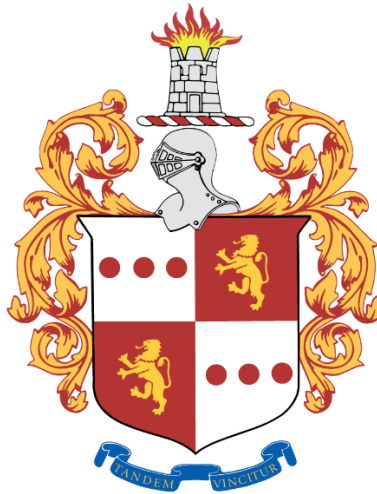


**THE MORRIS COUNTY COMPREHENSIVE PLAN
FOR THE ORGANIZATION AND DELIVERY OF
ALCOHOL AND DRUG ABUSE SERVICES**

PLANNING CYCLE 2020-2023



PREPARED BY:

**Morris County Department of Human Services
P.O. Box 900
Morristown, NJ 07963-0900**

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

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EXECUTIVE SUMMARY

The 2020-2023 County Comprehensive Plan for Morris County provides a framework for the delivery of substance use and co-occurring services across the entire continuum of care. This includes the domains of prevention, early intervention, treatment and recovery supports. The county engaged in a comprehensive planning process that included key stakeholders, providers, advisory boards and community members. The Local Advisory Committee on Alcohol and Drug Addiction (LACADA) provided oversight to the planning process, which included data collection and review and focus group meetings with various advisories and committees, yielding participation from a broad cross section of the Morris County community.

The quantitative and qualitative evidence described in this plan guided the development of service priorities and goals and objectives to address needs and gaps. In addition, accomplishments and lessons learned from the 2016-2019 planning cycle are considered. The plan highlights the major challenges facing the county in 2020-2023 and how these will be targeted programmatically and through collaborative efforts.

The goals and objectives identified for each of the four domains are as follows:

Prevention: Morris County's goal is to reduce the stigma associated with mental illness and substance use disorders, and to provide the resources and support people need to achieve wellness and recovery. In order to do this, Morris County will expand on the Morris County Stigma Free Communities Initiative and increase community awareness, promoting activities that foster wellness and recovery. In addition, the initiative will be expanded through involvement of Morris County school districts, eliciting more participation from schools each year of the plan.

Early Intervention: Morris County's goal is to reduce the risk of development of a substance use disorder and improve life outcomes for juvenile justice involved youth. Morris County's objective is to increase the number of juveniles who show improvement with capability to manage life stressors and relapse triggers. In order to meet these goals and objectives, the county will continue implementation of the Morris Youth Life Path program, two hour psycho-educational sessions at the Juvenile Detention Center. In addition, ongoing consultation will be provided to the staff at the Juvenile Detention Center.

Treatment: Morris County's goal is to improve continuity of care and access to MAT coupled with outpatient services. Morris County's objective is to increase the number of individuals accessing MAT and outpatient community-based services. In order to meet these goals and objectives, the county will support the Vivitrol Re-entry project by providing funding support to agencies that provide community-based MAT.

Recovery Support: Morris County's goal is to promote and support the expansion of recovery support services in Morris County. Morris County's objective is to increase access and referral to recovery support services, as well as to increase the utilization and scope of the recovery support services offered. In order to meet these goals and objectives, the county will provide funding support to a full array of recovery support services, including telephone recovery support, recovery coaching, job training, etc.

1. FOUNDATIONS, PURPOSE AND PRINCIPLES

A. STATUTORY AND POLICY FOUNDATIONS

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

B. ADMINISTRATIVE FOUNDATIONS

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

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

C. PURPOSE AND PRINCIPLES

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

Principles: County Comprehensive Planning is grounded in:

- 1) *Epidemiological community surveillance.* As a local public health authority, the county will both *observe* the changing prevalence of substance abuse and *monitor* the changing capacity of the local health care system to respond to it.
- 2) “*Gap analysis.*” As the product of *surveillance*, the CCP will evaluate “gaps” both in coverage of total treatment demand and in the county’s continuum of care. Because treatment need and demand always exceed treatment capacity, the CCP seeks to reduce disease incidence (prevention, early intervention, and recovery support services) and expand access to treatment services over the short, medium, and long terms.
- 3) *Resource allocation.* As the product of “gap analysis”, the CCP will recommend “best uses” of AEREF and other state and county resources to meet *feasible* goals and objectives for the maintenance and continuous improvement of the county’s substance abuse continuum of care. ¹

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

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

Morris 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. In addition, Morris County is dedicated to reducing the stigma associated with mental illness and substance use disorders, to creating an environment that accepts people as they are, and to providing the resources and support people need to achieve wellness and recovery.

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.

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

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

Beginning in 2017, announcements were made at various community planning and advisory meetings, including the Human Services Advisory Committee (HSAC), the Youth Services Advisory Committee (YSAC), the Mental Health Addictions Services Advisory Board (MHASAB, Morris County’s integrated Mental Health Board and LACADA), the Cross Systems Review Committee, and the Integrated Professional Advisory Committee (IPAC). In addition, the Morris County Board of Chosen Freeholders was made aware that the County Comprehensive Planning Process for Alcoholism and Drug Abuse was commencing.

A planning subcommittee was formed to guide in the CCP process, comprised of community providers, advisory board members, and county human services staff, and the initial meeting was held in January 2018. From there focus groups were held with the various advisories and committees, and the planning subcommittee guided the process and also participated in data analysis.

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

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

4. Briefly evaluate your community outreach experience over the last three years of preparing your 2020-2023 CCP. What role did the LACADA play in the community participation campaign? What approaches worked well, less than well, or not at all to generate community participation and a balance of “interests” among the participants?

Morris County elicited participation from a broad cross section of the community, by conducting focus groups with various advisories and committees. Using the approach of conducting focus groups with already existing committees, at their regularly scheduled meetings, proved beneficial in gaining the necessary participation throughout this process. Another effective approach was to conduct a survey of consumers to get their input regarding the system of care. Providers administered the survey to their clients and submitted the results to the County, and these tabulated results were used to generate feedback and discussion at a focus group with providers. The LACADA members served as both participants in this process and assisted in planning and guiding the community participation process.

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

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

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

A consumer survey was used (not web-based) on the system of care, and results were tallied, reviewed and discussed within a provider focus group.

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 methods that were used in Morris County were valuable and effective, as they helped the planning committee identify needs, gaps and areas of focus for the CCP. For this plan, a web-based survey was posted on our county website as well as distributed in paper form to consumers by our provider agencies. Unfortunately, only one response was received via the county website, and not as many consumer surveys were submitted as in the previous planning cycle. Conducting a focused Town Hall meeting to engage more community members would be a desired method to use in preparing the next CCP. Key Informant Interviews are another method that may yield more helpful information in the next planning cycle.

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

<p>a. Offenders: During each focus group, key questions were asked for this population regarding access and barriers to treatment, services available, specific needs and issues related to this population, largest gaps in services and strongest resources available.</p> <p>Reviewed statistics from the NJ Substance Abuse Overview and the Uniform Crime Report. Staff from the criminal justice system and agencies that serve this population participated in focus group and planning process.</p>
<p>b. Intoxicated Drivers: During each focus group, key questions were asked for this population regarding access and barriers to treatment, services available, specific needs and issues related to this population, largest gaps in services and strongest resources available.</p> <p>IDRC staff participated in the planning subcommittee and focus groups.</p>
<p>c. Women: During each focus group, key questions were asked for this population regarding access and barriers to treatment, services available, specific needs and issues related to this population, largest gaps in services and strongest resources available.</p> <p>Staff from specialized women’s services, such as Jersey Battered Women’s Service and Zufall Health Center participated in the planning process.</p>
<p>d. Youth: During each focus group, key questions were asked for this population regarding access and barriers to treatment, services available, specific needs and issues related to this population, largest gaps in services and strongest resources available.</p> <p>Special focus group held with the Youth Services Advisory Committee (combined YSC and CIACC).</p> <p>Staff from youth-serving agencies, the Morris County Youth Shelter and Juvenile Detention Center, along with school personnel participated in the planning process.</p>
<p>e. Disabled: During each focus group, key questions were asked for this population regarding access and barriers to treatment, services available, specific needs and issues related to this population, largest gaps in services and strongest resources available.</p> <p>Special focus group held with the Advisory Council on Aging, Disabilities, and Veterans (ACADV).</p>
<p>f. Workforce: During each focus group, key questions were asked for this population regarding access and barriers to treatment, services available, specific needs and issues related to this population, largest gaps in services and strongest resources available.</p>
<p>g. Seniors: During each focus group, key questions were asked for this population regarding access and barriers to treatment, services available, specific needs and issues related to this population, largest gaps in services and strongest resources available.</p> <p>Special focus group held with the Advisory Council on Aging, Disabilities, and Veterans (ACADV).</p> <p>The Morris County Cross Systems Review Committee regularly reports and discusses the trends in the every growing needs of seniors. Staff member from the Senior Intensive Support program provided regular reports about gaps, trends and resources available to seniors in Morris County.</p>

h. Co-occurring: During each focus group, key questions were asked for this population regarding access and barriers to treatment, services available, specific needs and issues related to this population, largest gaps in services and strongest resources available.

The Morris County Cross Systems Review committee regularly reports and discusses the multiple systems needs of the county's most vulnerable population. The focus group conducted with this committee yielded important information about needs and gaps. Staff members from agencies that provide integrated co-occurring services participated in the focus groups and needs assessment process, including staff from Greystone Psychiatric Hospital.

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.

Collaborative relationships were strengthened through the planning process, since many entities were able to participate. It should be noted, however, that Morris County has a service system that is committed to meeting the needs of its residents holistically, and therefore, many collaborative relationships were already in place.

For the development of the 2020-2023 County Comprehensive Plan, Regional Learning Collaborative (RLC) were developed for different areas of the state. Morris County was part of the Northwest Central Regional Learning Collaborative, which consisted of Morris, Somerset, Sussex, Warren, Hunterdon and Mercer counties. County Alcohol and Drug Directors met regularly to work on the development of the plan, share and analyze data, and share information about needs assessment and planning strategies. Early on, the group worked together to develop a uniform set of focus group questions that could be tailored to the Chapter 51 special populations. Ultimately, the group met to review and provide feedback on the completed drafts of the CCP. This collaboration proved to be quite effective and useful as each county developed their plans.

4. PREVENTION

LOOKING BACK: PREVENTION ACCOMPLISHMENTS 2016-2019

The 2016-2019 County Comprehensive Plan for prevention sought to reduce the misuse of opiates and use of heroin and to prevent overdose deaths in the county. The objective was to increase community awareness of the problem and provide education to prescribers through Do No Harm symposiums and other forums. The county provided community education as well as targeted prevention education. Public awareness campaigns and advocacy efforts were initiated through the Morris County Task Force on Opiates.

Morris County has historically been an active member of the Community Coalition for a Safe and Healthy Morris (CCSHM), and has collaborated closely with CCSHM over the course of this planning cycle. In addition, the Municipal Alliances are an integral part of all community-wide prevention efforts in the county, and play a key role in the implementation of environmental campaigns such as Parents Who Host, Lose the Most, Sticker Shock and the Pinwheel Project. Over half of the Morris County Alliances participated in these campaigns aimed at promoting awareness and reducing underage drinking.

Specific to addressing the Opioid Epidemic, Morris County worked with CCSHM on the following countywide prevention efforts:

- Do No Harm Symposium – June 12, 2017 - Trained over 100 prescribers on the epidemic of prescription drug abuse and their professional responsibilities.
- Community-wide prevention forums – *Chasing the Dragon: Confronting the Opiate Epidemic in our Communities (November 2016)*; *Addiction...From Risk to Recovery: Defining the Problem and Exploring Solutions (November 2017)*.
- Knock Out Opioid Abuse Town Hall Series – May 17, 2017 – Community meeting focusing on the issue of prescription drug dependence and heroin abuse.
- Knock Out Opioid Abuse Day – October 6, 2016, 2017 and 2018 - Statewide single-day initiative to inform physicians and raise awareness among New Jersey residents and families about the link between prescription opioids and heroin use.
- Legislative Breakfast – October 1, 2018 - *The Legislative Response to New Jersey's Opioid Epidemic*.

In addition, Morris County also sought to reduce the stigma associated with mental illness and substance use disorders, and to provide the resources and support needed to achieve wellness and recovery. The objective was to establish Morris County as a Stigma Free Community, as well as encouraging individual municipalities to become stigma free. The Stigma Free Communities Initiative began in June 2016. The county sought to promote activities that foster wellness and recovery, developed a Stigma Free Toolkit for municipal use, and launched a website that provided information on local resources and events. Since the inception of this initiative, 34 of the 39 municipalities in Morris County have joined on and passed resolutions becoming stigma free communities.

Finally, the county has promoted Mental Health First Aid training to community groups, schools, churches, etc. As such, the County selected Mental Health First Aid as its evidence-based prevention program for the 2016 – 2019 planning cycle. The Mental Health Association of Essex and Morris and NewBridge Services provide Mental Health First Aid Training for Morris County, through contracted agreements. Each year of this planning cycle Morris County had invested \$35,000, for a total of \$140,000 over the four years. At the beginning of the planning cycle, the county planned to serve at least

100 people per year through the Mental Health First Aid, but since then the provision of Mental Health First Aid has expanded to two agencies, and over 600 people have been served, including community members, parents, clergy, caretakers, professionals and school personnel.

SUMMARY OF THE MORRIS COUNTY REGIONAL PREVENTION COALITION IMPLEMENTATION PLAN

Community Coalition for a Safe and Healthy Morris (CCSHM) – CCSHM is an initiative overseen by Morris County Prevention is Key (MCPIK). The mission of the Coalition is to prevent and reduce substance abuse throughout the lifespan through collaboration, education and community wide change, giving priority to youth under the age of 18 and young adults between the ages of 18-25. The coalition has been active in Morris County, and works hand in hand with the County Alliance Coordinator, County Alcohol and Drug Director, and the municipal alliances in Morris County. Nearly every countywide prevention activity in Morris County involves collaboration between these three entities, along with other Morris County agencies. Both the County Alliance Coordinator and the Alcohol and Drug Director sit on the coalition and actively participate in strategic planning. The municipal alliances in Morris County are often the instruments through which the countywide campaigns and environmental strategies are accomplished, and this requires coordination and cooperation between the County and MCPIK.

The coalition conducted a needs assessment which used existing data, as well as data generated through efforts of the coalition. The results underscored the need for more complete ongoing countywide data, and the coalition plans to continue to explore and collect data on their three primary areas of focus, as well as new and emerging drugs. The needs assessment indicated clear findings that were considered in the development of the coalition's strategic plan. The problems to be addressed in Morris County are:

1. Youth Drinking
2. Use of illegal substances, with a focus on opiate use and abuse among 18 to 25 year olds.
3. Prescription drug use and abuse across the lifespan.

The goals and priorities of the coalition are as follows:

- Goal #1 – Reduce the number of underage drinkers in Morris County.
 - Strategies – Provide information (e.g., articles, social media and ad campaigns) about consequences of providing alcohol to youth, including legal liability, change consequences for youth involved in underage drinking parties by expanding Private Property ordinance adoption
- Goal #2 – Reduce the number of individuals abusing Rx drugs across the lifespan.
 - Strategies – Increase the number of Rx medication drop boxes in Morris County, increase the number of pharmacists using the NJ Prescription Monitoring Program (PMP), use media and education to make the public aware of consequences of Rx substance use and abuse.
- Goal #3 – Reduce the number of 18-25 year olds abusing/misusing opiates in Morris County.
 - Strategies – Use media and education to make the public aware of consequences of Rx substance use and abuse, increase number of pharmacists using the NJ Prescription Monitoring Program (PMP), increase the number of Rx medication drop boxes in Morris County.

SUMMARY OF THE MUNICIPAL ALLIANCE PLAN – Fiscal Grant Cycle July 2014-June 2019

The Morris County Municipal Alliance Plan for Fiscal Year 2019 provides funding of \$407,587 to 28 Alliances representing 33 municipalities. Of these 28 Alliances, 23 are addressing Alcohol Misuse as their drug priority, 4 are addressing Prescription Medication Misuse, and one (1) is addressing Illegal Substances. The seven CADCA strategies used to address these priorities are *Providing Information, Enhancing Skills, Providing Support, Enhancing Access/ Reducing Barriers, Changing Consequences (Incentives/Disincentives), Physical Design, Modifying/ Changing Policies.*

Most Morris County Alliances engage in environmental initiatives to address the priority they have identified in their communities, and the most widely used CADCA strategies are Providing Information, Enhancing Skills, and Providing Support. However, more and more, the Alliances have worked on advocacy efforts that could serve to modify or change policies. Some examples of Alliance activities used to address alcohol misuse are the Parents Who Host Lose the Most campaign, distributing bottle tags that provide facts about underage drinking and providing alcohol to minors, offering educational forums and prevention/early intervention tools, and promoting natural highs. With regard to Prescription Medication Misuse, Alliances have engaged in projects that educate and raise awareness of the dangers of prescription drug abuse, including promoting disposal drop boxes and reaching out to health professionals. In addition, many Alliances provide programs that support the 40 Developmental Assets, reducing risk factors and fostering protective factors across the lifespan. While only one Alliance in Morris County is addressing Illegal Substances, their methods and strategies are essentially the same. Of particular note is the effort to educate on the dangers of all illicit substances, but focusing on marijuana at a time when it is being legalized in other parts of the nation. Inherent in all Alliance programs is the focus on early intervention and strength-based prevention, through positive choices, leadership skills, and making positive change.

Countywide Prevention activities: Annual Countywide Prevention Forums target parents and youth, professionals, community leaders, etc., and other training opportunities and awareness programs are presented as the need arises. The countywide prevention forum for 2019 was entitled “Raising Resilient Teens in Challenging Times” and focused on building strength and resilience in children and teens with emphasis on the following:

- How to talk to teens about difficult topics
- Empowering parents & guardians through education and awareness
- Understanding warning signs & risk factors
- Cultivating an independent and resilient mindset in youth.

The presentation was facilitated by The Society for the Prevention of Teen Suicide, a non-profit community organization dedicated to increasing awareness and reducing the stigma of suicide through specialized training programs and outreach resources that empower teens, parents and educational leaders with the emotional guidance and skills needed to help those at risk of suicide and build a life of resiliency. The county also facilitates the environmental initiatives and advocacy campaigns taking place throughout the county, along with promoting Natural Highs through sponsored activities and speakers. Morris County works collaboratively with the United Way of Northern New Jersey’s Youth Empowerment Alliance (YEA) by supporting youth leadership summits.

ASSESSING THE NEEDS FOR PREVENTION PROGRAMS

Based on the data listed below, Morris County's prevention issues or major challenges for the 2020-2023 planning cycle are the stigma attached to substance use disorders and mental illness and the continuing opioid epidemic facing our nation, state and local communities.

- Approximately 1 in 5 adults in the U.S. experiences mental illness in a given year.¹
- Only 41% of adults in the U.S. with a mental health condition received mental health services in the past year.²
- An estimated 26% of homeless adults staying in shelters live with serious mental illness and an estimated 46% live with severe mental illness and/or substance use disorders.³
- Suicide is the 10th leading cause of death in the U.S., the 3rd leading cause of death for people aged 10-14, and the 2nd leading cause of death for people aged 15-24.⁴
- The Skyland Region of New Jersey (inclusive of Morris County) had the highest rate of deaths by suicide from 2013-2016.¹¹
- Approximately one third of the youth who died by suicide in New Jersey (32 percent) were reported as having a current mental health problem, and only 25 percent were receiving treatment.¹¹
- Over one-third (37%) of students with a mental health condition age 14-21 and older who are served by special education drop out – the highest dropout rate of any disability group.⁵
- 2016 Naloxone Administrations (LE and EMS combined) – 211; 2017 Naloxone Administrations (LE and EMS combined) – 371. Increased by 76% from 2016 to 2017.⁶
- 2016 Morris County Heroin death rate per 100,000 – 9.4 (47 deaths)⁶
- 2016 Morris County Fentanyl death rate per 100,000 - 5 (25 deaths)⁶
- Treatment admissions – 49% of treatment admissions for 2016 were for Heroin and other Opiates⁷
- In 2017, Hope One provided Narcan trainings and kits to 697 individuals, from April through December.⁸
- In 2018, Hope One provided Narcan trainings and kits to 799 individuals, through November 30.⁸
- Morris County Prosecutor's Office Data indicates 64 fatal opioid overdoses for 2016, 80 for 2017, and 81 as of 12/11/2018.⁹
- Morris County Law Enforcement Narcan administrations and reversals⁹:
 - 2016 – 122 Deployments; 110 reversals
 - 2017 – 200 Deployments; 186 reversals
 - 2018 (As of 12/11/2018) – 214 Deployments; 192 reversals
- Focus group discussions identified lack of awareness surrounding both mental health and addictions, including stigma and lack of knowledge surrounding the dangers of opioids and the connection between prescription painkillers and the opioid epidemic.

Analysis of Data:

With regard to data associated with mental health, the fact that more than half of individuals with a mental illness do not receive treatment is a gap that needs to be addressed. Further investigation and discussion indicated that the stigma associated with mental illness and substance use is the number one reason that individuals do not seek treatment. Stigma and negative perceptions associated with mental illness are noted mental healthcare barriers for patients. In addition, more education is needed to recognize symptoms of mental illness and the need to access resources that can help.

According to the New Jersey Youth Suicide Report, approximately one third of the youth who died by suicide in New Jersey (32 percent) were reported as having a current mental health problem, and only 25 percent of these youth were receiving treatment. Once again, this indicates the need to educate on mental health and stigma.

The data surrounding the opioid epidemic suggests a worsening problem with fatal opioid overdoses, increasing from 64 to 81 from 2016 to 2018. In addition, the number of Narcan reversals by law enforcement increased from 122 to 214 from 2016 to 2018. While lives are being saved, the numbers are increasing.

LOOKING FORWARD: THE 2020 - 2023 COUNTY PREVENTION PLAN

The 2020-2023 Morris County Prevention Plan will focus on both mental health and substance use prevention. The Morris County Stigma Free Communities Initiative continues to thrive, with 34 of 39 municipalities as part of the initiative, and a growing number of school districts. Morris County will continue to work with mental health and substance use providers to combat stigma, and will work to increase the number of Mental Health First Aid trainings available in community.

Some of the issues and major challenges that were identified during the needs assessment process were the ongoing stigma attached to substance use disorder and mental illness, the prevalence of mental health conditions, and the lack of access to treatment for these disorders. Focus group discussions repeatedly identified stigma as a major barrier to accessing treatment. In addition, there is a lack of awareness of available resources.

The following statistics informed the needs assessment process in the development of the county's prevention plan:

- According to NAMI and focus group discussions, the stigma associated with mental health and addictions disorders is cited as the primary reason individuals do not seek treatment.
- Approximately 1 in 5 adults in the U.S. experiences mental illness in a given year.¹
- Only 41% of adults in the U.S. with a mental health condition received mental health services in the past year.²
- An estimated 26% of homeless adults staying in shelters live with serious mental illness and an estimated 46% live with severe mental illness and/or substance use disorders.³
- Suicide is the 10th leading cause of death in the U.S., the 3rd leading cause of death for people aged 10-14, and the 2nd leading cause of death for people aged 15-24.⁴
- Over one-third (37%) of students with a mental health condition age 14-21 and older who are served by special education drop out – the highest dropout rate of any disability group.⁵
- The Skyland Region of New Jersey (inclusive of Morris County) had the highest rate of deaths by suicide (ages 10-24) from 2013-2016.¹¹
- Approximately one third of the youth who died by suicide in New Jersey (32 percent) were reported as having a current mental health problem, and only 25 percent were receiving treatment.¹¹

For 2020-2023, the Morris County Stigma Free Communities will move forward with its efforts to raise awareness of mental illness and substance use disorders by creating an environment where affected individuals are supported in their efforts to achieve wellness and recovery. Stigma-Free Communities will encourage residents to break down barriers and be mindful of their mental health and ask for help when needed. Substance use disorders and mental illness have the potential to worsen if left untreated and complications arise when individuals do not seek help. It is essential that residents engage in care as soon as the need is identified so recovery can begin, hope is inspired and tragedies are avoided.

Promotion and provision of the Mental Health First Aid Trainings, including Youth Mental Health First Aid and the Opioid Add on Module, will continue in Morris County. Morris County will also host community events and activities that address stigma and mental health and addictions awareness, as well as collaborating with our stigma-free partners for events, campaigns and forums. Continued efforts will take place to bring on more partners, focusing especially on schools and youth. Finally, public awareness efforts will continue through the use of social media and further development of promotional materials.

In addition, Morris County continues to face the challenge of the opioid epidemic that is prevalent in our state and across the country, evidenced by the following data:

- 2016 Naloxone Administrations (LE and EMS combined) – 211; 2017 Naloxone Administrations (LE and EMS combined) – 371. Increased by 76% from 2016 to 2017.⁶
- 2016 Morris County Heroin death rate per 100,000 – 9.4 (47 deaths)⁶
- 2016 Morris County Fentanyl death rate per 100,000 - 5 (25 deaths)⁶
- Treatment admissions – 49% of treatment admissions for 2016 were for Heroin and other Opiates⁷
- In 2017, Hope One provided Narcan trainings and kits to 697 individuals, from April through December.⁸
- In 2018, Hope One provided Narcan trainings and kits to 799 individuals, through November 30.⁸
- Morris County Prosecutor’s Office Data indicates 64 fatal opioid overdoses for 2016, 80 for 2017, and 81 as of 12/11/2018.⁹
- Morris County Law Enforcement Narcan administrations and reversals⁹:
 - 2016 – 122 Deployments; 110 reversals
 - 2017 – 200 Deployments; 186 reversals
 - 2018 (As of 12/11/2018) – 214 Deployments; 192 reversals

For 2020-2023 Morris County plans to continue with its community partnerships to be better equipped to address the opioid epidemic. This includes collaboration with Morris County’s Regional Coalition, the Community Coalition for a Safe and Healthy Morris (CCSHM), primarily through shared facilitation of the Morris County Task Force on Opiates. This includes working closely with law enforcement, both in the Prosecutor’s Office and the Sheriff’s Office, to continue to serve those in need through the Narcan 2.0 program, the Hope One Mobile Outreach van, and assist in the expansion of the Hope One initiative in developing the Police Assisted Addiction Recovery Initiative (PAARI). Thus far in 2018, Hope One has provided Narcan trainings and distributed Narcan kits to 799 community members, which has resulted in 22 Narcan kits being used for reversals by friends and family members.

The county will continue to support and promote Knock Out Opioid Abuse Day each year on October 6th, in conjunction with CCSHM and Life Center Stage, who has sponsored a songwriting contest for the past two years. In addition, the county will continue to host educational forums and town hall meetings that raise awareness of the opioid epidemic, including its causes and resources available. In addition, the county provides funding support to provide community trainings on the Opioid Module of Mental Health First Aid.

Finally, Morris County will explore the evidence-based Screening, Brief Intervention and Referral to Treatment (SBIRT) model to see how it may work within our educational system as a prevention and early intervention tool.

THE PREVENTION LOGIC MODEL NARRATIVE

Need Capacity Gap: There is a lack of awareness of the prevalence of mental health and addictions disorders, resources available, and that recovery is possible. The stigma associated with mental health and addictions disorders is cited as the primary reason individuals do not seek treatment. It is important to address this issue in order to ensure that Morris County residents have access to the full continuum of care to meet their needs and establish them on the road to recovery.

Social costs/community problem(s): The social costs and community problems associated with this need capacity gap are public health costs (i.e. ER visits), fatalities (suicide), school dropout rates, and crime.

Quantitative/qualitative evidence:

- According to NAMI and focus group discussions, the stigma associated with mental health and addictions disorders is cited as the primary reason individuals do not seek treatment.
- Approximately 1 in 5 adults in the U.S. experiences mental illness in a given year.¹
- Only 41% of adults in the U.S. with a mental health condition received mental health services in the past year.²
- An estimated 26% of homeless adults staying in shelters live with serious mental illness and an estimated 46% live with severe mental illness and/or substance use disorders.³
- Suicide is the 10th leading cause of death in the U.S., the 3rd leading cause of death for people aged 10-14, and the 2nd leading cause of death for people aged 15-24.⁴
- Over one-third (37%) of students with a mental health condition age 14-21 and older who are served by special education drop out – the highest dropout rate of any disability group.⁵
- The Skyland Region of New Jersey (inclusive of Morris County) had the highest rate of deaths by suicide (ages 10-24) from 2013-2016.¹¹
- Approximately one third of the youth who died by suicide in New Jersey (32 percent) were reported as having a current mental health problem, and only 25 percent were receiving treatment.¹¹

2020-2023 Goals and Objectives: Morris County’s goal is to reduce the stigma associated with mental illness and substance use disorders, and to provide the resources and support people need to achieve wellness and recovery. In order to do this, Morris County will expand on the Morris County Stigma Free Communities Initiative and increase community awareness, promoting activities that foster wellness and recovery. The initiative will be expanded through involvement of Morris County school districts, eliciting more participation from schools each year of the plan. In the first year of the plan, Morris County will work to increase participation from the four remaining towns not involved in the initiative, as well as increase the involvement of schools by increasing school involvement by at least one additional school. Each subsequent year of the plan Morris County will work to add at least one additional school, and elicit participation from the four remaining towns.

In addition, each year of the plan Morris County plans to train 250 individuals in the Mental Health First Aid curriculum. At least three (3) community events will be held each year, ranging from forums, to family events, to concerts, all with the goal of bringing the community together and raising awareness, as well as providing resources. The goal is to reach at least 100 to 200 people per event, for a total of 300-600 per year.

Strategies: In order to meet these goals and objectives, the county will provide Mental Health First Aid Trainings and support wellness and recovery programs. The Mental Health First Aid Trainings will be offered both in the community and within schools and will include the Adult Mental Health First Aid curriculum as well as the Youth Mental Health First Aid curriculum. In addition, the Opioid Add-On Module will be offered to address the opioid epidemic in our communities. In addition, the Morris County Stigma Free Communities Initiative will continue collaborative efforts with community agencies, schools, churches and municipal alliances to educate and raise awareness through public forums and community-wide events. The dedicated stigma free website (www.morriscountystigmafree.org) will continue to promote wellness and recovery efforts and events and educate the public about the stigma surrounding mental illness and substance use disorders.

Annual Cost: The annual cost will be approximately \$71,000 (\$70,000 Chapter 51, \$1,000 County).

- 2020 - \$70,000 for Mental Health First Aid training (CH51); \$1,000 Stigma Free Communities
- 2021 - \$70,000 for Mental Health First Aid training (CH51); \$1,000 Stigma Free Communities
- 2022 - \$70,000 for Mental Health First Aid training (CH51); \$1,000 Stigma Free Communities
- 2023 - \$70,000 for Mental Health First Aid training (CH51); \$1,000 Stigma Free Communities

Annual Outputs: Each year, approximately 250 people will be trained in Mental Health First Aid.

Community Benefits/Social Cost Offsets: The community will benefit from increased awareness and understanding of mental health and substance use disorders as a disease, which can lead to an increase in the number of individuals seeking and linked to treatment. Ultimately, there should be an increase in the number of individuals in recovery from mental illness and substance use disorders, an increase in individuals in recovery with gainful employment, and decreased homelessness for those with mental illness and substance use disorders. The social cost-offsets will be fewer public health costs, such as emergency room visits and treatment costs, as well as a decrease in unemployment and lost earnings.

Participation: Collaborative efforts will be made with community agencies, faith based organizations, contracted providers, Morris County schools, and the municipal alliances. Some of our lead agencies in the stigma free initiative are St. Clare's Hospital, Family Intervention Services, Life Center Stage, Montville United Methodist Church, Morris County Prevention is Key, NewBridge Services, and Atlantic Health.

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

Name: Mental Health First Aid

Description: Mental Health First Aid is an 8-hour course that teaches participants how to assist someone experiencing a mental health or substance use-related crisis. The training helps participants identify, understand, and respond to signs of mental illnesses and substance use disorders. Mental Health First Aid USA is listed in the Substance Abuse and Mental Health Services Administration's National Registry of Evidence-based Programs and Practices.

Objectives:

- a. Increased knowledge of signs, symptoms and risk factors of mental illnesses and addictions.
- b. Can identify multiple types of professional and self-help resources for individuals with a mental illness or addiction.
- c. Increase participants' confidence in and likelihood to help an individual in distress.
- d. Show increased mental wellness in participants.

Location or Setting for its Delivery: Various settings, such as schools, community centers, hospitals, churches.

Expected Number of People to Be Served: 250

Cost of Program: \$70,000 annually

Evaluation Plan: Pre and Post Tests

5. EARLY INTERVENTION

LOOKING BACK: EARLY INTERVENTION ACCOMPLISHMENTS 2016-2019

The 2016-2019 County Comprehensive Plan for early intervention sought to reduce the risk of development of a substance use disorder and improve life outcomes for youth involved with the juvenile justice system. Youth involved in Juvenile Justice System were demonstrating a need for services that addressed substance use, life skills and risk and protective factors. However, the county youth facilities are not permitted to offer treatment services. Therefore, an early intervention program, using evidence-based practices, was implemented. New Hope Foundation has been facilitating the Morris Youth Life Path program at the Morris County Juvenile Detention Facilities. The program is designed to provide high-risk youth who are placed in detention with an educational experience that will channel their improved understanding of the contextual factors that contribute to the development of substance abuse problems.

The 2-hour sessions include information delivery, experiential exercises, processing activities and a discussion period. In addition, a portion of consulting time (1 hour after each session) is spent familiarizing teachers, social workers and oversight staff with the curriculum and ways that the objectives of specific sessions can be reinforced in other activities. Detention Center staff are educated on the principles of trauma informed care, and ongoing consultation is provided.

The County of Morris funded this program through county Grant-in-Aid dollars, in the amount of \$36,400 per year, for a total of \$145,600 over the four-year cycle. The county planned to serve 50-100 youth per year, and approximately 400 juveniles were served over the course of this funding cycle.

The program has proven to be beneficial for the residents of the Juvenile Detention Center, as the participants can better understand what has led them to their current circumstances and begin the development of thought and behavioral action plans targeted at improved life outcomes. JDC staff report that the implementation of this curriculum has been helpful in their interactions with the youth.

ASSESSING THE NEEDS FOR EARLY INTERVENTION PROGRAMS

It is important to intervene early with adolescents who use substances and exhibit other problematic behaviors as these behaviors can lead to a number of negative consequences for adolescents.

Based on discussion at Juvenile Review Committee (JRC) case reviews, Morris County continues to encounter youth at the Juvenile Facilities with needs for substance use intervention. Since the county youth facilities are not permitted to offer any treatment services, the Morris Youth Life Path program has been implemented to provide youth in the detention center with an early intervention program that offers services that address substance use, life skills and risk and protective factors. The following data informed the needs assessment process in the development of the county's early intervention plan:

- Of the 593 juvenile arrests for 2016, 211 were for drug abuse violations.¹²
- In 2016, only 3% of treatment admissions were for youth under 18, but 38% were between the ages of 18-29, suggesting that earlier intervention is needed.⁷
- Similarly, in 2017, only 2.3% of treatment admissions were for youth under 18, but 37% were between the ages of 18-29.⁷
- Youth focus group discussion with the Youth Services Advisory Committee (YSAC):
 - Identified early intervention programs as effective strategies for this population, and stated that bringing programs to youth are more effective.
 - Identified need for more training of staff in issues such as trauma-informed care and motivational interviewing to engage youth.
 - Stigma attached to treatment, especially in this age group where peer approval is important.

LOOKING FORWARD: THE 2020 TO 2023 EARLY INTERVENTION PLAN

The 2020-2023 Early Intervention plan will focus on Morris County youth involved in the juvenile justice system who are demonstrating a need for services that address substance use, life skills and risk and protective factors. This population is often at risk of developing a substance use disorder and/or have been diagnosed with a mental health disorder. In an effort to mitigate risk factors and decrease the need for substance use disorder treatment, the Morris Youth Life Path will continue to be offered at the Morris County Detention Center.

The challenge of serving this population was identified through the needs assessment process in the focus group conducted with the Youth Services Advisory Committee (YSAC) and through discussions with system partners at the Juvenile Review Committee (JRC) meetings. Since the county juvenile facilities are not permitted to provide any type of treatment services, the Morris Youth Life Path will provide high-risk youth who are placed in detention with an educational experience that will channel their improved understanding of the contextual factors that contribute to the development of substance abuse problems.

The County of Morris will continue to fund this program with County Grant-in-Aid dollars, monitoring outcomes and progress throughout the funding cycle.

THE EARLY INTERVENTION LOGIC MODEL NARRATIVE

Need Capacity Gap: Morris County youth who are involved in the Juvenile Justice System are demonstrating a need for services that address substance use, life skills and risk and protective factors. Many of these juveniles are at risk for developing a substance use disorder and/or have been diagnosed with a mental health disorder. The county youth facilities are not permitted to provide treatment services, but early intervention is a way to address this gap.

Social costs/community problem(s): The social costs and community problems associated with this need capacity gap are crime, school dropout rates, and increased involvement with the criminal justice system.

Quantitative/qualitative evidence:

- Discussion at Juvenile Review Committee meetings, increased numbers of juveniles presenting with substance use and/or mental health issues.
- 70% of youth in juvenile justice systems have at least one mental health condition and at least 20% live with serious mental illness.⁶
- Approximately 20% of state prisoners and 21% of local jail prisoners have a “recent history” of a mental health condition.⁷

2020-2023 Goals and Objectives: Morris County’s goal is to reduce the risk of development of a substance use disorder and improve life outcomes for juvenile justice involved youth. Morris County’s objective is to increase the number of juveniles who show improvement with capability to manage life stressors and relapse triggers. Each year, approximately 100 youth will be served, and at least 75% will show improvement, as evidenced by pre- and post-tests and reports from social work staff at the detention center. Pre and post assessment will use Importance, Confidence and Readiness (IRC) rulers, and the Stages of Change Readiness and Treatment Eagerness Scale (SOCRATES), both measures with strong validity and reliability.

Strategies: In order to meet these goals and objectives, the county will continue implementation of the Morris Youth Life Path program, two hour psycho-educational sessions at the Juvenile Detention Center. In addition, ongoing consultation will be provided to the staff at the Juvenile Detention Center. Participants will meet in two-hour sessions that include information delivery (video and didactic), experiential exercises, processing activities and a discussion period. Curriculum includes: alcohol and drug education, disinhibition affects and anger, risk and protective factors, Adverse Childhood Experiences (ACES), learned helplessness, self-efficacy, professional and self-help resources, and personal action plans. Detention center staff will be educated on the principles of trauma-informed care, particularly on ACES, a research-based practice that has demonstrated an association of adverse childhood experiences (ACEs) (aka childhood trauma) with health and social problems across the lifespan.

Annual Cost: The annual cost will be \$36,400 (County funding).

- 2020 - \$36,400
- 2021 - \$36,400
- 2022 - \$36,400
- 2023 - \$36,400

Annual Outputs: Each year, approximately 150 youth will receive this program.

Community Benefits/Social Cost Offsets: The community benefit will be seen by a decrease in youth developing substance use disorders and requiring treatment, as well as lower dropout rates, and a decrease in juvenile arrests. The social cost-offsets will be demonstrated by the improved life outcomes of the juveniles, decreasing treatment costs and costs of incarceration, and ultimately giving them the opportunity to be contributing members of society.

Participation: The Morris County Juvenile facilities staff and leadership will be involved in this program, as well as New Hope Integrated Behavioral Health Care.

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

Name: Morris Youth Life Path Program

Description: The program is designed to provide high-risk youth who are placed in detention with an educational experience that will channel their improved understanding of the contextual factors that contribute to the development of substance abuse problems. Raising the level of consciousness of these factors can serve as a platform for participants to better understand what has led them to their current circumstances and to begin the development of thought and behavioral action plans targeted at improved life outcomes.

Objectives: To improve the medical and mental health status of the youth, to improve capability to manage life stressors and relapse triggers, to increase understanding of the disease of addiction and the recovery process, to enhance staff's understanding of trauma-informed care. Pre and post assessment will use Importance, Confidence and Readiness (IRC) rulers, and the Stages of Change Readiness and Treatment Eagerness Scale (SOCRATES), both measures with strong validity and reliability.

Location or Setting for its Delivery: Morris County Juvenile Facilities

Expected Number of People to Be Served: 150 youth per year.

Cost of Program: \$36,400 (County Grant-in-Aid funding) annually.

Evaluation Plan: Pre and post-tests, staff feedback, discharge plans and follow-up. At each participant's first group, a baseline status will be derived using Importance, Confidence, and Readiness (IRC) rulers, the Stages of Change Readiness and Treatment Eagerness Scale (SOCRATES) and the Patient Health Questionnaire (PHQ-9). Subsequent administrations will assess progress at the close of sessions and at the time of post-discharge, follow-up drug screening, which will serve as additional measures of participant progress and program outcome as well.

6. TREATMENT ACCESS

LOOKING BACK: TREATMENT ACCESS ACCOMPLISHMENTS, 2016-2019

The 2016-2019 Morris County Comprehensive Plan for treatment had three main goals:

- To increase access and admissions to residential treatment, including detoxification, and outpatient services for indigent Morris County residents.
- To improve continuity of care within the addictions treatment system to ensure that clients transition to the most clinically appropriate level of care for their treatment needs.
- To increase the availability of integrated services for individuals with co-occurring substance use disorder and mental illness.

Morris County planned to serve 872 individuals across the full treatment continuum, with the following breakdown by level of care:

- Outpatient and Intensive Outpatient – 661 individuals annually
- Short-term Residential – 44 individuals annually
- Withdrawal Management – 150 individuals annually
- Halfway House – 17 individuals annually

While the number of individuals fluctuated in the different levels of care due to the changing landscape of the fee for service system and funding initiatives, approximately 700 individuals overall were served each year.

In order to achieve the goal of increasing access to treatment, Morris County worked to design a program of interim recovery support services to engage clients while on waiting lists for treatment. This engagement process was achieved through the use of peer recovery specialists through the CARES Recovery Center, and through the work being done on the Hope One Mobile Outreach van. Over the course of this funding cycle, CARES has provided linkage and support to approximately 4,800 clients, and Hope One has made 5,645 contacts and 76 linkages to treatment.

In order to improve continuity of care within the addictions treatment system, providers reported on client's disposition at discharge and any gaps were monitored and discussed at site visits, provider meetings and systems review meetings. Integrated services for individuals with co-occurring substance use disorder and mental illness were also reported and monitored at site visits and provider meetings.

A major accomplishment in relation to treatment access for the 2016-2019 funding cycle was the development of and implementation of Narcan 2.0, a collaborative effort of the Morris County Prosecutor's Office, CARES Recovery Center, and St. Clare's Hospital and Atlantic Health System. Since the program's inception in May of 2017, 152 individuals have been served, and 42% have been linked to treatment and 55% to recovery support services.

Morris County has historically invested in the full continuum of care for treatment services, and the total annual investment was approximately \$1,000,000 (\$700,000 AEREF funds, \$300,000 County Grant in Aid funds), for a total of \$4,000,000 over the four-year planning cycle.

ASSESSING NEEDS FOR TREATMENT ACCESS PROGRAMS

Based on the data listed below, the major challenges facing Morris County during the 2020-2023 planning cycle are continuity of care and successful outcomes following treatment episodes.

- In 2016, total admissions for Morris County residents was 2,940, increasing slightly to 3,076 in 2017.⁷
- 881 of the 2,940 in 2016 admissions were duplicated clients, a 30% readmission rate. 950 of the 3,076 in 2017 were duplicated, a 31% readmission rate.
- 49% of treatment admissions for 2016 and 2017 were for Heroin and other Opiates⁷
- According to 2016 Substance Abuse Overview, only 6% of treatment admissions in Opioid Maintenance, and 12% MAT planned in treatment.⁷ (tie this into MAT access/utilization)
- In 2017, Hope One provided Narcan trainings and kits to 697 individuals, from April through December.⁸
- In 2018, Hope One provided Narcan trainings and kits to 799 individuals, through November 30. 22 of those Narcan kits were used for reversals by friends and family members⁸
- Drug-related deaths increased from 44 to 71 from 2015 to 2016, a 61% increase.⁹
- Morris County Prosecutor's Office Data indicates 64 fatal opioid overdoses for 2016, 80 for 2017, and 81 as of 12/11/2018.¹⁰
- Morris County Law Enforcement Narcan administrations and reversals¹⁰:
 - 2016 – 122 Deployments; 110 reversals
 - 2017 – 200 Deployments; 186 reversals
 - 2018 (As of 12/11/2018) – 214 Deployments; 192 reversals
- Focus group discussions with providers identified outpatient services with MAT as an available resource for Morris County residents, but one that isn't accessed as much as it could be.
- Focus group discussions cited access to care and continuity of care as treatment gaps. In addition, shorter lengths of stay are being authorized by managed Medicaid for residential treatment.

Analysis of Data:

Given the readmission rate of 31% in 2017, a need for continuity of care and relapse prevention measures following treatment episodes is indicated. Also, the number of fatal opioid overdoses continues to increase from 2016 to 2018, as well as Narcan administrations and reversals, and the number of Narcan trainings and kits distributed also continues to rise. This data indicates that the opioid crisis is still affecting the Morris County community. According to the Substance Abuse Overview, 49% of treatment admissions for Morris County were for heroin and other opiates. Finally, only 6% of treatment admissions for Morris County were for opioid maintenance and only 12% planning MAT in treatment.

The science demonstrating the effectiveness of medication for Opioid Use Disorder (OUD) is strong, so providing access to medication assisted treatment for Morris County residents could be a strategy to fight the opioid epidemic. Morris County Aftercare does provide methadone maintenance, but they do not provide buprenorphine or naltrexone, the two other FDA approved medications for the treatment of OUD.

LOOKING FORWARD: THE 2020 TO 2023 TREATMENT ACCESS PLAN

The 2020-2023 Morris County Plan for treatment access will focus primarily on continuity of care and access to Medication Assisted Treatment (MAT) and community-based treatment. With the significant number of overdose deaths, naloxone deployments, and readmission rates for Morris County residents, it is necessary to continue to fund the full continuum of care and increase access to MAT and community-based treatment to improve outcomes and increase rates of recovery.

While the goal is to improve treatment outcomes and access across the full continuum of care, one area of focus for Morris County will be on the Morris County Correctional Facility's Vivitrol Re-entry Project. The Morris County Correctional Facility has implemented the Successful Transition and Reentry (STAR) program at their facility, which involves case management services that begin at the jail prior to the individual's release into the community. One aspect of this program is Vivitrol injections for individuals with an alcohol or opioid use disorder, with follow-up care at a community-based outpatient facility. Morris County will work with the Morris County Correctional Facility and community-based agencies to provide funding support to agencies that offer outpatient services and MAT.

THE TREATMENT ACCESS LOGIC MODEL NARRATIVE

Need Capacity Gap: The continuity of care is insufficient to meet the needs of the residents of Morris County. There is a lack of utilization of medication assisted treatment (MAT) and community-based treatment.

Social costs/community problem(s): The social costs and community problems associated with this need capacity gap are unemployment, crime, homelessness, public health costs (i.e., visits to the ER), and overdose deaths.

Quantitative/qualitative evidence:

- In 2016, total admissions for Morris County residents was 2,940, increasing slightly to 3,076 in 2017.⁷
- 881 of the 2,940 in 2016 admissions were duplicated clients, a 30% readmission rate. 950 of the 3,076 in 2017 were duplicated, a 31% readmission rate.⁷
- 49% of treatment admissions for 2016 and 2017 were for Heroin and other Opiates⁷
- According to 2016 Substance Abuse Overview, only 6% of treatment admissions in Opioid Maintenance, and 12% MAT planned in treatment.⁷ (tie this into MAT access/utilization)
- In 2017, Hope One provided Narcan trainings and kits to 697 individuals, from April through December.⁸
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- Focus group discussions with providers identified outpatient services with MAT as an available resource for Morris County residents, but one that isn't accessed as much as it could be.
- Focus group discussions cited access to care and continuity of care as treatment gaps. In addition, shorter lengths of stay are being authorized by managed Medicaid for residential treatment.

2020-2023 Goals and Objectives: Morris County's goal is to improve continuity of care and access to MAT coupled with outpatient services. Morris County's objective is to increase the number of individuals accessing MAT and outpatient community-based services by 10% each year of the CCP. Annual objectives:

- 2020: Establish a baseline number of individuals accessing MAT and outpatient community-based services.
- 2021: Increase that number by 10%
- 2022: Increase that number by 10%
- 2023: Increase that number by 10%

Strategies: In order to meet these goals and objectives, the county will support the Vivitrol Re-entry project and by providing funding support to agencies that provide community-based MAT.

Annual Cost: The annual cost will be \$140,000 (\$50,000 County funding and \$90,000 AEREF funding).

Annual Outputs: Each year, approximately 100 Morris County residents will be served and access to care will increase. The number of individuals successfully engaged in MAT and outpatient treatment services will increase by 10% each year of the funding cycle.

Community Benefits/Social Cost Offsets: The community benefit will be seen by a reduction in relapse rates and increased numbers of individuals in recovery, leading to increased capacity of the recovery community. Another community benefit would be a decrease in substance use related crimes and a decrease in unemployment rates.

According to the Substance Abuse and Mental Health Services Administration (SAMHSA), treatment can save money by diminishing the huge financial consequences imposed on employers and taxpayers. Treatment has been shown to have a benefit-cost ratio of 7:1, largely due to reduced cost of crime and increased employer earnings.¹¹ Every \$1 spent on addiction treatment saves \$7 in crime and criminal justice costs. When researchers added savings related to health care, the savings to cost ratio was 12:1.¹²

Participation: Contracted providers and the Morris County Correctional Facility will be active participants.

2020-2023 EVIDENCE-BASED, TREATMENT ACCESS PROGRAMS

ASAM Level I Outpatient Services

Description: Individual and group counseling, motivational enhancement, family therapy, psychoeducational groups, MAT or other skilled treatment services, less than 9 hours per week for adults, less than 6 hours per week for adolescents.

Objectives: To achieve changes in alcohol and/or drug use and addictive behaviors, maintain sobriety, address underlying coping issues, and develop relapse prevention plans.

Location or Setting for its Delivery: DMHAS licensed, subcontracted non-profit agencies

Expected Number of People to Be Served: 175

Cost of Program: Projected annual cost - \$206,000 (\$115,000 Chapter 51, \$91,000 County GIA)

Evaluation Plan: Quarterly reports, Levels of Service, Retention and completion rates.

ASAM Level II.1 Intensive Outpatient Services

Description: Individual and group counseling, psychoeducational groups, MAT, motivational interviewing, enhancement and engagement strategies, family therapy and other skilled treatment services, 9 hours or more per week for adults, 6 hours or more per week for adolescents.

Objectives: To provide essential education and treatment services, establish and maintain abstinence, provide a support system including medical, psychological, laboratory and toxicology services, address underlying coping issues, and develop relapse prevention plans.

Location or Setting for its Delivery: DMHAS licensed, subcontracted non-profit agencies

Expected Number of People to Be Served: 140

Cost of Program: Projected annual cost – \$225,000 (\$75,000 Chapter 51, \$150,000 County GIA)

Evaluation Plan: Quarterly reports, Levels of Service, Retention and completion rates.

ASAM Level III.7 Residential Treatment Services

Description: Inpatient treatment that includes bio-psychosocial assessments, individualized treatment plans, daily clinical services, individual and group counseling, 12-step programs, family therapy, medication monitoring, and medical/psychiatric care.

Objectives: To provide stabilizing inpatient care including directed evaluation, observation, medical monitoring, 24 hour nursing care and addiction treatment.

Location or Setting for its Delivery: DMHAS licensed, subcontracted non-profit agencies

Expected Number of People to Be Served: 50

Cost of Program: Projected annual cost - \$210,000 (\$185,000 Chapter 51, \$25,000 County GIA)

Evaluation Plan: Pre-post stage of change assessment, quarterly reports, Levels of Service, Retention and completion rates.

ASAM Level III.1 Halfway House Services (Men and Women)

Description: Services provided in a 24-hour environment, both clinic-based and community-based recovery services. Individual, group, and family therapy, medication management, motivational enhancement and engagement strategies, counseling and clinical monitoring, recovery support services, relapse prevention and coping skills.

Objectives: To improve the patient's ability to structure and organize the tasks of daily living, stabilize and maintain the stability of the individual's substance use disorder symptoms.

Location or Setting for its Delivery: DMHAS licensed, subcontracted non-profit agencies

Expected Number of People to Be Served: 12

Cost of Program: Projected annual cost - \$122,000 (\$110,000 Chapter 51, \$12,000 County GIA)

Evaluation Plan: Quarterly reports, Levels of Service, Retention and completion rates.

ASAM Level III.7 Inpatient Withdrawal Management or Ambulatory Withdrawal Management

Description: **Inpatient withdrawal management** is an organized service delivered by medical and nursing professionals, which provides 24 hour medically supervised evaluation and withdrawal management in a permanent facility with inpatient beds. Services include specialized clinical consultation, supervision for cognitive, biomedical, emotional and behavioral problems, medical nursing care, and direct affiliation with other levels of care. **Ambulatory withdrawal management** is organized outpatient services in an addiction treatment facility that are provided in regularly scheduled sessions on a daily basis. Services include individual assessment, medication/non-medication withdrawal management, education, clinical support, and discharge planning.

Objectives: To provide stabilizing care including directed evaluation, observation, medical monitoring, nursing care, and addiction treatment.

Location or Setting for its Delivery: DMHAS licensed, subcontracted non-profit agencies

Expected Number of People to Be Served: 150

Cost of Program: Projected annual cost - \$124,000 Chapter 51 funding

Evaluation Plan: Quarterly reports, Levels of Service, Retention and completion rates.

7. RECOVERY SUPPORT SERVICES

LOOKING BACK: RECOVERY SUPPORT ACCOMPLISHMENTS 2016-2019

The 2016-2019 Morris County Comprehensive Plan for recovery support services sought to increase the availability and promotion of recovery support services in the Morris County community, including linkage to recovery support services in emergency departments when Narcan is deployed. To that end, the county incorporated recovery support services into the Morris County continuum of care by providing funding support to Telephone Recovery Support and Recovery Coaching. In 2016 the plan was to serve 80 unduplicated clients, and that number jumped to 150 in 2017, 200 in 2018, and 275 in 2019. Over the 2016-2019 planning cycle, 4,800 recovery contacts were made through these programs. In addition, county staff worked closely with the Morris County Prosecutor's Office, CARES Recovery Center, St. Clare's Hospital, and Atlantic Health Systems to develop and implement the Narcan 2.0 program, whereby a certified peer recovery specialist responds in the emergency department after a naloxone reversal has been deployed by law enforcement. The implementation of Narcan 2.0 began prior to the availability of the Opioid Overdose Recovery Program (OORP) through DMHAS in Morris County, and has since served to complement the OORP program by providing 24/7 coverage and availability to respond to deployments. Since the time of the implementation of Narcan 2.0, 152 individuals have been served, and 42% have been linked to treatment and 55% to recovery support services

In addition, the county collaborated with the Morris County Sheriff's Office, CARES, and the Mental Health Association of Essex and Morris, along with many treatment and human service providers in the launch of the Sheriff's Hope One Mobile Outreach Van in April of 2017. The van is always staffed by a certified peer recovery specialist, which is supported in part by county and Chapter 51 funding. Since its inception through November 2018, Hope One has made 5,645 contacts and provided 1,496 Narcan trainings and kits. Ninety five (95) linkages were made to recovery support or treatment services.

The county's investment in Recovery Support Services has increased throughout the 2016-2019 planning cycle, as recovery support services have expanded. In 2016, the total financial investment was \$33,000; increasing to \$89,000 in 2017. The financial investment in 2018 was \$108,000, and the planned investment for 2019 is \$120,000. In addition to the measurable benefits listed above, 127 individuals were linked to housing, shelter, food, clothing, county ID's or legal services, and eleven (11) children were reunited with their parents.

ASSESSING NEEDS FOR RECOVERY SUPPORT SERVICES PROGRAMS

Based on qualitative and quantitative data listed below, the major recovery support issues facing Morris County are readmission rates, increasing rates of overdose and increases in Narcan reversals, and the increasing need for recovery supports, both for individuals with substance use disorders and families and loved ones. In addition, the importance of addressing basic needs plays a big part in the recovery journey and gaps in the system must be addressed for individuals in recovery.

- In 2016, total admissions for Morris County residents was 2,940, increasing slightly to 3,076 in 2017.
- 881 of the 2,940 in 2016 admissions were duplicated clients, a 30% readmission rate. 950 of the 3,076 in 2017 were duplicated, a 31% readmission rate.
- Law Enforcement is reporting multiple Narcan reversals for the same individual.
- In 2018, Hope One provided Narcan trainings and kits to 799 individuals, through November 30. 22 of those Narcan kits were used for reversals by friends and family members.
- Morris County Law Enforcement Narcan administrations and reversals: 2016 – 122 Deployments; 110 reversals; 2017 – 200 Deployments; 186 reversals; 2018 (As of 12/11/2018) – 214 Deployments; 192 reversals
- Focus Group Discussions at CARES Recovery Center indicated that the value of having a peer advocating for individuals in their recovery journeys leads to better overall outcomes. In addition, individuals in recovery stated that receiving peer recovery support services has helped them to avoid relapse.
- CARES staff indicate that often times the recovery support services are geared to family members who need the support in navigating the system and helping the individual with the substance use disorder.
- Focus group identified the need for jobs that accept individuals in recovery, as well as “felony friendly” jobs.
- Focus group identified lack of affordable housing as a barrier, as well as lack of recovery housing.
- Focus group identified the need for support after treatment to bridge the gap, as well as having basic needs met.

LOOKING FORWARD: 2020-2023 RECOVERY SUPPORT SERVICES PLAN

The 2020-2023 Recovery Support Services Plan for Morris County will address the need for expanded recovery support services in order to increase long-term recovery rates and assist individuals and families in navigating the treatment system on the road to recovery. Based on readmission rates, increasing rates of overdose and increases in Narcan reversals, and the increasing need for recovery supports, Morris County plans to promote and support the expansion of recovery support services in the county. Specifically, the county will provide funding support to increase the utilization and scope of recovery support services. Funded recovery support services will include Telephone Recovery Support, recovery coaching, job training and employment services, family support services, mutual aid, advocacy, etc.

Collaboration will continue with the Morris County Prosecutor’s Office, the Morris County Sheriff’s Office, and other community partners to build on the recovery support services available in the community and to continue to build capacity of certified recovery support specialists. Support for Narcan 2.0 and for Hope One will continue, and collaborative efforts will continue for expansion of these services.

THE RECOVERY SUPPORT LOGIC MODEL NARRATIVE

Need Capacity Gap: Support after treatment is lacking, and resources are needed to bridge the gap upon discharge. There is a need for basic life skills, employment, education, housing, etc.

Social costs/community problem(s): The social costs and community problems associated with this need capacity gap are unemployment, crime, homelessness, public health costs (i.e., visits to the ER), and overdose deaths.

Quantitative/qualitative evidence:

- In 2016, total admissions for Morris County residents was 2,940, increasing slightly to 3,076 in 2017.⁷
- 881 of the 2,940 in 2016 admissions were duplicated clients, a 30% readmission rate. 950 of the 3,076 in 2017 were duplicated, a 31% readmission rate.⁷
- 49% of treatment admissions for 2016 and 2017 were for Heroin and other Opiates⁷
- In 2017, Hope One provided Narcan trainings and kits to 697 individuals, from April through December.⁸
- In 2018, Hope One provided Narcan trainings and kits to 799 individuals, through November 30. 22 of those Narcan kits were used for reversals by friends and family members⁸
- Drug-related deaths increased from 44 to 71 from 2015 to 2016, a 61% increase.⁹
- Morris County Prosecutor's Office Data indicates 64 fatal opioid overdoses for 2016, 80 for 2017, and 81 as of 12/11/2018.¹⁰
- Morris County Law Enforcement Narcan administrations and reversals¹⁰:
 - 2016 – 122 Deployments; 110 reversals
 - 2017 – 200 Deployments; 186 reversals
 - 2018 (As of 12/11/2018) – 214 Deployments; 192 reversals
- Focus Group Discussions at CARES Recovery Center indicated that the value of having a peer advocating for individuals in their recovery journeys leads to better overall outcomes. In addition, individuals in recovery stated that receiving peer recovery support services has helped them to avoid relapse.
- CARES staff indicate that often times the recovery support services are geared to family members who need the support in navigating the system and helping the individual with the substance use disorder.
- Focus group identified the need for jobs that accept individuals in recovery, as well as “felony friendly” jobs.
- Focus group identified lack of affordable housing as a barrier, as well as lack of recovery housing.
- Focus group identified the need for support after treatment to bridge the gap, as well as having basic needs met.

2020-2023 Goals and Objectives: Morris County's goal is to promote and support the expansion of recovery support services in Morris County. Morris County's objective is to increase access and referral to recovery support services, as well as to increase utilization and scope of the recovery support services offered.

Annual Objectives:

- 2020: To increase access and referral to recovery support services by 10%, from 275 to 302 individuals.

- 2021: To provide funding support to a full array of recovery support services, including telephone recovery support, recovery coaching, job training, etc. and increase number of individuals by an additional 10%.
- 2022: To provide funding support to a full array of recovery support services, including telephone recovery support, recovery coaching, job training, etc. and increase number of individuals by an additional 10%.
- 2023: To provide funding support to a full array of recovery support services, including telephone recovery support, recovery coaching, job training, etc. and increase number of individuals by an additional 10%.

Strategies: In order to meet these goals and objectives, the county will provide funding support to a full array of recovery support services, including telephone recovery support, recovery coaching, job training, etc. The county request for proposal process will seek to fund programs or activities that are included in the definition of recovery support services and that address basic needs as well as recovery from substance use disorder.

Annual Cost: The annual cost will be \$120,000 (Chapter 51 funding).

- 2020: \$120,000
- 2021: \$120,000
- 2022: \$120,000
- 2023: \$120,000

Annual Outputs: In 2020, the baseline number of individuals receiving recovery support services will be 275, and each year of the funding cycle that number will be increased by 10%. The scope of recovery support services will expand throughout the funding cycle, leading to better outcomes in the dimensions of wellness.

2020: Increase number of individuals receiving recovery support services from 275 to 302.

2021: Increase the number of individuals receiving recovery support services by an additional 10% and expand services to include job training and family support, etc.

2022: Increase the number of individuals receiving recovery support services by an additional 10% and expand services to include job training and family support, etc.

2023: Increase the number of individuals receiving recovery support services by an additional 10% and expand services to include job training and family support, etc.

Community Benefits/Social Cost Offsets: The community benefit will be seen by a reduction in relapse rates and increased numbers of individuals in recovery, leading to increased capacity of the recovery community. Another community benefit would be a decrease in substance use related crimes and a decrease in unemployment rates.

Participation: Morris County Prevention is Key (CARES Recovery Center) and other contracted providers and community partners.

2020-2023 RECOVERY SUPPORT PROGRAM(S)

Name: CARES Recovery Center – Telephone Recovery Support, Recovery Coaching, Narcan 2.0

Description: **Telephone Recovery Support** – Connecticut Community for Addiction Recovery (CCAR) model that involves a voluntary weekly support call from a peer recovery specialist. **Recovery Coaching** – formalized, co-created relationship between a peer recovery specialist and an individual. Recovery coaches help to remove barriers, provide resources, and provide support as the recovering individual rebuilds his/her life. **Narcan 2.0/Addiction Recovery Response Team (ARRT)** – Peer Recovery Specialists responding to emergency departments after an individual has overdosed and been reversed by Narcan.

Objectives:

- An increase in the number of individuals seeking recovery support services after reversal from an opioid overdose.
- A significant reduction in relapse among program participants compared to the general community.
- A significant improvement to quality of life as measured by SAMHSA’s “Dimensions of Wellness”

Location or Setting for its Delivery: In the community, hospital emergency departments, telephone-based, at agency.

Expected Number of People to Be Served: 275

Cost of Program: \$120,000

Evaluation Plan: Quarterly reports, assessment tools, self-report surveys

APPENDIX 1: REFERENCES

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- ³ U.S. Department of Housing and Urban Development, Office of Community Planning and Development. (2011). *The 2010 Annual Homeless Assessment Report to Congress*. Retrieved January 16, 2015, from <https://www.hudexchange.info/resources/documents/2010HomelessAssessmentReport>
- ⁴ U.S. Department of Veteran Affairs Mental Health Services Suicide Prevention Program. (2012). *Suicide Data Report, 2012*. Kemp, J. & Bossarte, R. Retrieved January 16, 2015, from <http://www.va.gov/opa/docs/Suicide-Data-Report-2012-final.pdf>
- ⁵ U.S. Department of Education. (2014). *35th Annual Report to Congress on the Implementation of the Individuals with Disabilities Education Act, 2013*. Washington, DC: U.S. Department of Education. Retrieved January 16, 2015, from <http://www2.ed.gov/about/reports/annual/osep/2013/parts-b-c/35th-idea-arc.pdf>
- ⁶ State of New Jersey, Department of Law and Public Safety, Office of the Attorney General. <https://njcares.gov/>
- ⁷ New Jersey Substance Abuse Monitoring System (NJSAMS). (2016 and 2017)
- ⁸ Morris County Sheriff's Office (2017 and 2018), Hope One Dashboard
- ⁹ State of New Jersey, Department of Health, NJ Opioid Data Dashboard. <https://www.state.nj.us/health/populationhealth/opioid/>.
- ¹⁰ Morris County Prosecutor's Office (2016-2018). Narcan and Overdose Data.
- ¹¹ New Jersey Youth Suicide Report, NJ Dept. of Children and Families, 2017
- ¹² 2016 Uniform Crime Report, www.njsp.org

APPENDIX 2: DEFINITIONS OF PLANNING CONCEPTS

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

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

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

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

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

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

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

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

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

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

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

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

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

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

APPENDIX 3: LIST OF PARTICIPANTS IN THE PLANNING PROCESS

LACADA			
RESIDENT (Y/N)	NAME	AFFILIATION	CONTACT INFO.
1.	Y	Gregg Benson (Mental Health Board)	Community Rep
2.	Y	Vicky Mulligan (Mental Health Board)	Community Rep
3.	Y	Margaret Himsl (Mental Health Board)	Community Rep
4.	Y	Carol DeGraw (Mental Health Board)	Community Rep
5.	Y	Heidi Schnapp (Mental Health Board)	Community Rep
6.	Y	Julian Hill (Mental Health Board)	Prosecutor's Office
7.	Y	Mary Jane Melo (Mental Health Board)	Community Rep
8.	Y	Linda Csengeto (County Staff, Mental Health Board)	Community Rep
9.	Y	Marcy McMann (Mental Health Board)	Community Rep
10.	Y	Deborah Ward (Mental Health Board)	Community Rep
11.	Y	Christopher Chernick (Mental Health Board)	Community Rep
12.	Y	Mark Spitzer (Mental Health Board)	Sheriff's Office
13.	Y	LaJuan Tucker (Mental Health Board)	Prosecutor's Office
14.	Y	Charlie Berman (CASS, Mental Health Board)	
15.			
16.			

PROVIDER/County Staff			
RESIDENT (Y/N)	NAME	AFFILIATION	CONTACT INFO.
1.	Erika Moreno	DAWN Center for Ind. Living	
2.	Preeti Patel (CIACC, YSC)	Center for Eval and Counseling	
3.	David Haggerty (CIACC, YSC)	Cornerstone Programs	
4.	David Johnston (CIACC, YSC)	DGP&P	
5.	Tara Prezioso (CIACC, County Staff, YSC)	MC Youth Shelter	
6.	Laura Siemonsma-Bertelli (CIACC, YSC)	MC Sheriff's	
7.	Jim Saylor (JJC, YSC)	JJC	
8.	Dave Johnson (County Staff, CIACC, YSC)	MC Detention Center	
9.	Steve Nebesni (County Staff)	MCDHS	
10.	Christopher Mueller (CIACC, YSC)	Morris County Ct – Juv. Intake	
11.	Rebecca Tritt (CIACC, YSC, CSOC)	CSOC - SUN	
12.	Jeena Williams (CIACC, YSC)	DGP&P	
13.	Ingrid Vaca-Bullaro (CIACC, YSC, CSOC PACADA)	FIS	
14.	Laura Vargas (CIACC, YSC)	Morris County Probation	
15.	Melody Runyon (Regional Coalition)	CARES	
16.	Alton Robinson	CARES	
17.	Nicola Inniss	CARES	
18.	Michelle Reyes (PACADA)	ALFRE	
19.	Shanna Fink (PACADA)	Carrier	
20.	Juliet Quiles (PACADA)	Collaborative Support Programs – NJ	
21.	Mike Armstrong (PACADA)	Comm Hope	
22.	Yodalio Cabaleiro (PACADA)	CURA	
23.	Julia Buccini (PACADA)	Daytop	
24.	Galindo King (PACADA)	Freedom House	
25.	Michelle Borden (PACADA)	NewBridge Services	
26.	Dave Roden (PACADA)	New Hope	
27.	Lynne Chandler (PACADA)	St. Clare's	
28.	Dana Quijano (PACADA)	Integrity, Inc.	
29.	Pat White (PACADA)	Turning Point	
30.	Laurie Becker (County Staff, Mental Health Administrator)	MCDHS	
31.	Jennifer Carpinteri (Department Director)	MCDHS	
32.	Julie Harpell-Elam (CIACC, YSC)	JBWS	

33.		Jessica Wright	St. Clare's	
34.		Sarah Huertes	Project Self Sufficiency	
35.		Geri Moss	Atlantic Health	
36.		Antonio Rudo	St. Clare's	
37.		Allison Berens	Atlantic Health	
38.		Eileen Alexander	DMHAS	
39.		Chiffon Richshard	Mental Health Association	
40.		Carolyn Dean	NewBridge Services	

COMMUNITY			
RESIDENT (Y/N)	NAME	AFFILIATION	CONTACT INFO.
1.	Pat Petrillo (County Staff)	MCDHS	
2.	Tammi Brown (County Staff)	MCDHS	
3.	Loretta White (General Public)	Randolph Seniors	
4.	Jean Perlman	Aging	
5.	Joseph Leal	Aging	
6.	Bruce Patterson	VFW	
7.	Matt Adamczyk	American Legion	
8.	Ken Brenzel (County Staff)	MC Veterans Services	
9.	Bob Hughes	VFW	
10.	Jennifer Van Natta	Aging	
11.	Fay Campbell	Aging	
12.	Maria Rosario (County Staff)	Aging	
13.	Rich Nyquist (General Public)	Community Rep	
14.	Jim Cavanaugh	Veterans	
15.	Mindy Allison (General Public)	Community	
16.	Emily Monks (General Public)	Community	
17.	Chris Basenese (General Public)	Community	
18.	Nicole Gwritski (General Public)	Community	

APPENDIX 4: LOGIC MODELS PREVENTION

Need-capacity gap and associated community problem (A)	Evidence of problem and its significance for the county (B)	Goal For 2020-2023 (C)	Objectives Targets Per Annum (D)	Strategy To Achieve Objective (E)	Inputs Financial or Other Resources (F)	Outputs Expected product (G)	Outcomes Expected Community Benefits (H)	Participant Agencies Other Than County (I)
<p>Need-capacity Gap:</p> <p>Lack of awareness of the prevalence of mental health and addictions disorders, resources available, and that recovery is possible. Stigma associated with mental illness and addictions prevents access to treatment.</p>	<p>The stigma associated with mental health and addictions disorders is cited as the primary reason individuals do not seek treatment.</p> <p>Approximately 1 in 5 adults in the U.S. experiences mental illness in a given year.</p> <p>Only 41% of adults in the U.S. with a mental health condition received mental health services in the past year.</p> <p>Suicide is the 10th leading cause of death in the U.S., the 3rd leading cause of death for people aged 10-14, and the 2nd leading cause of death for people aged 15-24.</p> <p>Over one-third (37%) of students with a mental health condition age 14-21 and older who are served by special education drop out – the highest dropout rate of any disability group.</p>	<p>To reduce the stigma associated with mental illness and substance use disorders, and to provide the resources and support people need to achieve wellness and recovery.</p>	<p>2020:</p> <p>To expand on the Morris County Stigma Free Communities Initiative and increase community awareness, promoting activities that foster wellness and recovery.</p>	<p>2020: Provide Mental Health First Aid Trainings and support wellness and recovery programs.</p>	<p>County: \$1,000 AEREF/State: \$70,000 Total: \$71,000</p>	<p>Train 250 individuals in Mental Health First Aid, increase the number of towns and increase the number of schools participating in the initiative by an additional school.</p>	<p>Short Term: Increased awareness and understanding of the mental health and substance use disorders as a disease.</p> <p>Increase in the number of individuals seeking and linked to treatment.</p>	<p>Contracted providers, Morris County schools, Morris County Municipal Alliances</p>
			<p>2021: To continue to expand on the Morris County Stigma Free Communities Initiative through involvement of Morris County school districts.</p>	<p>2021: Continue to provide Mental Health First Aid Trainings and support wellness and recovery programs.</p>	<p>County: \$1,000 AEREF/State: \$70,000 Total: \$71,000</p>	<p>Train an additional 250 individuals in Mental Health First Aid, increase the number of towns and schools participating in the initiative by at least one.</p>	<p>Middle Term: Increased awareness and understanding of the mental health and substance use disorders as a disease.</p> <p>Increase in the number of individuals seeking and linked to treatment.</p>	
			<p>2022: To continue to expand on the Morris County Stigma Free Communities Initiative through involvement of Morris County school districts.</p>	<p>Continue to provide Mental Health First Aid Trainings and support wellness and recovery programs.</p>	<p>County: \$1,000 AEREF/State: \$70,000 Total: \$71,000</p>	<p>Train an additional 250 individuals in Mental Health First Aid, increase the number of towns and schools participating in the initiative by at least one.</p>	<p>Middle Term: Increase in the number of individuals seeking and linked to treatment.</p> <p>Decrease in crisis ER visits and psychiatric hospitalizations..</p>	
<p>Associated Community Problem:</p> <p>Public Health costs (i.e. ER visits), fatalities, School dropout rates, homelessness, crime.</p>			<p>2023: To continue to expand on the Morris County Stigma Free Communities Initiative through involvement of Morris County school districts.</p>	<p>2023: Continue to provide Mental Health First Aid Trainings and support wellness and recovery programs.</p>	<p>County: \$1,000 AEREF/State: \$70,000 Total: \$71,000</p>	<p>Train an additional 250 individuals in Mental Health First Aid, increase the number of towns and schools participating in the initiative by at least one.</p>	<p>Long Term: Increase in the number of individuals in recovery from mental illness and substance use disorders. Increase in individuals in recovery with gainful employment. Decreased homelessness for those with mental illness and substance use disorders.</p>	

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EARLY INTERVENTION

Need-capacity gap and associated community problem (A)	Evidence of problem and its significance for the county (B)	Goal For 2020-2023 (C)	Objectives Targets Per Annum (D)	Strategy To Achieve Objective (E)	Inputs Financial or Other Resources (F)	Outputs Expected product (G)	Outcomes Expected Community Benefits (H)	Participant Agencies Other Than County (I)
<p>Need-capacity Gap:</p> <p>Youth involved in Juvenile Justice System demonstrating a need for services that address substance use, life skills and risk and protective factors.</p>	<p>Discussion at Juvenile Review Committee meetings, number of juveniles presenting with substance abuse issues.</p> <p>County youth facilities not permitted to provide treatment services.</p>	<p>To reduce the risk of development of a substance use disorder and improve life outcomes for juvenile justice involved youth.</p>	<p>2020: To increase the number of juveniles who show improvement with capability to manage life stressors and relapse triggers.</p>	<p>2020: Provide 2-hr psycho - educational sessions (Morris Youth Life Path – MY-LP) to youth at the JDC and one hr consulting time to JDC staff.</p>	<p>County: \$36,000 AEREF/State: \$00:00 Total: \$36,000</p>	<p>Establish a baseline number of juveniles that complete the program and show progress through follow up measures.</p>	<p>Short Term: Decrease in youth developing substance use disorders and requiring treatment.</p>	<p>Morris County Juvenile Facilities, New Hope Foundation</p>
			<p>2021: To increase the number of juveniles who show improvement with capability to manage life stressors and relapse triggers.</p>	<p>2021: Provide 2-hr psycho - educational sessions (Morris Youth Life Path – MY-LP) to youth at the JDC and one hr consulting time to JDC staff.</p>	<p>County: \$36,000 AEREF/State: \$00:00 Total: \$36,000</p>	<p>Maintain or increase the number of juveniles that complete the program and show progress through follow up measures.</p>	<p>Middle Term: Decrease in youth developing substance use disorders and requiring treatment.</p>	
			<p>2022: To increase the number of juveniles who show improvement with capability to manage life stressors and relapse triggers.</p>	<p>2022: Provide 2-hr psycho - educational sessions (Morris Youth Life Path – MY-LP) to youth at the JDC and one hr consulting time to JDC staff.</p>	<p>County: \$36,000 AEREF/State: \$00:00 Total: \$36,000</p>	<p>Number of juveniles that complete the program and show progress through follow up measures.</p>	<p>Middle Term: Decrease in youth developing substance use disorders and requiring treatment. Lower dropout rates</p>	
<p>Associated Community Problem: Crime, school dropout rates, increased involvement with the criminal justice system</p>			<p>2023: To increase the number of juveniles who show improvement with capability to manage life stressors and relapse triggers.</p>	<p>2023: Provide 2-hr psycho - educational sessions (Morris Youth Life Path – MY-LP) to youth at the JDC and one hr consulting time to JDC staff.</p>	<p>County: \$36,000 AEREF/State: \$00:00 Total: \$36,000</p>	<p>Number of juveniles that complete the program and show progress through follow up measures.</p>	<p>Long Term: Decrease in youth developing substance use disorders and requiring treatment. Lower dropout rates, decrease in juvenile arrests.</p>	

TREATMENT ACCESS

Need-capacity gap and associated community problem (A)	Evidence of problem and its significance for the county (B)	Goal For 2020-2023 (C)	Objectives Targets Per Annum (D)	Strategy To Achieve Objective (E)	Inputs Financial or Other Resources (F)	Outputs Expected product (G)	Outcomes Expected Community Benefits (H)	Participant Agencies Other Than County (I)
<p>Need-capacity Gap:</p> <p>Insufficient continuity of care to meet the needs of the county. Lack of access to MAT and community-based treatment.</p>	<p>Drug-related deaths increased from 44 to 71 from 2015 to 2016, a 61% increase.</p> <p>Morris County Law Enforcement Narcan administrations and reversals: 2016 – 122 Deployments; 110 reversals; 2017 – 200 Deployments; 186 reversals; 2018 (As of 12/11/2018) – 214 Deployments; 192 reversals</p> <p>In 2016, total admissions for Morris County residents was 2,940, increasing slightly to 3,076 in 2017.</p>	<p>To: Improve continuity of care and access to MAT coupled with outpatient services.</p>	<p>2020: To increase the number of individuals accessing MAT and outpatient community-based services.</p>	<p>2020: To support the Vivitrol Re-entry project by providing funding support to agencies that provide community-based MAT.</p>	<p>County: \$50,000 AEREF/State: \$90,000 Total: \$140,000</p>	<p>Establish baseline number of individuals successfully engaged in MAT and outpatient treatment services.</p>	<p>Short Term: Reduction in relapse rates. Increased number of individuals in recovery.</p>	<p>Contracted providers and Morris County Correctional Facility.</p>
			<p>2021: To increase the number of individuals accessing MAT and outpatient community-based services by 10%.</p>	<p>2021: To support the Vivitrol Re-entry project by providing funding support to agencies that provide community-based MAT.</p>	<p>County: \$50,000 AEREF/State: \$90,000 Total: \$140,000</p>	<p>Increase the number of individuals successfully engaged in MAT and outpatient treatment services by 10%.</p>	<p>Middle Term: Reduction in relapse rates. Increased number of individuals in recovery.</p>	
<p>Associated Community Problem: Unemployment, crime, homelessness, public health costs (i.e., visits to the ER), overdose deaths</p>	<p>881 of the 2,940 in 2016 admissions were duplicated clients, a 30% readmission rate. 950 of the 3,076 in 2017 were duplicated, a 31% readmission rate.</p> <p>According to 2016 Substance Abuse Overview, only 6% of treatment admissions in Opioid Maintenance, and 12% MAT planned in treatment.</p>		<p>2022: To increase the number of individuals accessing MAT and outpatient community-based services by 10%.</p>	<p>2022: To support the Vivitrol Re-entry project by providing funding support to agencies that provide community-based MAT.</p>	<p>County: \$50,000 AEREF/State: \$90,000 Total: \$140,000</p>	<p>Increase the number of individuals successfully engaged in MAT and outpatient treatment services by 10%.</p>	<p>Middle Term: Reduction in relapse rates. Increased number of individuals in recovery.</p>	
			<p>2023: To increase the number of individuals accessing MAT and outpatient community-based services by 10%.</p>	<p>2023: To support the Vivitrol Re-entry project by providing funding support to agencies that provide community-based MAT.</p>	<p>County: \$50,000 AEREF/State: \$90,000 Total: \$140,000</p>	<p>Increase the number of individuals successfully engaged in MAT and outpatient treatment services by 10%.</p>	<p>Long Term: Increase the capacity of the recovery community. Decrease in substance use related crimes.</p>	

RECOVERY SUPPORT SERVICES

Need-capacity gap and associated community problem (A)	Evidence of problem and its significance for the county (B)	Goal For 2020-2023 (C)	Objectives Targets Per Annum (D)	Strategy To Achieve Objective (E)	Inputs Financial or Other Resources (F)	Outputs Expected product (G)	Outcomes Expected Community Benefits (H)	Participant Agencies Other Than County (I)
<p>Need-capacity Gap:</p> <p>Support after treatment is lacking, and resources are needed to bridge the gap upon discharge. There is a need for basic life skills, employment, education, housing, etc.</p>	<p>In 2016, total admissions for Morris County residents was 2,940, increasing slightly to 3,076 in 2017.</p> <p>881 of the 2,940 in 2016 admissions were duplicated clients, a 30% readmission rate. 950 of the 3,076 in 2017 were duplicated, a 31% readmission rate.</p> <p>Law Enforcement is reporting multiple Narcan reversals for the same individual.</p> <p>In 2018, Hope One provided Narcan trainings and kits to 799 individuals, through November 30. 22 of those Narcan kits were used for reversals by friends and family members</p>	<p>To: Promote and support the expansion of recovery support services in Morris County.</p>	<p>2020: To increase access and referral to recovery support services by 10%, from 275 to 302 individuals.</p>	<p>2020: To provide funding support to a full array of recovery support services, including telephone recovery support, recovery coaching, job training, etc.</p>	<p>County: \$00:00 AEREF/State: \$120,000 \$120,000</p>	<p>Increase number of individuals receiving recovery support services from 275 to 302.</p>	<p>Short Term: Increase in recovery rates and decrease in readmissions to treatment programs.</p>	<p>Morris County Prevention is Key (CARES Recovery Center), Morris County Prosecutor's Office, Morris Co. Sheriff's Office Contracted Providers</p>
<p>Associated Community Problem: Unemployment, homelessness, crime, public health costs (i.e., visits to the ER), and overdose deaths.</p>	<p>Morris County Law Enforcement Narcan administrations and reversals: 2016 – 122 Deployments; 110 reversals; 2017 – 200 Deployments; 186 reversals; 2018 (As of 12/11/2018) – 214 Deployments; 192 reversals</p>		<p>2021: To increase utilization and scope of recovery support services.</p>	<p>2021: To provide funding support to a full array of recovery support services, including telephone recovery support, recovery coaching, job training, etc.</p>	<p>County: \$00:00 AEREF/State: \$120,000 \$120,000</p>	<p>Increase the number of individuals receiving recovery support services by an additional 10% and expand services to include job training and family support, etc.</p>	<p>Middle Term: Increase in recovery rates and decrease in readmissions to treatment programs.</p>	
			<p>2022: To continue to increase utilization and scope of recovery support services.</p>	<p>2022: To provide funding support to a full array of recovery support services, including telephone recovery support, recovery coaching, job training, etc.</p>	<p>County: \$00:00 AEREF/State: \$120,000 \$120,000</p>	<p>Increase the number of individuals receiving recovery support services by an additional 10% and expand services to include job training and family support, etc.</p>	<p>Middle Term: Increase in recovery rates and decrease in readmissions to treatment programs.</p>	
			<p>2023: To continue to increase utilization and scope of recovery support services.</p>	<p>2023: To provide funding support to a full array of recovery support services, including telephone recovery support, recovery coaching, job training, etc.</p>	<p>County: \$00:00 AEREF/State: \$120,000 \$120,000</p>	<p>Increase the number of individuals receiving recovery support services by an additional 10% and expand services to include job training and family support, etc.</p>	<p>Long Term: Increase in long-term recovery rates and increased capacity of the recovery community.</p>	

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

2020	
PROGRAM DOMAIN	PERCENT OF AVAILABLE RESOURCES
PREVENTION	6% (Chapter 51 and County GIA)
EARLY INTERVENTION	3% (Chapter 51 and County GIA)
TREATMENT ACCESS	80% (Chapter 51 and County GIA)
RECOVERY SUPPORT SERVICES	11% (Chapter 51 and County GIA)
2021	
PROGRAM DOMAIN	PERCENT OF AVAILABLE RESOURCES
PREVENTION	6% (Chapter 51 and County GIA)
EARLY INTERVENTION	3% (Chapter 51 and County GIA)
TREATMENT ACCESS	80% (Chapter 51 and County GIA)
RECOVERY SUPPORT SERVICES	11% (Chapter 51 and County GIA)
2022	
PROGRAM DOMAIN	PERCENT OF AVAILABLE RESOURCES
PREVENTION	6% (Chapter 51 and County GIA)
EARLY INTERVENTION	3% (Chapter 51 and County GIA)
TREATMENT ACCESS	80% (Chapter 51 and County GIA)
RECOVERY SUPPORT SERVICES	11% (Chapter 51 and County GIA)
2023	
PROGRAM DOMAIN	PERCENT OF AVAILABLE RESOURCES
PREVENTION	6% (Chapter 51 and County GIA)
EARLY INTERVENTION	3% (Chapter 51 and County GIA)
TREATMENT ACCESS	80% (Chapter 51 and County GIA)
RECOVERY SUPPORT SERVICES	11% (Chapter 51 and County GIA)

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