 2020 TO 2023 EARLY INTERVENTION PLAN

Since early intervention services can help engage and identify the substance abuse needs for individuals, the Mercer County Office on Addiction Services will fund early intervention strategies within the county. In 2018, County Executive Brian M. Hughes, with the assistance of the Mercer County Division of Mental Health, launched a Stigma Free Campaign to help educate and bring community awareness to our county residents in order to reduce stigma around behavioral health symptoms and conditions. The Office on Addiction Services joined in the effort and will contribute to the overall goals and objectives of the campaign. Over the next four years, specific evidence based programs and practices will be utilized to educate county residents and providers. Educating county residents will help the general public identify symptoms of SUD or mental health issues at an earlier point. Earlier identification of these conditions with an ability to provide an intervention can greatly impact the individual’s health outcome.

The Mercer County Stigma Campaign will encompass strategic planning with regards to training in the community. It will include training on Mental Health First Aid, Trauma Informed Care, QPR (Question, Persuade and Refer) and other evidence based or informed practices. Strategically, Mercer County plans to target the school systems, social service agencies, the CEASe system, the criminal justice community and other identified community partners interested in receiving training. By providing this training in the community, we hope to educate county residents, reduce stigma in the county and provide earlier identification of SUD symptoms.

In addition, Mercer County will fund an early intervention position to assist in screening and identifying treatment needs for individuals 24 years and under. Creating an opportunity for early intervention and identification of treatment needs, can assist in making the community linkages to resources such as the CCBHC, MAT, primary care needs, housing hub, etc. for these young adults.
THE EARLY INTERVENTION LOGIC MODEL NARRATIVES

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

There is an overwhelming body of evidence that the stigma of struggling with substance use disorders (SUD) and mental health issues prevent individuals from seeking treatment.

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

Due to widespread stigma about those who use drugs and who suffer from addiction, the chronic stress of discrimination can push individuals to lose touch with their communities and families and experience profound loneliness and isolation. This isolation causes a decreased likelihood of reaching out to healthcare or treatment options. The consequence of isolation can fuel the addictive cycle. Stigma of SUD and mental health illness causes delays in treating individuals which can be detrimental in the prognosis of their condition. In the US, costs associated with untreated addiction, are estimated yearly at $249 billion for alcohol misuse and $193 billion for drug use (Surgeon General Report.)

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

Issues of stigma were consistently reported during the focus groups, such as the shame and misunderstanding of SUD, the segregated healthcare system and the limited capacity of that healthcare system. In NJSAMS, approximately 66% of individuals in treatment for SUD, report that they struggle with a co-occurring disorder as well.

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

Our goal to address this gap is to increase the awareness of substance use and mental health disorders.

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

On an annual basis, our goal is to provide trainings in the community to increase awareness and decrease stigma.

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

We plan to implement Mental Health First Aid trainings at various locations in the county. Additionally, we plan to fund an early intervention outreach position to screen and identify young adults (24 years and under) needing linkages to treatment options.

7. How much will it cost each year to meet the annual objectives?
It will cost approximately $10,000 annually for the Mental Health First Aid trainings. It will cost approximately $120,000 annually for the early intervention outreach position.

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

Mental Health First Aid helps an individual identify, understand, and respond to signs of substance use disorders and mental illnesses. On average, we expect to train 500 individuals in the community. Those 500 individuals will be educated to respond to other community members in crisis and help connect them to services. In addition, we expect that the early intervention outreach position will have approximately 2,000 face to face contacts with individuals yearly.

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

The annual outcomes will be education and awareness to individuals and overall, a reduction of stigma.

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

Participation from the school systems, community centers, social service agencies, criminal justice community or other areas where we hope to implement the training, are also needed in order to execute this strategy.
2020-2023 EVIDENCE-BASED, EARLY INTERVENTION PROGRAM(S)

Name: Mental Health First Aid trainings

Description: Mental Health First Aid trainings in the community to educate county residents and help reduce stigma, ultimately increasing access to treatment.

Objectives: The objectives will be to provide Mental Health First Aid trainings to county residents and social service agencies that provide services to youth and adults.

Location or Setting for its Delivery: These trainings will occur in the community at various locations.

Expected Number of People to Be Served: 500 annually

Cost of Program: $10,000

Evaluation Plan: Mental Health First Aid includes a pre and post test to determine the effectiveness of education and skills gained through the sessions.

Name: Early intervention outreach

Description: Our goal is to utilize an early intervention outreach clinician strategically in the county where individuals can engage in screening and identify treatment options.

Objectives: The objective would be to help connect individuals (24 years and under) to treatment options when needed and provide education.

Location or Setting for its Delivery: The location of these services would include: outreach to recreational centers, young adult shelter system, etc.

Expected Number of People to Be Served: approximately 2,000 face to face contact per year

Cost of Program: 120,000

Evaluation Plan: This strategy will include required reporting on outcome variables such as, how many individuals that engaged, number of screenings performed, community linkages to the CCBHC, housing hub, primary care, etc.
6. TREATMENT ACCESS

LOOKING BACK: TREATMENT ACCESS ACCOMPLISHMENTS, 2016-2019

During the 2016-2019, the overall goals of access to treatment were “to increase access to addiction services for individuals in the Mercer County Corrections Center (MCCC)”. Mercer County invested approximately $75,000 annually to provide clinical case management to individuals being discharged from the Corrections Center. The goal was to provide direct access to a variety of case management needs, such as, clinical treatment, primary care services, housing needs, and other general assistance benefits. On a yearly basis, more than 100 individuals were connected to these services. The Office on Addiction Services continues to fund these case management services.

ASSESSING NEEDS FOR TREATMENT ACCESS PROGRAMS

In the review of both the quantitative and qualitative data, “access to services” was highlighted as a great concern. Based on the changing system of care, some central themes and concerns that were recognized during the focus groups and key informants interviews were: residential/inpatient wait times, access to medication assisted treatment (MAT), concern that MAT is not readily available at the emergency room especially after an overdose, and access to an “integrated health care model” such as the CCBHC. Although NJ FamilyCare (Medicaid) now covers inpatient and outpatient treatment services, there are still gaps that remain. One of the areas of concern was access to halfway house treatment services and other recovery housing. According to the DMHAS Substance Abuse Overview report, in 2017 only 7% of Mercer County residents (220 individuals) were admitted in halfway house services. However, during key informant interviews, many individuals reported that a lack of halfway house treatment services and recovery housing is detrimental to the recovery process for Mercer County residents. Mercer County residents have limited access to halfway house treatment services and must qualify for limited State funding in order to access it. No health insurance, private/commercial or public, covers this service. Key stakeholders reported that there is a lack of coverage for halfway house services yet it provides an excellent transitional environment and clinical intervention for individuals at all stages of recovery. For these reasons, the Office on Addiction Services has chosen the lack of access to halfway house treatment services and other recovery housing as a priority in this area.

LOOKING FORWARD: THE 2020 TO 2023 TREATMENT ACCESS PLAN

Mercer County plans to increase access to halfway house treatment services, Level 3.1 to individuals with SUD. This level of care is designed to provide one to six months or more of room, board, and supportive services. The structured recovery environment is designed to address addiction, vocational, social and recreational needs for individuals. Treatment is directed towards helping individuals to integrate recovery concepts in their life, engagement in occupational training, gainful employment and independent self-monitoring. In addition to providing access to halfway house services, the county intends to increase access to other recovery housing options as part of a larger strategy. Other already established initiatives within the Office on Addiction Services that contribute to this overall strategy of supporting recovery housing options are the following:

Focus group participants and key stakeholders reported that housing stability is consistently one of the most important priorities in every area of the recovery process and can be detrimental to all stages of the recovery process. As the NJ DMHAS states, “there is a growing body of research demonstrating that stable housing is a cornerstone to addiction recovery and that people suffering from chronic diseases such as addiction achieve better outcomes when housing accompanied with supportive in-home and community services is provided early on as a basic need” 20.

THE TREATMENT ACCESS LOGIC MODEL NARRATIVES

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

Mercer County residents have limited access to halfway house treatment services and other recovery housing options and must qualify for limited State funding in order to access it. No health insurance, private/commercial or public, covers this service.

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

There is a lack of coverage for halfway house services and/or other recovery housing options yet it provides an excellent recovery environment and clinical intervention for individuals at all stages of recovery.

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

According to the DMHAS Substance Abuse Overviews, in 2017 only 7% of Mercer County residents (220 individuals) were admitted in halfway house services. However, during key informant interviews, many individuals reported that a lack of halfway house treatment services and recovery housing is detrimental to the recovery process.

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

Our goal is to provide increased access to halfway house services and recovery housing to Mercer County residents.

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

20 The Division of Mental Health and Addiction Services retrieved from https://www.state.nj.us/humanservices/dmhas/resources/services/recovery/supp_hsg.html
Our objective will be to increase the number of individuals accessing halfway house services and recovery housing.

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

To issue a Request For Proposal (RFP) for a specific amount of halfway house treatment services annually and includes linkage to other recovery housing options.

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

Mercer County will allocate $250,000 annually for halfway house treatment services and other recovery housing options.

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

The number of individuals that we anticipate will be treated will be based on the proposals, the length of stay and unit of cost. We expect that approximately 2,500 bed days will be purchased.

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

Individuals will be offered Level 3.1 at a DMHAS licensed agency.

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

Participation from DMHAS licensed agencies, Level 3.1, is needed in order to execute this strategy.
2020-2023 EVIDENCE-BASED, TREATMENT ACCESS PROGRAM(S)

Name: Halfway House treatment

Description: This effort will provide access to Halfway House treatment services.

Objectives: To increase the number of individuals accessing halfway house treatment services. As a DMHAS licensed facility, halfway house services will provide room, board, and services designed to apply recovery skills, prevent relapse, improve emotional functioning, promote personal responsibility and reintegrate the individual into work, education and family life. The objective will include linkage to other recovery housing such as sober living if needed.

Location or Setting for its Delivery: The delivery of these services will be at DMHAS licensed agencies for Level 3.1.

Expected Number of People to Be Served: The number of individuals that we anticipate will be treated, will be based on the proposals, the length of stay and unit of cost. However, we expect that approximately 2,500 bed days will be purchased.

Cost of Program: $250,000.00

Evaluation Plan: Agencies will report on the evaluation of treatment variables during quarterly reports and at the annual site visit.
7. RECOVERY SUPPORT SERVICES

LOOKING BACK: RECOVERY SUPPORT ACCOMPLISHMENTS 2016-2019

In the area of recovery support services, the goal of the 2016-2019 CCP was to decrease the number of Mercer County residents that needed transportation to a residential or detoxification treatment. Approximately, 100 county residents received transportation services during the last planning cycle of 2016-2019. Although transportation continues to be identified as a needed service, agencies are encouraged to put in a unit of cost in their contract proposals. The County of Mercer will continue to fund transportation when agencies indicate that it is a need and gap in service for the clients utilizing the services.

ASSESSING NEEDS FOR RECOVERY SUPPORT SERVICES PROGRAMS

Recovery support services are defined as programs or projects that help people become or stay engaged in the recovery process and reduce the likelihood of relapse. Mercer County has several non-profit organizations which offer peer to peer services throughout the county. Additionally, there are several law enforcement efforts within the county that utilize the use of peers. The DMHAS also funds the Overdose Outreach Recovery Program (OORP) in the emergency rooms which utilizes a peer recovery specialist and navigator to help link individuals to treatment or other support services in the community. There are also criminal justice recovery support services available within a few social service agencies.

While assessing these current available services and gaps in recovery support services, housing and case management emerged as central themes during the key informant interviews and focus groups. It has been reported that due to the opioid epidemic, there has been an increase of overdoses occurring in the shelter system and surrounding streets. Additionally, there has been an increase in individuals utilizing the shelter system that have SUD and mental health illness, as reported in key informant interviews. The Mercer County system monitor for the Homeless Management Information System (HMIS) reports that 82% of individuals in 2018 in our adult shelter system, have a Substance Use Disorder and 81% have a mental health illness. These individuals are at a very high risk of cycling through the ER’s, shelter, and possibly criminal justice system. As reported by the National Health Care for the Homeless Council, individuals that are homeless are at high risk for poor health, suffering all illnesses at 3-6 times the rates experienced by others, have higher death rates and dramatically lower life expectancy.

During the assessment of recovery support services, key stakeholders reported that while we have some recovery support services in Mercer County, we lack a central hub where individuals can gather, gain support and support one another. Focus group participants reported that a recovery center could offer county residents help with preventing relapse and providing support for sustained recovery within the community. Similar to the DMHAS funded Recovery Center model, support services can range from peer to peer services, community linkages to various treatment options, connection to recovery housing, recovery related workshops, trainings and meetings and job readiness and training. Throughout the Mercer County planning process, these recovery support services were recognized as needed services in the county.

LOOKING FORWARD: 2020-2023 RECOVERY SUPPORT SERVICES PLAN

Mercer County plans to build a recovery center that could potentially reinforce the efforts of the early intervention and access to treatment programs as well, essentially augmenting and building upon those in a coordinated way. A recovery center could offer early intervention services, connection to treatment options, peer services, recovery housing and hope. Building a recovery center that incorporates a strength perspective puts an emphasis on people’s resiliencies and capacities rather than correcting deficits.

Of the sub-populations legislated, one identified population at high risk in Mercer County is a “co-occurring” subpopulation specifically, homeless individuals, as reported by the Trenton/Mercer Coordinated Entry and Assessment System (CEASe) and key informant interviews. With the evolution of the CEASe system within the work of the Trenton/Mercer Continuum of Care (CoC), the Mercer County Office on Addiction Services reviewed data reporting that 82% of individuals in the homelessness system in Mercer County have a Substance Use Disorder and 81% has a mental health illness. In 2018, the CEASe system evolved to provide screening and assessment services through a coordinated collaborative community approach by many community agencies serving County residents. The overall goal of the CEASe system is to connect individuals to appropriate housing by completing housing applications, obtaining identification, addressing any and all other barriers that exist with navigating the complexities of social services within our community and providing community linkages to treatment for substance use disorders and mental health services. By allocating addiction funds to the CEASe system, we establish an opportunity to connect all individuals into the treatment system, find stable housing options and address the on-going needs of these county residents.

Within the recovery support plan, Mercer County plans to implement the SAMHSA’s SSI/SSDI Outreach, Access, and Recovery (SOAR) model. As describes on their website, SOAR case management helps communities increase access to Supplemental Security Income/Social Security Disability Insurance (SSI/SSDI) benefits for people who are experiencing homelessness and have a serious mental health illness, medical impairment, and/or a co-occurring substance use disorder. In Mercer County, the implementation of SOAR case managers work in coordination with the CEASe system to provide these recovery support services. The Mercer County Office on Addiction Services has funded SOAR for approximately 10 years. As SAMHSA defines SOAR, the objectives of the case management model are to increase access to SSI/SSDI. As a result of receiving SSI/SSDI, individuals will receive income and health insurance and can be stably housed in the community. As SAMHSA describes, “income, health insurance and housing, provide a foundation for recovery”.

THE RECOVERY SUPPORT LOGIC MODEL NARRATIVES

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

The “gap” that Mercer County aims to reduce is the number of individuals that are homeless with substance use disorders and often mental health illness, that continue to cycle through the shelters, emergency rooms and sometimes criminal justice system. The strategic importance of this plan

compliments a larger comprehensive process that community partners have committed to, in order to provide stabilization in the lives of these individuals.

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

The “gap” that Mercer County is addressing is the ability to stop the cycle of homelessness for these individuals with SUD/co-occurring issues, who often are high utilizers of the emergency rooms and experience other trauma living on the streets, which in turn, can exacerbate or worsen the individual’s SUD or mental health illness.

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

The CEASe data system, Homeless Management Information System, (HMIS) indicates that approximately 82% of homeless individuals in Mercer County have identified as having SUD. Perhaps one of the most at-risk populations includes homeless individuals with SUD and co-occurring mental health illness. One study indicates that this sub-population of individuals incur public expenses over $80,000 per person, per year (Larimer et al., 2009).

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

The goal is to provide case management services to individuals with SUD on site at the local shelter or CEASe Center.

5. What annual accomplishments, i.e. objectives, have your county set for itself in pursuit of this goal over the next four years? State these as investment objectives for each RSS-related activity undertaken to meet each annual objective of the cycle.

The objective that we are hoping to accomplish is to link a co-occurring subpopulation of individuals who are homeless to SOAR case management services.

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

The objective of SOAR case management is to link a co-occurring subpopulation of individuals who are experiencing homelessness to case management services to increase access to SSI/SSDI. As a result of receiving SSI/SSDI, individuals will receive income and health insurance and can be stably housed in the community. As SAMHSA describes, “income, health insurance and housing, provide a foundation for recovery”.

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

The cost for the implementation of the SOAR case managers will be $197,340.00 annually.

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

On a yearly basis, Mercer County expects approximately 250 individuals will be screened for SSI/SSDI, with 60% of those screened being eligible and appropriate to receive benefits. The
County expects that approximately 100 individuals a year will be approved for SSI/SSDI, and as a result will be providing the stabilization of housing.

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

The outcome of 100 individuals receiving SSI/SSDI (income) due to their identified disability will enable those individuals to be stably housed in the community. As, SAMHSA describes, income, health insurance and housing, provide a foundation for recovery.

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

The participation of the CEASe System and all its community partners are crucial in order to implement this program successfully and provide input in the identification of these individuals that can benefit from the SOAR case management.
**2020-2023 RECOVERY SUPPORT PROGRAM(S)**

Name: Recovery Center

Description: Mercer County plans to build a recovery center offering early intervention services, connection to treatment options, peer services, recovery housing and other possible services.

Objectives: The objective would be to assist and provide support for people in all stages of their recovery process.

Location or Setting for its Delivery: The exact location is unknown at this time; however, Mercer County will require that the location is centrally located in or around Trenton and easily accessible to those without personal transportation.

Expected Number of People to Be Served: unknown at this time
Cost of Program: $202,660
Evaluation Plan: The contracted provider will be required to collect outcome data on several variables.

Name: SSI/SSDI Outreach, Access, and Recovery (SOAR) case management

Description: SAMHSA’s SSI/SSDI Outreach, Access, and Recovery (SOAR) case management model will assist individuals with SUD and co-occurring disorders, who are unsheltered or sheltered individuals. The case managers will determine eligibility and need for SSI/SSDI for individuals experiencing homelessness with substance use disorder, serious mental health illness and often complicated medical impairment.

Objectives: The objective of SOAR case management is to link a co-occurring subpopulation of individuals who are experiencing homelessness to case management services. As SAMHSA defines, the objective of SOAR case management is to increase access to SSI/SSDI. As a result of receiving SSI/SSDI, individuals will receive income and health insurance and can be stably housed in the community. As SAMHSA describes, “income, health insurance and housing, provide a foundation for recovery”.

Location or Setting for its Delivery: The location of these services will be on site at the local shelter and available for individuals that are unsheltered at the CEAS Center in Trenton.

Expected Number of People to Be Served: 250 individuals annually
Cost of Program: $197,340.00 (State Funds) annually for two SOAR case managers

Evaluation Plan: The SAMHSA SOAR Technical Assistance website has created an online data system called Online Application Tracking (OAT). The contracted provider will be required to input data into the OAT system and in addition will provide quarterly programmatic reports.
APPENDIX 1: REFERENCES


4 Trenton/Mercer Continuum of Care (CoC), the City of Trenton (2018). Retrieved from www.trentonnj.org


11 New Jersey State Police. Drug Monitoring Initiative (DMI). Mercer County Overview


20. The Division of Mental Health and Addiction Services retrieved from https://www.state.nj.us/humanservices/dmhas/resources/services/recovery/supp_hsg.html


APPENDIX 2: DEFINITIONS OF PLANNING CONCEPTS

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

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

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

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

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

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

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

Gap Analysis describes needs that are not being met because of a shortfall in resources available to meet them. By comparing the number and characteristics of residents who are likely to present for care, Demand, with the number and characteristics of care providers available to treat them, a “gap” in services may be identified. In the first instance, a “gap” is the arithmetic difference between a projected
service need and the existing capacity of providers to meet the need. But a “gap” may also arise because of access issues called “barriers,” such as a lack of insurance, transportation or child care.

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

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

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

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

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

LACADA Membership and MOATES Membership

<table>
<thead>
<tr>
<th>Ann Suabedissen – LACADA Chairperson</th>
<th>The Rescue Mission of Trenton</th>
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<tr>
<td>Andrew Salmon – LACADA Vice-Chairperson</td>
<td>New Horizon Treatment Services</td>
</tr>
<tr>
<td>DuEwa Edwards-Dickson, LACADA</td>
<td>The Mercer Council on Alcoholism and Drug Abuse</td>
</tr>
<tr>
<td>Sean McMurty- LACADA Prosecutor’s Office</td>
<td>UPI Trenton Treatment Center</td>
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<tr>
<td>Capital Health</td>
<td>Carrier Clinic</td>
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<td>Henry J. Austin Health Center</td>
<td>Princeton House Behavioral Health</td>
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<td>Freedom House</td>
<td>Helping Arms</td>
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<tr>
<td>Phoenix Behavioral Health</td>
<td>Corner House</td>
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<tr>
<td>Another Door Open Recovery Center</td>
<td>Maryville, Inc.</td>
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<tr>
<td>Rutgers UBHC/STAR</td>
<td>Family Guidance Center</td>
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<tr>
<td>Oaks Integrated Care</td>
<td>Catholic Charities</td>
</tr>
<tr>
<td>The Municipal Alliances</td>
<td>New Hope IBHC</td>
</tr>
<tr>
<td>OORP staff</td>
<td>Daytop Village of NJ, Inc.</td>
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<td>Thank you to the other Mercer County</td>
<td>Signs of Sobriety</td>
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<td>Departments and Human Services</td>
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<td>Divisions for their collaboration and</td>
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<td>assistance:</td>
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<tr>
<td>Mercer County Corrections Center</td>
<td>Mercer County Prosecutor’s Office</td>
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<tr>
<td>Human Services, Youth Services</td>
<td>Human Services, Division of Mental Health</td>
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<td>Human Services, Public Health</td>
<td>Human Services, Office on Aging</td>
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</table>
### APPENDIX 4: LOGIC MODELS

<table>
<thead>
<tr>
<th>Need-capacity gap and associated community problem (A)</th>
<th>Evidence of problem and its significance for the county (B)</th>
<th>Goal For 2020-2023 (C)</th>
<th>Objectives Targets Per Annum (D)</th>
<th>Strategy To Achieve Objective (E)</th>
<th>Inputs Financial or Other Resources (F)</th>
<th>Outputs Expected product (G)</th>
<th>Outcomes Expected Community Benefits (H)</th>
<th>Participant Agencies Other Than County (I)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Need-capacity Gap: There is an increase in risk factors for addiction and potential overdose within Mercer County, with the highest risk in the Trenton and Hamilton communities.</td>
<td>Evidence of risk factors, such as economic deprivation, community attachment and community norms, as indicated in the chartbook. As indicated in the Dept. of Health NJ Opioid Dashboard, from 6/1/17-10/31/18, Trenton had the 4th highest naloxone administrations in NJ at 695 incidents. 24% of mercer county residents seeking treatment were from Trenton (54%) and Hamilton (20%) as reported in the DMHAS Substance Abuse overviews. SAMHSA reports that the majority of SUD treatment admissions aged 18-30 with known age of initiation began substance use at the age of 17 or younger; 10 percent initiated use at age of 11 or younger. Data suggest intervening in the education of the youth and families can improve the risk/protective factors and reduce future prevalence of SUD.</td>
<td>To: To educate youth using an evidence-based program, in order to increase the protective factors in the family and decrease of risk factors. 2020: To Identify and implement an evidence based curriculum to educate middle school youth in Trenton and Hamilton 2021: To Implement an evidence based curriculum to educate middle school youth in Trenton and Hamilton 2022: To Implement an evidence based curriculum to educate middle school youth in Trenton and Hamilton</td>
<td>2020: To issue a Request For Proposal (RFP) with specific details of implementing evidence based curriculum program to educate youth and parents in Trenton and Hamilton 2021: To continue to purchase the implementation of the evidence based curriculum</td>
<td>County: $000.00 AEREF/State $60,000.00 Total: $60,000.00</td>
<td>Number of To be determined by the RFP process</td>
<td>Short Term: As evidence based program, we expect that improvement to social functioning and family relationships will help delay and/or help youth avoid peer pressure or manage it, essentially inoculating from SUD.</td>
<td>Middle Term: Repeated applications of this program annually will multiply the numbers trained and simultaneously increase its own value as protective factor in the community as the adolescent culture begins to change.</td>
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| County: $000.00 AEREF/State $60,000.00 Total: $60,000.00 | Number of To be determined by the RFP process | Short Term: As evidence based program, we expect that improvement to social functioning and family relationships will help delay and/or help youth avoid peer pressure or manage it, essentially inoculating from SUD. | Middle Term: Repeated applications of this program annually will multiply the numbers trained and simultaneously increase its own value as protective factor in the community as the adolescent culture begins to change. | |

Participant Agencies Other Than County (I) |
<table>
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<tr>
<th>2023: To Implement evidence based curriculum to educate middle school youth in Trenton and Hamilton</th>
<th>2023: To continue to purchase the implementation of the evidence based curriculum</th>
<th>County: AEREF/State $60,000.00 Total: $60,000.00</th>
<th>Number of</th>
<th>Long Term: Decrease number of youth that experiment/use substances</th>
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<td>adolescent culture begins to change.</td>
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## EARLY INTERVENTION

<table>
<thead>
<tr>
<th>Need-capacity gap and associated community problem</th>
<th>Evidence of problem and its significance for the county</th>
<th>Goal For 2020-2023</th>
<th>Objectives</th>
<th>Strategy To Achieve Objective</th>
<th>Inputs Financial or Other Resources</th>
<th>Outputs Expected product</th>
<th>Outcomes Expected Community Benefits</th>
<th>Participants and Agencies Other Than County</th>
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<tbody>
<tr>
<td>Need-capacity Gap: There is an overwhelming body of evidence that the stigma of struggling with substance use disorders (SUD) and mental health issues prevent individuals from seeking treatment.</td>
<td>The 2014 National Survey on Drug Use and Health found that 21.5 million Americans age 12 and older had a substance use disorder in the previous year; however, only 2.5 million received the specialized treatment they needed, with stigma a contributing factor. Research indicates the general public was more likely to have negative attitudes towards those dealing with addiction issues than with mental illness. Additionally, researchers found that people don’t generally support insurance, housing and employment policies that benefited people with SUD (JHU, 2014).</td>
<td>To increase the awareness about substance abuse and mental health</td>
<td><strong>2020:</strong> To provide education and early intervention services in the community to increase awareness</td>
<td>2020: To hold Mental Health First Aid trainings at various locations in the county To fund an early intervention outreach position in the community</td>
<td>County: $5,000.00 AEREF/State: $125,000.00 Total: $130,000.00</td>
<td>Number of 2500</td>
<td>Short Term: To provide community awareness and treatment linkages</td>
<td>Contracted community such as social service agencies</td>
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<tr>
<td>Community Problem: Stigma of SUD and mental health issue causes delays in treating individuals which can be detrimental in the prognosis of their condition. In the US, costs associated with untreated addiction, are estimated yearly at $249 billion for alcohol misuse and $193 billion for drug use (Surgeon General Report.)</td>
<td></td>
<td><strong>2021:</strong> To provide education and early intervention in the community to increase awareness</td>
<td>2021: to hold Mental Health First Aid trainings To fund an early intervention outreach position</td>
<td>County: $5000:00 AEREF/State: $125,000:00 Total: $130,000:00</td>
<td>Number of 2500</td>
<td>Middle Term: Earlier identification of mental health and SUD will improve health outcomes</td>
<td>Contracted community such as social service agencies</td>
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<td><strong>2022:</strong> To provide education and early intervention in the community to increase awareness</td>
<td>2022: to hold Mental Health First Aid trainings To fund an early intervention outreach position</td>
<td>County: $5000:00 AEREF/State: $125,000:00 Total: $130,000:00</td>
<td>Number of 2500</td>
<td>Middle Term: Earlier identification of mental health and SUD will improve health outcomes</td>
<td>Contracted community such as social service agencies</td>
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TREATMENT ACCESS

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<th>Outcomes Expected Community Benefits (H)</th>
<th>Participant Agencies Other Than County (I)</th>
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<tbody>
<tr>
<td>Need-capacity Gap: Mercer County residents have limited access to halfway house treatment services and must qualify for limited State funding in order to access it. No insurance covers this service.</td>
<td>“Lack of housing options for people in early recovery” from multiple key informant interviews. According to the DMHAS Substance Abuse Overviews, in 2017 only 7% of Mercer County residents (220 individuals) were admitted in halfway house services.</td>
<td>To provide increased access to halfway house treatment services for 2020-2023.</td>
<td>2020: To increase the number of individuals accessing halfway house services and other recovery housing.</td>
<td>2020: To issue a Request For Proposal (RFP) for a specific amount of halfway house treatment services.</td>
<td>County: $100,000.00 AEREF/State: $150,000.00 Total: $250,000.00</td>
<td>Number of bed days will be approximately 3,100 days, which is estimated at assisting 35 individuals.</td>
<td>Short Term: County residents will experience a period of stabilization with access to halfway house treatment services.</td>
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<td>Associated Community Problem: There is a lack of coverage for halfway house services yet it provides an excellent transitional environment and clinical intervention for individuals at all stages of recovery.</td>
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<td>2021: To increase the number of individuals accessing halfway house services and other recovery housing.</td>
<td>2021: To purchase halfway house services and recovery housing from multiple providers.</td>
<td>County: $100,000.00 AEREF/State: $150,000.00 Total: $250,000.00</td>
<td>Number of</td>
<td>Middle Term: With access to halfway house treatment services and recovery housing, county residents will experience positive health outcomes.</td>
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<td>2022: To increase the number of individuals accessing halfway house services and other recovery housing.</td>
<td>2022: To purchase halfway house services and recovery housing from multiple providers.</td>
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<td>Middle Term: With access to halfway house treatment services and recovery housing, county residents will experience positive health outcomes.</td>
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<td>2023: To increase the number of individuals accessing halfway house services and other recovery housing.</td>
<td>2023: To purchase halfway house services and recovery housing from multiple providers.</td>
<td>County: $100,000.00 AEREF/State: $150,000.00 Total: $250,000.00</td>
<td>Number of</td>
<td>Long Term: With</td>
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<tr>
<td>Number of individuals accessing halfway house services and other recovery housing.</td>
<td>Halfway house services and recovery housing from multiple providers</td>
<td>$100,000.00 AEREF/State: $150,000.00 Total: $250,000.00</td>
<td>Access to halfway house treatment services and recovery housing, county residents will experience positive health outcomes</td>
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**RECOVERY SUPPORT SERVICES**

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<th>Outcomes Expected Community Benefits (H)</th>
<th>Participant Agencies Other Than County</th>
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</thead>
<tbody>
<tr>
<td>Need-capacity Gap: Individuals with SUD/mental illness (co-occurring diagnoses) who do not have stable housing Associated Community Problem: Individuals with co-occurring issues experiencing homelessness experience complicating medical issues, high utilization of the emergency rooms and other traumatic experiences</td>
<td>As reported in the key informant interviews, there has been an increase of overdoses occurring in the shelter system. Individuals that are homeless are at high risk for poor health, suffering all illnesses at 3-6 times the rates experienced by others, have higher death rates and dramatically lower life expectancy, as reported by the National Health Care for the Homeless Council. Our system monitor for the Homeless Management Information System (HMIS) reports that 82% of individuals in 2018 in our adult shelter have a Substance Use Disorder. These individuals are very high risk of cycling through the ER’s, shelter, and possibly criminal justice system.</td>
<td>To provide recovery support services to individuals with SUD in Mercer County 2020: To link a co-occurring subpopulation of individuals who are homeless to case management services and other recovery support services</td>
<td>2020: To issue Request For Proposal (RFP) utilizing the SAMHSA sponsored SOAR Case Management model To fund recovery support services in Mercer County at one centralized location</td>
<td>County: $0.00 AEREF/State: $400,000.00 Total: $400,000</td>
<td>Number of Baseline will be established</td>
<td>Short Term: To increase case management services to individuals experiencing homelessness</td>
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<td>Number of Baseline will be established</td>
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<td>who are homeless to case management services and other recovery support services</td>
<td>SAMHSA sponsored SOAR Case Management model To fund recovery support services in Mercer County at one centralized location</td>
<td>AEREF/State: $400,000</td>
<td>Total: $400,000</td>
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## APPENDIX 5: FINANCIAL PLAN, 2020-2023: AN OVERVIEW

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<th>PROGRAM DOMAIN</th>
<th>PERCENT OF AVAILABLE RESOURCES</th>
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