STATE OF NEW JERSEY

COUNTY COMPREHENSIVE PLAN

FOR THE ORGANIZATION AND DELIVERY OF

ALCOHOL AND DRUG ABUSE SERVICES

PLANNING CYCLE 2024-2027

MERCER COUNTY

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EXECUTIVE SUMMARY

In accordance with Public Law 1983, Chapter 51 and the establishment of the Alcoholism, Education, Rehabilitation and Enforcement Fund (AEREF), this County Comprehensive Plan (CCP) for the planning cycle of 2024 through 2027, describes Mercer County's current and emergent drug use trends and the availability of addiction services across the county's continuum of prevention, early intervention, treatment and recovery support. This plan outlines quantitative and qualitative data to describe the current trends within an evolving system of care according to the statutory requirements of the state legislation. Both the data and the variables from the changing and evolving system of care were considered in order to decide the priorities for the planning cycle of 2024 through 2027. The Local Advisory Committee on Alcohol and Drug Addiction (LACADA) oversaw the design and development of the data collection, community outreach and participation. During the planning process, we conducted 4 focus groups, 10 key informant interviews and participated in 20 community outreach events. Information and feedback were collected during annual site visits with 12 providers. A questionnaire was issued and we received 149 responses from Mercer County residents. In addition, the Office of Addiction Services participated in the planning effort of the Greater Mercer Public Health Partnership (GMPHP), a public health collaborative of local hospitals and health officers, which has a goal of making Mercer County healthier for its residents. The Office also contributed and coordinated planning efforts with the Division of Mental Health. Participation in these planning efforts further helped the Office on Addiction Services to gather and analyze additional data and determine strategies within the context of the needs in the system of care and needs of our community partners. As a result of this planning approach, a community-based process that helped determine the "best uses" of state and county resources to improve Mercer County's substance abuse continuum of care, was created.

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

Prevention - In the area of prevention education, Mercer County will set a goal of building capacity by providing training for evidence-based curriculums. The utilization of evidence-based programs will help to increase protective factors and decrease risk factors. Based on social and health indicators, such as, treatment admissions, drug related arrests and naloxone administrations, Trenton faces a disadvantage. Because of these indicators, Mercer County will specifically target prevention resources and programs to be implemented in/and around Trenton.

Early Intervention - In the area of early intervention, Mercer County will strategically implement early intervention services with the goal of reducing stigma and encouraging earlier identification of substance use disorder (SUD) symptoms, on site at the newly created Transformative and Restorative Justice Hub in Trenton.

Treatment - In the area of treatment, Mercer County will address concerns of limited access to halfway house treatment services and other recovery housing options. There is a lack of coverage for this level of care and no insurance, public or private, covers this service. Access to additional recovery housing, such as Sober Living and Oxford Houses, were indicated as a need throughout the county needs assessment for all Mercer County residents.

Recovery Support - In the area of recovery support services, Mercer County will increase recovery support services through the use of a mobile recovery unit that can help target areas experiencing high

rates of overdoses, as well as provide engagement through outreach services and education on substance use disorders.

This planning process was coordinated within the Mercer County Department of Human Services and examined different "systems" of care that has contact with individuals living with substance use disorders. Within the frame work of social justice initiatives and the de-stigmatization of substance use disorders, the Office on Addiction Services works collaboratively with several system partners. Our work with the Trenton/Mercer Coordinated Entry and Assessment System (CEASe) is a collaboration with the homelessness system in order to assist individuals who are homeless and at-risk of homelessness, who need Social Security Income/Social Security Disability Income, Outreach and Access to Recovery (SOAR case management), and living with substance use disorders. In addition, we fund case management services specifically targeting individuals in the homelessness system onsite at the local shelter system. We also have collaboratives with the Trenton/Mercer Continuum of Care (CoC) whereby they award the housing voucher for individuals with mental health and substance use disorders, and the Office on Addiction Services awards the social service component to the program. We work collaboratively with the Mercer County Corrections Center (MCCC) and the Mercer County Board of Social Services (MCBOSS) to help fund case management services through MCHS to assist returning citizens to ensure access to treatment, health services, housing and the monitoring of on-going barriers for these Mercer County residents. The Office on Addiction Services also funds on site case management at the single adult shelter in the county. We take a cross collaboration approach in order to build upon these local initiatives, other efforts and make an impact locally with our community stakeholders. The most recent and newly developed collaborative is with the Division of Youth Services, with their plan to build a Transformative and Restorative Justice Hub. This new effort offers the potential for early intervention to be offered to families in need of more information on local resources and treatment options.

The Office on Addiction Services collaborates with the Division of Public Health on two county-wide initiatives:

- Overdose Fatality Review Team (OFRT): The Office on Addiction Services manages the contract with a vendor (Trenton Health Team) who convenes a group of community treatment providers and stake holders, Mercer County Medical Examiner's, Mercer County Prosecutor's Office and other law enforcement, in order to examine recent overdose deaths to determine ways to improve delivery of care and prevent death.
- National Association of City and County Health Officers (NACCHO) Overdose Prevention project: This initiative will develop an overdose notification system in the county and launch a county-wide communications campaign on the overdose epidemic and other drug trends.

The information and data obtained through the above mentioned initiatives and collaboratives were considered throughout this planning process. During the development of this county plan, the county began the initial stages of planning for a local Opioid Settlement Council, of which will utilize this plan to inform on "gaps" in services. The content of this CCP will further assist in informing new initiatives and collaboratives with community stakeholders. **The Mercer County Office on Addiction Services consistently monitors the changing prevalence of substance use in the county and the capacity for the treatment system to respond to those needs. The creation of this CCP evaluates that system and provides recommendations of the best use of the AEREF, other State funds and County resources to improve our local continuum of care for Mercer County residents.**

SECTION ONE: FOUNDATIONS, PURPOSE AND PRINCIPLES

From the Division of Mental Health and Addiction Services:

A. STATUTORY AND POLICY FOUNDATIONS

Every four years, New Jersey's 21 counties prepare a County Comprehensive Plan (CCP) for Alcoholism and 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, cannabis, and prescription medicines or illegal drugs like, heroin, cocaine and various hallucinogens. The DMHAS, in collaboration with the state's 21 Local Advisory Committees on Alcoholism and Drug Abuse as represented by the 21 county alcoholism and drug abuse directors, CADADs, recognizes that this purpose is best achieved by involving county residents and treatment providers, called "community stakeholders", in both identifying the strategic priorities of the plan and monitoring its successful implementation. Thus, the CCP is the product of a

community-based process that recommends to county authorities the best ways to ensure that county resources serve to: 1) protect county residents from the bio-psycho-social disease of 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.

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

LOOKING BACK AT THE OUTCOMES OF THE 2020-2023 CCP

INSTRUCTIONS: In one or two paragraphs of 5 to 7 sentences each, summarize your county's 2020-2023 plan for each domain of the continuum of care. What was the county trying to achieve, how many residents benefitted from the county's actions, and what were the measurable benefits for the community? For prevention and early intervention, be sure to describe your county's participation in its regional coalition.

A. PREVENTION

During the 2020-2023 planning cycle, the data suggested that both Trenton and Hamilton experienced elevated risk and that allocating these funding for prevention efforts would be effective. By offering evidence-based prevention programming to individuals in the communities of Trenton and Hamilton, we hoped to increase the protective factors and decrease the risk factors for those youth involved in the programming, essentially preventing or delaying the initiation of substance use. Other prevention education areas that Mercer County planned to support during 2020-2023 were educational programs on emerging drug trends, increase access to naloxone training, and increasing evidence-based curriculum training for prevention education. As the world experienced a global pandemic in March of 2020, Mercer County quickly allowed the delivery of prevention education in a virtual platform. Certainly COVID-19 impacted the delivery of prevention services and the planning efforts during this cycle.

To summarize our efforts during the 2020-2023 planning cycle, through a contract with a prevention agency, we purchased the implementation of Too Good for Drugs and Violence and Botkin's Life Skills. We planned to purchase on a yearly basis, a minimum of 275 unduplicated students for 12 cycles with 8-15 sessions offered in each cycle. Additional educational programming was included on parenting education and awareness sessions on various topics including but not limited to, signs and symptoms of substance use and misuse, Adverse Childhood Experiences (ACE's), and family risk factors and protective factors. Initially the communities of Trenton and Hamilton were targeted. However, with COVID and difficulties for school staff, online platforms, etc., the parenting awareness and education classes were expanded to all Mercer County residents, virtually. Other adjustments to shorten the sessions and reduce the number of classes were allowed since schools were already over committed with competing issues. Overall during this planning cycle:

- In 2020, 66 education sessions were offered and 8 sessions were offered to parents, a total of 1,170 individuals received services. In addition, various support was offered to school staff and other professionals this year, virtually.
- In 2021, 28 youth sessions were held virtually with 165 youth attending. 24 parent education sessions were held virtually, with only 43 adults attending. In addition, 24 parent education videos were recorded and were promoted to view through the year. They were on various topics around substance use and misuse, risks, protective factors, etc. The videos were offered to various adult populations, professionals and through the school system, and viewed 605 times during that year. 11 community wide trainings were held on the topic of substance use disorder with 330 adults virtually attending in total.

- In 2022, 121 educational sessions were offered with 1,554 individuals attending the sessions. 12 parent education sessions were offered with 71 adults attending.

During this planning cycle, the Office on Addiction Services continued to work with Rutgers, Department of Psychiatry (an effort funded by DMHAS), to offer their Naloxone trainings to Mercer County residents, virtually. The Office promoted and coordinated the resource to community partners to help provide monthly trainings to our county residents. The Office was able to hire an Outreach and Harm Reduction Specialist in 2022 to help with efforts in our most impacted communities. To date our Harm Reduction Specialist has provided 736 doses of naloxone and training to community residents, as well as education on linkage to care.

Throughout this planning cycle, participation in the Regional Prevention Coalition continued and was offered virtually because of COVID-19. Many of the Municipal Alliance Coordinators, as well as the County Coordinator, continued to participate in the coalition efforts and coordinate services and efforts locally. Often the municipal alliance committee members also participate in the work of the coalition and members of the coalition are invited to the local municipal alliance community events. They work in coordination and cross promote events and other outreach efforts in order to maximize our efforts.

B. EARLY INTERVENTION

During the 2020-2023 planning cycle, Mercer County Office on Addiction Services planned to assist the Division of Mental Health and their Mercer County Stigma Campaign, launched in 2018 by County Executive Brian M. Hughes. The overall goals were to implement and promote training on Mental Health First Aid, Trauma Informed Care, QPR (Question, Persuade and Refer) and other evidence based or informed practices. Our goal was to target the school systems, social service agencies, the CEASe system, the criminal justice community and other identified community partners interested in receiving training. By providing this training in the community, we hoped to educate county residents, reduce stigma in the county and provide earlier identification of SUD symptoms. Unfortunately, due to the onset of the global pandemic, some of those planning efforts did not occur.

During the 2020-2023 planning cycle, the Office on Addiction Services participated in monthly community provider stakeholder meetings virtually where stigma of accessing treatment services was a regular topic discussed. The Office on Addiction Services also offered virtual trainings for professionals, offering Continuing Education Units (CEUs) for social workers, nurses, school staff, etc. In total 5 trainings were offered on the following topics, with approximately 50 professionals in attendance at each session:
A Community Beset by Racial Trauma
Opioid Crisis in NJ: Current Trends and Evidence Based Options
Dealing with Differences and Diversity in Clinical Treatment
Harm Reduction: From Principles to Practice
Legal Standards and Ethical Issues

Three additional trainings are being offer in 2023. The County's intention for offering these CEU programs for Mercer County professionals is to have impact at the local level, by providing this

education to professionals at social service agencies that are likely to have contact with individuals living with a SUD.

C. TREATMENT (Including Detoxification)

During the 2020-2023 planning cycle, Mercer County planned to increase access to halfway house treatment services, Level 3.1 to individuals with SUD. This level of care is designed to provide one to six months or more of room, board, and supportive services. The structured recovery environment is designed to address addiction, vocational, social and recreational needs for individuals. Treatment is directed towards helping individuals to integrate recovery concepts in their life, engagement in occupational training, gainful employment and independent self-monitoring. In addition to providing access to halfway house services, the county intended to increase access to other recovery housing options as part of a larger strategy. Other already established initiatives within the Office on Addiction Services that contribute to this overall strategy of supporting recovery housing options are the following:

- Providing funding for recovery housing for women and children
- Providing funding for State of New Jersey, Department of Community Affairs (DCA) Cooperative Sober Living Residences (CSLR)
- Providing supportive services to complement Trenton/Mercer CoC HUD Vouchers

Unfortunately, during this planning cycle, one of the county's halfway house vendors who provided services specifically for homeless women, closed their doors in 2021. As a result, we had only two remaining contracts with vendors providing halfway house services. Mercer County residents were offered access to halfway house services from other traditional levels of care. Overall, the county funded 20 individuals in this level of care. Other treatment contracts that the Office on Addiction Services provide for county residents are the following:

- Team Care Case Management in the homelessness system, serving approximately 50-75 individuals yearly by providing permanent housing and treatment linkage
- Re-entry Case Management in the homelessness system, serving approximately 50-75 individuals yearly by providing permanent housing and treatment linkage
- Outpatient and Intensive Outpatient care, serving approximately 40 individuals yearly with no other payor or funder source
- Inpatient/Residential (Withdrawal Management, Short Term, Long Term and Halfway House), serving approximately 40 individuals yearly with no other payor or funder source
- Bi-Lingual clinical services and outreach, serving approximately 30 individuals a year and clinical outreach to an under served community

The County was also successful in other recovery housing efforts and provided recovery housing for women and children, approximately 9 women and their children on a yearly basis were funded for this DCA licensed housing program. After a period of stabilization, the families move on to independent living in their own home. The County was also successful in providing linkage and support for CSLR for approximately 20-25 individuals over the course of his planning cycle. CSLR was a newly created housing opportunity within DCA in 2019. Lastly, the Office on Addiction Services was successful in

providing social service supports to complement the agencies' award of the Trenton/Mercer CoC housing vouchers. We continue to provide this support to 10 individuals who have co-occurring disorders and have a Trenton/Mercer housing voucher, on a yearly basis. Additionally, we continue to provide social service support to 8 returning citizens who were formerly incarcerated, eligible for a Trenton/Mercer CoC housing voucher, and living with SUDs.

D. RECOVERY SUPPORT SERVICES

During the 2020-2023 planning cycle, Mercer County planned to build a peer recovery center that could offer early intervention services, connection to treatment services, peer support services and access to recovery housing and support. Building a recovery center that incorporates a strength perspective puts an emphasis on people's resiliencies and capacities rather than correcting deficits. Unfortunately, COVID-19 impacted the plan to build a recovery center in 2020. In 2021, Mercer County issued a survey to the treatment provider community to determine the feasibility of developing a peer recovery center given the state of COVID and shortage of available staff. The survey showed that most agencies were interested in building an outreach mobile unit with peer support in lieu of a peer recovery center. Based on this community feedback, the County issued a Request for Proposal (RFP) in 2022 for a recovery mobile unit, with additional funding made available from DMHAS to build this service in Mercer County. Mercer County awarded this contract to a vendor in 2022. To date, since the launch in August of 2022, the recovery mobile unit has provided 1,085 engagement contacts with individuals (duplicated contacts). Here are the services most utilized:
907 received food/beverage
420 received general information on local social service providers
313 received needed clothing
275 naloxone kits and training provided
165 hygiene kits were provided
To date, 43 individuals received direct linkage to treatment services (inpatient, outpatient, including MAT and other general health services).

Additionally, Mercer County planned to implement the SAMHSA's SSI/SSDI Outreach, Access, and Recovery (SOAR) model. SOAR case management helps communities increase access to Supplemental Security Income/Social Security Disability Insurance (SSI/SSDI) benefits for people who are experiencing homelessness and have a serious mental health illness, medical impairment, and/or a co-occurring substance use disorder. In Mercer County, the implementation of SOAR case managers work in coordination with the CEASe system to provide these recovery support services. The Mercer County Office on Addiction Services has funded SOAR for approximately 15 years. As SAMHSA defines SOAR, the objectives of the case management model are to increase access to SSI/SSDI. As a result of receiving SSI/SSDI, individuals will receive income and health insurance and can be stably housed in the community. During each year in this planning cycle, the SOAR case managers successfully submit and receive SSI/SSDI approval for approximately 40- 50 individuals. The case managers accompany the individuals to needed medical appointments and collect all the needed clinical documentation for the SSI/SSDI application. The approval rate for the Mercer County SOAR program tends to be in the 90% range. The application process is very overwhelming and often impossible for an individual alone in the community to complete on their own. As SAMHSA describes, "income, health insurance and

housing, provide a foundation for recovery". For more information on this valuable case management model, please find more information here: https://www.samhsa.gov/homelessness-programs-resources/grant-programs-services/soar

ASSESSING THE NEEDS

Guideline: Using both quantitative and qualitative data that you have gathered and analyzed, identify those major issues or challenges the county will face during the 2024-2027 planning cycle in each dominium of care.

A. PREVENTION

During the County Comprehensive Planning process, we examined several data elements relative to the incidents of disease, illness and deaths. Mercer County's substance abuse treatment admission rate for 2021, is 977 per 100,000 as per the DOH Opioid Dashboard, making the county 12th in the state[2]. The county continues to experience increases in our overdose death rates, according to the State of NJ Attorney General's Office, from 115 individuals' deaths in 2019, to 128 deaths in 2020, to 138 deaths in 2021.[3] During the 2-year period from 7/1/2020-6/30-2022, there were 811 reported naloxone administrations in Mercer in the local municipalities: [4]

Trenton (642)	79.16%
Ewing (53)	6.54%
Hamilton (27)	3.33%
Princeton (22)	2.71 %
Hightstown (15)	1.85%
Lawrence (14)	1.73%
Robbinsville (8)	.99%
East Windsor (6)	.74%

Trenton experiences an overwhelming 79% of the overdoses and is a city in distress. Much like other urban centers, Trenton experiences high numbers of families living in poverty, high crime index, housing stability issues and lack of housing options. In alignment with the mission of the Mercer County Department of Human Services, we continually monitor health disparities and social determinants of health for the individuals who are most impacted by the overdose epidemic. The health disparities that exist in marginalized communities were given the utmost consideration in the development of this plan.

Drug overdoses remain a serious public health concern and continues to be one of the largest challenges that the County is facing. We have multiple strategies implemented in the Office on Addiction Services, as mentioned in the executive summary, and have collaboratives with other community stakeholders. We currently have two collaboratives with the Division of Public Health, that

[2] State of New Jersey Department of Health. Department of Health | Population Health | Substance Use Treatment (nj.gov)
[3] State of New Jersey, Office of the Attorney General https://www.njoag.gov/programs/nj-cares/nj-cares-suspected-overdose-deaths/
[4] State of New Jersey Department of Health. https://www.nj.gov/health/populationhealth/opioid/opioid_naloxone.shtml

provide access to additional data and resources. One of those collaboratives, the Overdose Fatality Review Team (OFRT), first convened in 2020, is a group of professionals, law enforcement, treatment providers, medical examiner and social services agencies reviewing the details of the overdose death in order to identify ways to prevent death in the future. This body of professionals have found the following trends in our overdoses in Mercer County [5]:

- **Race** 56.8% of decedents self-identified as White
- **Sex** 62.2% of decedents were male
- **Location of Death** 70.3% of decedents were located in their residence
- **Criminal Justice History** 81% of decedents had encounters in criminal justice system
- **Toxicology (fentanyl)** 86.4% of decedents had fentanyl present in toxicology reports
- **Mental Health** 64.9% of decedents had a reported history of mental health problems
- **Emergency Department Visits** 45.9% of decedents had an emergency department visit 12 months prior to their date of death

By examining the trends that emerge from this initiative, we can determine priorities for funding as well as priorities for community stakeholders. This Review Team will be funded by the NJ Department of Health through June 30, 2024. As a community, the OFRT is working on examining the workflow in the emergency rooms and correction center to determine if there are any preventive measures or education/connection to resources that can occur to help prevent death. These are areas where we could implement a preventive measure. Other trends that emerged during the OFRT were needing a harm hand-off during transition of different levels of care, awareness of family education, family support and grief groups. We continually examine other areas where community education is needed and workforce development could be improved in Mercer County.

Many of the key informant interviews during the course of this planning process reiterated the concern of opioid overdoses, other drug related overdoses, compounding issues with fentanyl and xylazine, a shortage of work force and specifically lack of bilingual staff. A large amount of key informant interviews also mentioned the housing crisis and a lack of resources dedicated specifically to individuals living in recovery. Other topics that were mentioned as critical were, grief groups, support groups for family members and family education. There is also a need for train the trainer evidence-based prevention programs that could help diversify the local prevention programming offered in Mercer County. Building capacity for prevention efforts in Mercer County was continually mentioned. Lastly, specific to prevention education, concerns were raised regarding access to vaping (for youth) and the legalization of cannabis. **For these reasons, Mercer County will set a goal of building capacity by providing training to professionals for evidence-based curriculums. The utilization of evidence-based programs will help to increase protective factors and decrease risk factors. Based on social and health indicators, such as, treatment admissions, drug related arrests and naloxone administrations, Trenton faces a disadvantage. Because of these indicators, Mercer County will specifically target prevention resources and programs to be implemented in/and around Trenton.**

[5] Trenton Health Team. November 2021. Annual Overdose Fatality Review Team Report. https://trentonhealthteam.org/reports/overdose-fatality-review-team-report/

B. EARLY INTERVENTION

While reviewing the social and health indicators of Mercer County residents with regards to substance use disorders, the Office on Addiction Services examined several data sources, results of the focus groups and considered key informant interviews, in order to evaluate an early intervention gap. We know that early intervention strategies can reduce the impact of mental and substance use disorders and typically help individuals identify issues around substance abuse or mental health promoting earlier access to services. During focus groups and key informant interviews, the need for a universal screening and/or early intervention program is clear.

Research has shown that the earlier individuals receive treatment for substance abuse or mental health concerns, the better their prognosis is, which applies to most, if not all health conditions. Our Overdose Fatality Review Team, found that almost 50% of Mercer County's fatal overdose had an emergency room within the last 12 months, prior to their death[6]. Many also had frequent health conditions requiring visits to a wide variety of health providers. During the OFRT process, questions around whether screening can occur in the Emergency Rooms and at all health care providers, were raised. It would be de-stigmatizing and provide opportunity for early intervention if universal screenings for SUD/MH were required. Utilizing a model such as Screening Brief Intervention, Referral to Treatment (SBIRT) does reduce stigma and build capacity within the community. The Substance Abuse and Mental Health Services Administration (SAMHSA) defines SBIRT as[7]:
SBIRT is a comprehensive, integrated public health model designed to provide universal screening, secondary prevention (detecting risky or hazardous substance use before the onset of abuse or dependence), early intervention, and timely referral and treatment for people who have SUDs. One of the strengths of the SAMHSA SBIRT model is that it screens all patients regardless of an identified disorder, allowing all healthcare professionals in a variety of settings to address the spectrum of such behavioral health problems even when the patient is not actively seeking an intervention or treatment for his or her problems.

SBIRT can be delivered in a wide variety of settings, including hospitals, emergency rooms, psychiatric settings, college health centers, primary care, and any health-related organization[8]. SAMHSA supports this model as it is associated with significant reductions in substance use (i.e., drugs and alcohol; as much as a 27-percent reduction for high-risk patients who received Brief Intervention, BT, or RT) and a reduction in associated harms (e.g., driving under the influence of drugs or alcohol). In addition, SBIRT is sustainable and billable to commercial insurance, Medicare and Medicaid with established reimbursement.[9] Many of our focus group participants reported that our system of care needs more early intervention and/or screening strategically placed in the community to help with early identification.

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[6] Mercer County Overdose Fatality Review Team (OFRT) Annual Report, Year 1 & Year 2. https://trentonhealthteam.org/reports/

[7] Babor et al., 2007; Babor & Higgins-Biddle, 2001; Substance Abuse and Mental Health Services Administration [SAMHSA], 2011. SAMHSA Tap 33.

[8] SAMHSA. 2022. https://www.samhsa.gov/sbirt

[9] SAMHSA. 2022.SBIRT and reimbursement codes. https://www.samhsa.gov/sbirt/coding-reimbursement

There are very limited early intervention strategies within the county system wide. Issues of stigma were consistently reported during the focus groups, such as the shame and misunderstanding of SUD, the segregated healthcare system and the limited capacity of that healthcare system. Key informant interviews revealed that an individual who has a mental health concern, a substance abuse issue and a general medical condition would have to be seen by three different agencies for those three conditions. **Overall, offering more screening in a wide variety of health-related settings, can yield earlier identification of substance use or misuse, or other generalized mental health issues, leading to earlier intervention. For these reason, Mercer County has chosen to provide screening/linkage to care to families that may need services.**

C. TREATMENT (Including Detoxification)

In the review of both the quantitative and qualitative data, accessing care for individuals who need SUD treatment is always a great concern. Individuals and focus groups expressed that with the creation and promotion of the ReachNJ (844-732-2465), that access to treatment, in general, is more readily available. Funded and operated by the State of NJ, DMHAS, ReachNJ is a central call-in line for New Jersey residents who are looking for help with a SUD. As described by DMHAS, each call to ReachNJ is answered by a live person and trained staff will screen callers to identify needs, provide referrals to services and make a connection to a local treatment provider. Additionally, during the course of this CCP in 2022, the start of 988 occurred, and will also help residents access services. 988 will connect people to the existing National Suicide Prevention Lifeline and provide compassionate, accessible care and support to anyone experiencing mental health-related distress, thoughts of suicide, mental health or substance use crisis[10]. Both of these State-funded system level initiatives help provide linkage and access to care, more than ever before.

With the implementation of the Affordable Care Act, NJ Medicaid started to reimburse for SUD and Outpatient Care in 2016. In 2019, Medicaid started to reimburse for Inpatient/ Residential (Withdrawal Management, Short Term and Long Term levels of care). These system level changes brought access to treatment for SUD through the NJ Medicaid for the first time ever. However, during 2020, the impact of COVID-19 started a workforce shortage crisis, impacting our behavioral system locally and around the State. Community stakeholders expressed extreme shortages within their organizations and more turn-over of staff than ever before. This staffing crisis directly impacts access to care issues for our county residents.

In addition to access to care concerns, during the course of the CPP, community stakeholders described that “access to recovery housing” and “housing” in general was in need. Focus groups and key informant interviews described the greatest need is after access to treatment. Recovery housing can be crucial for someone who has experienced a period of stabilization in their recovery process but need to fully integrate recovery into their life with a sober living environment. The housing crisis and shortage of affordable housing consistently appeared in focus groups and interviews. “Specifically, recovery housing, such as sober living and Oxford Houses, with an awareness and promotion to

[10] State of New Jersey, Department of Human Services. Department of Human Services | 988 Suicide & Crisis Lifeline (nj.gov)

medication assisted treatment (MAT), would be helpful in our continuum of care of treatment services," said one key stakeholder. Additionally, concern that MAT is not readily available at the emergency room especially after an overdose or other crisis related levels of care, and access to an "integrated health care model" were mentioned multiple times during the need assessment process. Also, mentioned during our focus groups and key informant interviews is the lack of readily available bilingual clinicians throughout the system of care. Many individuals reported that a lack of Inpatient Withdrawal Management (WM), short term residential and halfway house treatment services is detrimental to the recovery process for Mercer County residents.

As indicated in the 2021 State of NJ, DMHAS's Performance Report, the top five municipalities for SUD treatment admissions in Mercer County are the following[11]

Trenton	2130
Hamilton Township	724
Ewing Township	323
Lawrence Township	144
East Windsor Township	94

Trenton has 56% of the total residents admitted through the treatment system, with Hamilton next at 19%. The chart below illustrates the total amount of individuals, as well as the primary substance of use, upon admission into the treatment agency.

[11] State of New Jersey, Division of Mental and Addiction Services, Substance Abuse Overview, 2021. Mer.pdf (nj.gov)

Substance Abuse Admissions by Primary Drug within Municipality
2021 NJ Resident Admissions

MERCER	PRIMARY DRUG														TOTAL	
	Alcohol		Cocaine/ Crack		Heroin		Other Opiates		Marijuana/ Hashish		Methamphetamines		Other Drugs& Unknown			
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
EAST WINDSOR TWP	36	38	6	6	37	39	5	5	8	9	1	1	1	1	94	100
EWING TWP	131	41	25	8	85	26	29	9	42	13			11	3	323	100
HAMILTON TWP	255	35	40	6	303	42	61	8	32	4	4	1	29	4	724	100
HIGHTSTOWN BORO	17	53	4	13	6	19	3	9	2	6					32	100
HOPEWELL BORO	5	26	4	21	9	47	1	5							19	100
HOPEWELL TWP	14	42			10	30	9	27							33	100
LAWRENCE TWP	67	47	7	5	43	30	18	13	6	4			3	2	144	100
PENNINGTON BORO	8	50			1	6	1	6	4	25			2	13	16	100
PRINCETON BORO	6	30	2	10	4	20	3	15	1	5			4	20	20	100
PRINCETON TWP	21	42	4	8	15	30	3	6	5	10	2	4			50	100
ROBBINSVILLE TWP	21	48			14	32	2	5	1	2			6	14	44	100
TRENTON CITY	643	30	208	10	773	36	184	9	228	11	14	1	80	4	2130	100
UNKNOWN	1	100													1	100
WEST WINDSOR TWP	6	43			6	43	1	7	1	7					14	100
NOT Stated	50	39	4	3	58	46	7	6	6	5			2	2	127	100
Total	1281	34	304	8	1364	36	327	9	336	9	21	1	138	4	3771	100

The primary substance at the point of admission is stated below, with approximately 45% being treated for heroin/other opiates and 34% for alcohol (79% combined), yet only 34% of individuals have MAT included in their treatment plan. MAT are medicines approved to treat alcohol and opioid use disorders, relieving the withdrawal symptoms and psychological cravings that cause chemical imbalances in the body. Medications used for MAT are evidence-based treatment options and do not just substitute one drug for another[12].

Primary Drug		
Alcohol	1,281	34%
Heroin	1,364	36%
Other Opiates	327	9%
Cocaine	304	8%
Marijuana	328	9%

[12] Substance Abuse and Mental Health Services Administration (SAMHSA). https://www.samhsa.gov/medication-assisted-treatment/medications-counseling-related-conditions#:~:text=Medications%20used%20for%20MAT%20are%20evidence-based%20treatment%20options,controlled%20substances%20due%20to%20their%20potential%20for%20misuse.

Methamphetamines	21	1%		
Other Drugs	164	4%		
Intravenous Drug Users	837	22%		
Medication Assisted Treatment (MAT) (methadone, vivitrol and buprenorphine)			1259	34%
Psychotropic medicines			466	12%

Mercer County is home to approximately 10 agencies that are licensed to provide Outpatient/IOP that take public funds (fee for service system, Medicaid, Medicare). Of those 10 agencies, 2 are licensed for ambulatory withdrawal management and provide MAT and 3 are Opioid Treatment Programs (OTP) that dispense methadone (and MAT options). SAMHSA states that people with SUDs are more likely than those without SUDs to have co-occurring mental health disorders. Mental health disorders likely to co-occur with addiction include depressive disorders, bipolar I disorder, posttraumatic stress disorder (PTSD), personality disorders (PDs), anxiety disorders, schizophrenia and other psychotic disorders, ADHD, and eating disorders. Serious gaps exist between the treatment and service needs of people with cooccurring disorder and the actual care they receive. As stated above, only 12% of the individuals in treatment for SUD, had been prescribed psychotropic medicines during their treatment episode. Many factors contribute to the gap, such as lack of awareness about and training by addiction counselors, as well as workforce factors like labor shortages and professional burnout[13].

Mercer County residents have limited access to halfway house treatment services and must qualify for limited funding in order to access it. No health insurance, private/commercial or public insurance, covers this service. Key stakeholders reported that there is a lack of coverage for halfway house services yet it provides an excellent transitional environment and clinical intervention for individuals at all stages of recovery. Additionally, concerns about independent recovery housing, such as sober living or Oxford Houses are also crucial. **For these reasons, the Office on Addiction Services has chosen the lack of access to recovery housing as a priority in this area, with specific attention to supporting those on MAT and other psychotropic medicines.**

D. RECOVERY SUPPORT SERVICES

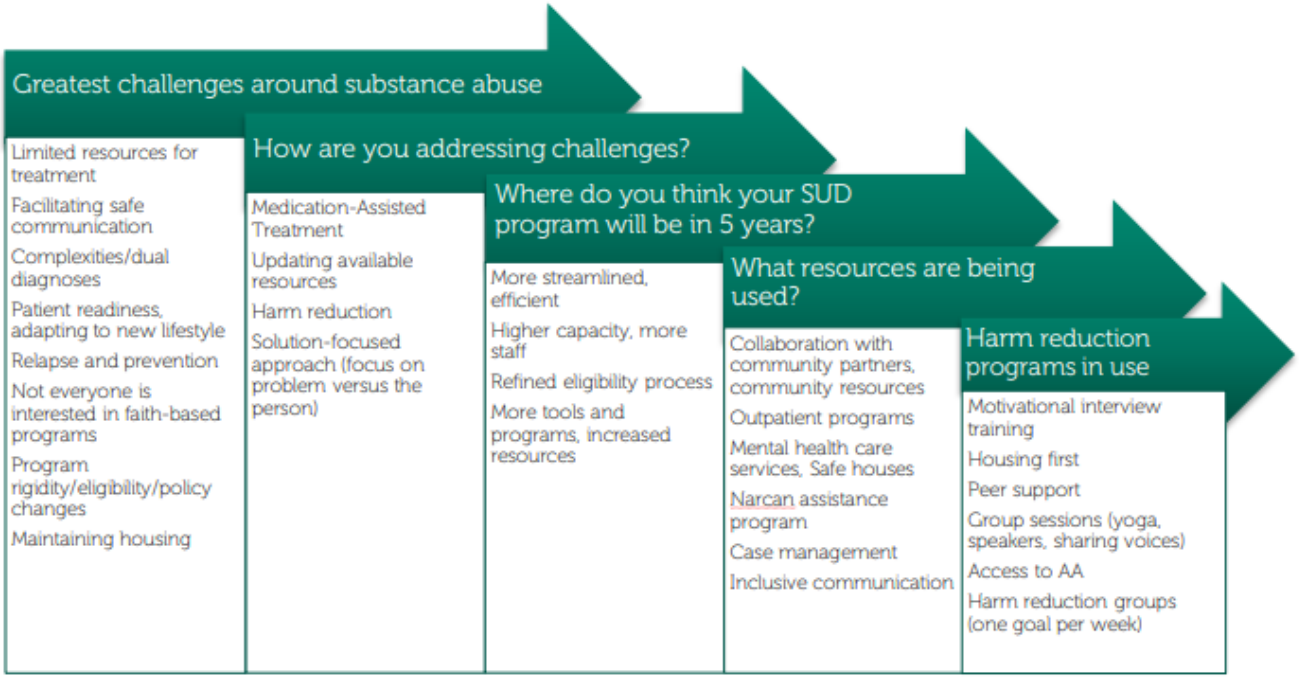
Recovery support services are defined as programs or projects that help people become engaged in the recovery process, stay involved in the recovery process and reduce the likelihood of relapse. There are a wide variety of support services throughout Mercer County, including 12 step meetings, peer base non-profits and other peer-based initiatives. Additionally, there are several law enforcement efforts within the county that utilize the use of peers. DMHAS funds the Overdose Outreach Recovery Program (OORP) in the emergency rooms which utilizes a peer recovery specialist and navigator to help link individuals to treatment or other support services in the community. Also funded by DMHAS are the Support Teams for Addiction Recovery (STAR) case managers, a peer-based model in order to

[13] Substance Abuse and Mental Health Services Administration (SAMHSA). Substance Use Disorder Treatment for People with Co-Occurring Disorders. Protocol Tip 42. https://store.samhsa.gov/sites/default/files/SAMHSA_Digital_Download/PEP20-02-01-004_Final_508.pdf

support and help sustain recovery for individuals. While assessing these current available services and gaps in recovery support services, harm reduction, outreach and peer services emerged as a central theme during the key informant interviews and focus groups.

It has been reported that due to the opioid epidemic, and exacerbation from COVID-19, there has been an increase of overdoses occurring in the shelter system and surrounding streets. Other impacted neighborhoods have motels where individuals often stay during periods of homelessness. During this CCP development, the County has won an award from the National Association of City and County Health Officers (NACCHO) to develop an overdose notification system in the county. By examining available ODMAPS, we are able to monitor which neighborhoods are experiencing overdoses (fatal and non-fatal). We are in the initial stages of developing an Overdose Notification System and launching a county-wide communications campaign in collaboration with the Public Health Division.

The Mercer County system monitor for the Homeless Management Information System (HMIS) reports that in 2022 in our adult shelter system, 26% of individuals self-identify as having a Substance Use Disorder and 38% a mental health illness[14]. These individuals are at a very high risk of cycling through the ER's, shelter, and possibly criminal justice system. As reported by the National Health Care for the Homeless Council, housing is a major social determinant of health, and lack of housing has been shown to negatively impact physical and behavioral health among individuals experiencing homelessness. Additionally, they state that addiction can cause and prolong homelessness, and the experience of homelessness complicates one's ability to engage in treatment[15]. Below is a summary of the challenges and best practices and programs to utilize when working with individuals who have SUD and are homeless, as described by the National Health Care for the Homeless Council.



[14] Mercer County Trenton/Mercer CEASE system monitor. Joanne Locke. December 2022.

[15] Addressing the Opioid Epidemic. How the Opioid Epidemic Affects the Homeless Population. The National Healthcare for the Homeless Council. 2017. https://nhchc.org/wp-content/uploads/2019/08/nhchc-opioid-fact-sheet-august-2017.pdf

In response to the current overdose epidemic and the 2020-2023 County Comprehensive Plan, Mercer County has recently received funding and support from the NJ DMHAS to develop a Mobile Recovery Unit. Using some of the data available from the Overdose Fatality Review team (OFRT) and data available through our epidemiologist in the Public Health Division, this Mobile Unit can provide services in the neighborhoods most impacted by the overdoses in the county. Offering education, engagement and outreach, naloxone kits and training to those most impacted communities and neighborhoods are an effective way to engage and constantly monitor the needs of the community. As stated previously, since the start of this initiative (August 2022), the Recovery Mobile unit and its team of Peers have had 1,085 engagement contacts with individuals (duplicated contacts). Providing refreshments, information and referral to treatment, 275 naloxone kits were provided and 43 individuals received direct linkage to care (inpatient, outpatient, including MAT and other general health services.) **Mercer County will continue to prioritize the Mobile Recovery Unit as the recovery support services effort in the 2024-2027 plan and utilize the ODMAPS available data to determine need in the county.**

LOOKING FORWARD: THE 2024 TO 2027 CCP PLAN

Guideline: Describe the county's 2024-2027 plan for each level of care below. Highlight the issues or major challenges identified in the needs assessment facing the county over the next four years. Describe the actions the county will take to address these needs.

A. PREVENTION

Mercer County's 2024-2027 plan for prevention education is to promote evidence-based programming in the county. Major challenges continue to be that comprehensive prevention programming in the school systems are underfunded. Providing funding for evidence-based trainings could expand upon the network of professionals providing the programming. Mercer County will set a goal of building capacity by providing training for evidence-based curriculums. The utilization of evidence-based programs will help to increase protective factors and decrease risk factors. Based on social and health indicators, such as, treatment admissions, drug related arrests and naloxone administrations, Trenton faces a disadvantage. Because of these indicators, Mercer County will specifically target prevention resources and programs to be implemented in/and around Trenton.

B. EARLY INTERVENTION

Mercer County's 2024-2027 plan for early intervention is to offer clinical screening and navigation to families at the Transformative and Restorative Justice Hub in Trenton. This project is under development currently. These clinical services and family supports will be offered on site at the Hub offered through a collaboration with the Division of Youth Services and Division Mental Health. This is new opportunity to help early access to treatment services. Committing funding to this access point will allow our public funded treatment agencies to have on-site a clinical staff person to assist with

screening and linkage to treatment services, family education, prevention resources and other health related resources.

C. TREATMENT (Including Detoxification)

Mercer County's 2024-2027 plan for treatment is to expand capacity of recovery housing in Mercer County. This includes promoting linkage to recovery housing, purchasing Halfway House level of care, Oxford House slots and DCA licensed CSLR. Additionally, the county is exploring a case management model would allow a clinical case manager to work with individuals and appropriately place them at halfway house services, CSLR (licensed by DCA) or Oxford houses. The case manager would also assist with treatment linkage or other entitlement benefits and would develop a relationship with housing providers, and assisting with a security deposit, first, second- and third-month's rent with some other needed housing supplies (similar to rapid rehousing model). Individuals referred by our local homelessness system would be prioritized. Additionally, people with a work history would be prioritized too. The case manager would be able to ensure that the housing model was clinically appropriately for each individual. Follow up data would be required to ensure connection and assistance if they needed additional resources.

D. RECOVERY SUPPORT SERVICES

Mercer County's 2024-2027 plan for recovery support services is to fund the peer-based Recovery Mobile Unit. The mobile unit will utilize and leverage data sources made available through the Public Health Division, to deploy the unit to those impacted neighborhoods. The mobile unit will also attend community wide events to help promote and provide Narcan and community linkage to treatment agencies.

SECTION THREE: THE 2024-2027 COUNTY COMPREHENSIVE PLAN

A. VISION

Mercer County envisions a future for all residents facing the challenges of Substance Use Disorder (SUD) in which there is a fully developed, client centered, recovery-oriented system of care. It will be comprised of prevention, early intervention, treatment and recovery support services that reduces the overall risk for substance misuse/SUD in the local environment, meets the clinical treatment needs of the county's residents, and reduces the frequency and severity of disease relapse.

B. **PLANNING PROCESS**

INSTRUCTIONS: Answer the following questions either by **CIRCLING** or **HIGHLIGHT** your answers in a table or by summarizing your answers in a few brief paragraphs containing up to five sentences.

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

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

11. ADVOCACY ORGANIZATIONS	YES	**NO**	**YES**	NO
12. OTHER CIVIC ASSOCIATIONS	YES	**NO**	YES	**NO**
13. RECOVERY COMMUNITY	YES	**NO**	**YES**	NO

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

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

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

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

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

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

The Mercer County Department of Human Services is committed to collaborating with community partners. During the COVID-19 public health emergency, the Office on Addiction Services strengthen its relationship with community partners, making assessing the needs of the community easy. This CCP attempts to document the county's current and emergent substance use/misuse trends, provides goals, and highlights gaps in services for the county's continuum of care, which include prevention, early intervention, treatment and recovery support services. It is the result of a community-based process that prioritizes the County's greatest gaps in services and represents our commitment to our residents' well-being. The production of the CCP was approximately a twelve (12) month process, beginning in January, 2022 and ending in December, 2022, in which the Office on Addiction Services surveyed the local landscape of services, analyzed gaps within the continuum of care and the legislated subpopulations, and made decisions on resource allocations. The LACADA played a role in the oversight and review of the Mercer County Comprehensive Planning process. During this CCP, ten (10) key informant interviews were conducted in order to examine the system of care in planning for services. Four (4) focus groups and many planning sessions, in addition to examination of the current system of care and gaps in services, helped to create this plan for the planning cycle of 2024-2027. In addition to the key informant interviews, dates of four focus groups were established with respect to community providers, residents, consumers, community leaders and individuals in recovery. Participants in the focus groups were given specific questions to describe the landscape of substance abuse services and examine needs. The feedback from the focus groups and key informant interviews provided us with tremendous information on ways to improve the system of care, ideas about prevention activities, treatment needs and barriers to treatment and recovery services. In addition to our internal process, the Office also contributed to other local planning efforts that helped define community needs. With participation in these additional community-based planning efforts, the Office was able to not only identify and collaborate with community partners but also strengthen the relationship with these entities. We met with the Prevention Coalition of Mercer County (PCMC) and its staff to examine their goals and objectives and coordinate efforts. Additionally, the Greater Mercer Public Health Partnership (GMPHP) which is a collaboration of local hospitals and health officers, underwent their Community Health Assessment (CHA) and Community Health Improvement Plan (CHIP) in 2021, both of which Mercer County, Office on Addiction Services participated. The GMPHP included planning efforts that collected data on specific social, health and economic indicators within the community and

encouraged the participation from county residents. These planning efforts were concentrated on developing a plan to help make the Mercer County community healthier.

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

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

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

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

The approach that the we took for the planning cycle of 2024-2027, resulted in a comprehensive, informed, data driven process with a variety of priorities to focus on, all while examining the current system of care and changing landscape. Our approach considered the results of several community needs assessments with specific attention to substance use/misuse prevention activities. In addition, the Office on Addiction Services conducted key informant interviews to help identify gaps in services in a system of care that continues to evolve. The staff in the Department of Human Services met with many community stakeholders during the planning process in order to examine the needs of the community, including the following: Treatment providers, housing providers, shelter providers, criminal justice providers/community, re-entry providers, Municipal Alliances, recovery support organizations, the OORP, Greater Mercer Public Health Partnership (GMPHP), Trenton Health Team, Prevention Coalition of Mercer County, the Hyacinth Foundation and the recovery community. The scale above indicates that the three most valuable methods to the planning process were: key informant interviews, topical and special population focus groups. The system of care for individuals

with substance use disorders who qualify for Medicaid or the Fee for Service system has had such a tremendous amount of change in the recent years. Because of the ongoing struggles related to COVID-19 and staffing shortage, we utilized key informant interviews and focus groups in order to help identify the gaps in services. Utilizing the key informant interviews allowed the county to target members in the community who were aware of the changing landscape and understood the system. In addition, using special population and topical focus groups allowed the county to target special concerns and subpopulations.

Overall, we would not recommend taking a different approach. The approach we took for the planning cycle of 2024-2027, allowed us to monitor the changing needs of the continuum of care and determine the "best use" of State and County resources.

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

During the focus groups and key informant interviews, each subpopulation was examined. Participants were informed of the subpopulations and asked if there were concerns or gaps related to each of them. In addition, there were specific key informant interviews that were conducted in order to further examine the needs of the subpopulations within our county. Key stakeholders representing each of the subpopulations were specifically chosen to further identify and evaluate any gaps in services for each of them. A description of the key informant interviews can be found in the reference section on this document. Focus groups reviewed the 8 subpopulations and the facilitators solicited any specific concerns that surrounded individuals belonging to one of those groups.

a. Offenders- County Re-entry planning efforts and community needs were taken in to consideration with outreach to the Mercer County Correctional Center. Current needs and barriers were examined.
b. Intoxicated Drivers- Key informant interview was provided from our local IDRC, examination of data and needs specific to this subpopulation.
c. Women- Current data and key informant interviews were provided from providers that specifically serve women and children.
d. Youth- Current data and key informant interviews were provided from providers that specifically serve youth and coordinated with the Mercer County Division of Youth Services.
e. Disabled- Current data and key informant interviews were provided from providers that specifically serve people living with disabilities.
f. Workforce- Current data and key informant interviews were provided from providers that specifically serve people in the workforce.
g. Seniors - Current data and key informant interviews were provided from providers that specifically serve older adults.

h. Co-occurring - Current data and key informant interviews were provided from providers that specifically serve individuals with co-occurring disorders and coordinated with the Mercer County Division of Mental Health.

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.**

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

C. PREVENTION AND EARLY INTERVENTION

INSTRUCTIONS: In a few short paragraphs of 5 to 7 sentences each, describe your county's plan for the use of its AEREF prevention set-aside in each of the four years from 2024 to 2027. Indicate that you will spend your required set-aside to purchase and implement an evidence-based prevention education program such as Mental Health First Aid, Parenting Wisely, Strengthening Families or SBIRT, or another evidence-based program including a link to the list of EBPs where the program may be found. Additionally, describe the prevention plans of your county's regional prevention coalition and county alliance steering subcommittee. Request help from both groups to describe the plans they are implementing in 2024-2027.

Prevention programs are designed to enhance "protective factors" and to reduce "risk factors". Protective factors are those associated with reduced potential for drug use and risk factors are those that make drug use more likely. Consistent with the statewide prevention framework, the prevention industry often groups factors in 4 domains: community, family, school and peer/individual. [16] Whether someone engages in substance use is often related to exposure to factors that are typically associated with an increased likelihood of substance use (i.e. risk factors) or factors that are typically associated with a decreased likelihood of substance use (i.e. protective factors). Because of this premise, targeting communities that experience a high number of risk factors could be beneficial in preventing or delaying the initiation of substance use. While considering the elements of effective prevention programming, the Office on Addiction Services examined the current prevention efforts within the county and municipalities and will target those communities with the highest social and health indicators and exposure to multiple risk factors. With the recent global pandemic, locally we learned that offering parent sessions or awareness programs virtually often yield good results. The use of videos can also be helpful when added as an enhancement to other evidence-based practices. When assessing the needs for prevention education, Mercer County considered the planning process of the Prevention Coalition of Mercer County (PCMC) and the programming of the Municipal Alliances. As SAMHSA defines, this assessment phase within the strategic prevention framework (SPF) helps define the problem or the issue that a project needs to tackle. This phase involves the collection of data to: understand a population's needs, review the resources that are required and available and identify the readiness of the community to address prevention needs and service gaps. [17]

Summary of the Prevention Coalition of Mercer County

The mission of the Prevention Coalition of Mercer County is to reduce substance abuse in youth and across the lifespan by collaborating resources and coordinating planning in order to offer opportunities for building a healthy mind, body, and spirit for all residents of Mercer County. They focus on evidence-based, environmental strategies to greater enhance protective factors and reduce risk factors among youth and the greater community. Their goals, programs and strategies include:

- Implementing Sticker Shock Campaigns

[16] Risk and Protective Factor Framework. Hawkins, D. and Catalano, R. Social Development Research Group; University of Washington.

[17] 8 The Substance Abuse and Mental Health Services Administration (2018). Retrieved from https://my.ireta.org/sites/ireta.org/files/Handout_SPF%20%282%29.pdf

- Implementing youth activities on the consequences of nicotine, alcohol, and other drugs
- Administering TIPS (responsible beverage server training)
- Establishing displays at Town halls and health fairs
- Hosting forum nights at 4 High Schools with youth and parents
- Implementing alternative activities for youth in high schools and colleges
- Promoting prevention education materials in Spanish
- Using positive social norms data in various media for students, such as posters, t-shirts, quizzes, and contests, to emphasize unity in healthy behaviors, and make sure that Spanish families and students have access to them.
- Advocating for administrative sanctions for minors who engage or assist in providing substances to underage users including suspending or delaying their driver's licenses or requiring a class on the dangers of these substances to continue with school registration.
- Providing public recognition for youth demonstrating healthy behaviors/avoiding substances
- Advocating to change the punishment of out-of-school suspension as a punishment in local high schools to include options for in-school suspension or alternatives to out-of-school suspension that have rehabilitation and cessation options for substance-related offenses
- Working with campus organizations and school groups for an environmental scan in order to ascertain what physical changes would be most effective in preventing the misuse of substances, such as signage, lighting, unobserved areas, and misuse of public areas
- Advocating for policies to ensure administrative sanctions for minors who engage or assist in providing substance including suspending or delaying their driver's licenses or requiring a class on the dangers of substance use to continue with school registration.
- Educating School Boards members on best practices for school suspension policies and encourage them to update and modify current policies in order to include options for in-school suspension or alternatives to out-of-school suspension and include cessation or recovery format
- Including information on alternatives to out-of-school suspension during parent forum nights, including social media, electronic resources, and educational materials on how to talk to your teen about underage substance
  suspected of substance use
- Working with families to improve overall communication, and strengthen protective factors for youth through parenting programs such as Strengthening Families, and parent modules of Life Skills
- Encouraging a peer learning model where students teach their peers about the dangers of underage substance use, and incorporate the use of social media, curriculum, and other resources to enhance their lessons.
- Training teens in our local schools Teen Mental Health First Aid to help with mental health crises and suicide prevention, and encouraging adults who work with youth to become Mental Health First Aiders

Summary of the Mercer County Annual Alliance Plan for the Expenditure of Funds Derived from the Drug Enforcement and Demand Reduction Fund

The Municipal Alliances are currently in a planning cycle from FY 2021-2025 through the Governor's Council on Alcoholism and Drug Abuse (GCADA). Additionally, GCADA has committed supplementary funding for the cycle of FY 2023-2025 to emphasize the importance of Youth Leadership programs. The following municipalities participate in the GCADA funded program and have chosen the following priorities:
East Windsor- priorities are Prescription Drugs, Marijuana, Alcohol and Tobacco
Ewing- priorities are Marijuana, Alcohol and Tobacco
Hopewell Valley (a collaboration of Hopewell Borough, Hopewell Township and Pennington)- priorities are Alcohol and Marijuana
Hamilton- priorities are Alcohol, Marijuana and Prescription Drugs
Lawrence- priorities are Marijuana, Alcohol, Tobacco and Vaping
Princeton- priorities are Alcohol, Marijuana, Prescription Drugs and Tobacco

The municipalities are planning to implement the following programming:
East Windsor- Rise Summer Enrichment Program, Super BBs After School programs, Peer Proof (social and emotional education), Community Awareness and outreach events
Ewing- Prevention education for the Katzenbach School, NJ's School for the Deaf, Youth prevention programming and community awareness
Hopewell Valley (a collaboration of Hopewell Borough, Hopewell Township and Pennington)- Healthy Communities/Healthy Youth Programming, LEAD/ Too Good for Drugs (Evidence Based), Mental Health First Aid (Evidence Based), Parents Who host, Project Sticker Shock
Hamilton- Strive to Thrive (social emotional education), What's in your Backpack and community outreach and events
Lawrence- Community awareness, Count on Me Kids (Evidence Based), Community in Action
Princeton- Botvin's Life Skills (Evidence Based) and community outreach and awareness programming

Both planning efforts embrace the seven Community Anti-Drug Coalitions of America (CADCA) strategies to address community level change. These strategies are:
1. Provide information
2. Enhance skills
3. Provide support
4. Enhance access/reduce barriers
5. Change consequences with incentives or disincentives
6. Change physical design
7. Modify or change policies

With the collaborative work and partnerships of the PCMC and Municipal Alliances, the Office on the Addiction Services will continue to use evidence-based research and resources to ensure substance use and misuse prevention education remain a high priority. We will require that vendors applying for the prevention education funds will utilize an approved program available on the SAMHSA's Prevention Technology Transfer Centers (PTTC): Guide to Online Registries for Substance Misuse Prevention Evidence-Based Programs and Practices. In order to evaluate where to commit prevention education efforts, the Office on Addiction Services considered several data sources, key informant interviews, and

analysis of risk factors and other social and health indicators of Mercer County. The county will issue an RFP through a competitive contracting process in order to spend the required prevention education set-aside.

D. LOGIC MODEL NARRATIVES

NARRATIVE INSTRUCTIONS: There will be FOUR logic models. These sections are the following: **Prevention**, **Early Intervention**, **Clinical Treatment with Detoxification** and **Recovery Support Services**. Each logic model must have a narrative. Answer the following questions within each narrative. Please keep each narrative to no more than five pages. FOR EACH GOAL, another logic model and narrative is required. Label multiple goals in their order of importance: "FIRST", "SECOND", etc. The Logic Models are to be placed in Appendix 4.

PREVENTION

1. **Describe a prevention need-capacity "gap" in the substance abuse treatment system of care that impedes county residents' access to appropriate and effective prevention education on demand? Please describe its strategic significance to the overall success of the 2024-2027 CCP.**

   With recent cuts of prevention funds from the Governor Council on Alcoholism and Drug Abuse (GCADA), Mercer County has experienced a gap in prevention programming around the county. Within this next 4-year planning cycle, Mercer County will set a goal of building capacity by providing training for evidence-based curriculums. This strategy will increase prevention efforts all around the county. The utilization of evidence-based programs will help to increase protective factors and decrease risk factors. Based on social and health indicators, such as, treatment admissions, drug related arrests and naloxone administrations, Trenton faces a significant disadvantage. Because of these indicators, Mercer County will specifically target prevention resources and programs to be implemented in/and around Trenton. Strategically, many of the resources that the Office on Addiction Services allocates in the community are focused and targeted for the most vulnerable communities and individuals in Mercer County.

2. **What social costs or community problem(s) does this "gap" impose on your county?**
   The social cost and community problem that exists with a prevention education gap, is that county residents are not educated or aware of issues pertaining to substance use disorders, overdose trends and other concerns. The nature of "prevention education" can be challenging to quantify since the goal is the prevent something (a public health related issue) from occurring. However, drug overdoses is a serious public health concern and opioid-related overdoses continue to rise. Mercer County remains committed to promote naloxone as a means to prevent death, provide education and outreach services to vulnerable populations and educate on how to access treatment. Many of our outreach efforts continue to address the system gaps and other barriers to assisting individuals with SUD. With recent cuts to available prevention funds from the GCADA, there has been a gap in prevention programming in multiple municipalities. For the purposes of this CCP, the prevention section will focus on prevention efforts with youth.

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

   As indicated in the Dept. of Health NJ Opioid Dashboard, Trenton experienced 79% of the overdoses in the county. Key informant interviews indicate that more prevention education in the most impacted communities and neighbors is needed. In many of the counties' funded programs and projects, prevention education is provided and incorporated in to the work that we do to try to help individuals. For the purposes of this CCP, Mercer County will focus on the recent financial cuts in prevention education (with youth) and build capacity for new prevention programming around the county.

4. **Please restate this "gap" and related community problem as a treatment goal to be achieved during the 2024-2027 CCP.**

   The goal is to educate youth using an evidence-based program, in order to increase the protective factors in the family and decrease of risk factors. Additionally, Mercer County will build capacity with train the trainers programming to professionals around the county, in schools, etc. Only programs listed on SAMHSA's Prevention Technology Transfer Centers (PTTC) or other databases acceptable to the DMHAS, will be considered.

5. **What annual tasks or targets has your county set for itself to achieve this goal in whole or in part over the next four years? State the objective for each year.**

   The goal will be to build capacity and provide training for evidence-based curriculum. Additionally, we will identify and implement an evidence-based curriculum to educate middle school youth in Trenton. Each year the evidence-based program will be implemented in the Trenton community.

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

   Mercer County will issue a Request for Proposal (RFP) to build capacity and training and implementing evidence-based programming to educate youth and parents in Trenton. A contract will be executed in order to ensure the delivery of these services. Coordination with school representatives and other key stakeholders (faith based, other social service agencies) will be included in the planning for services.

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

   Mercer County will allocate $80,000 per year at a minimum. If the required prevention education total increases, Mercer County will adjust the total allocation accordingly.

8. **If successful, what do you think will be the annual outputs of the strategy?**

   Mercer County plans to purchase evidence-based prevention education. These curriculums are multiple sessions, usually approximately 5-10 sessions for each cycle depending upon the program selected. Our goal is to maximize the funding and purchase services through an RFP process. The total amount of purchased services will be based upon the agencies' application.

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

   As an evidence-based program, we expect improvement to social functioning and family relationships will delay and or help youth avoid peer pressure or manage it, inoculating from SUD.

10. **Who is taking responsibility to execute the strategy or any of its parts?**

The Mercer County Department of Human Services is taking responsibility to execute the contracting process for these prevention services in Trenton.

11. 2024-2027 Evidence-Based Programs

Name: To Be Determined (A program listed on SAMHSA's PTTC or other acceptable databases)

Description: A description of the curriculum will be available once selected by the applicants.

Objectives: The objectives will be determined based upon the Request for Proposal (RFP) process.

Location or Setting for its Delivery: In Trenton

Expected Number of People to Be Served: Approximately 200-500 individuals, based on the proposals received during the RFP.

Cost of Program: $80,000 per year

Evaluation Plan: Evidence based programming do include a pre and post test.

EARLY INTERVENTION

1. **Describe an early intervention need-capacity "gap" in the substance abuse treatment system of care that impedes county residents' access to appropriate and effective treatment on demand? Please describe its strategic significance to the overall success of the 2024-2027 CCP.**

   There are very little early intervention services in the healthcare system related to substance use/misuse or the identification of concerns. However, there are models for intervention but are not widely used. There is also an overwhelming body of evidence that the stigma of struggling with substance use disorders (SUD) and mental health issues prevent individuals from seeking treatment. Most of the key informant interviews and focus groups indicated that more early intervention is needed in order to identify concerns or issues earlier in an individual's life. Early intervention programming is de-stigmatizing and helps with the overall climate of accepting and being able to discuss issues of substance misuse or mental health concerns.

2. **What social costs or community problem(s) does this "gap" impose on your county?**
   Having a healthcare system with a gap in early intervention services, costs the society/community to have more individuals escalating in to crisis. This gap also causes individuals to constantly cycle in and around institutions such as, shelters, jails, emergency rooms, etc. Stigma of SUD and mental health issue causes delays in treating individuals which can be detrimental in the prognosis of their condition. Delays in treatment can cause other social factors such as, conflict in relationships, housing issues, conflict with school education and/or job performance, legal issues/arrests, etc. Ideally there are robust early intervention services that identify these individuals at "access points" in the system and intervene in a way that could stop the addictive cycle or help to mitigate future harm.

3. **What quantitative and qualitative evidence did you find that helped you to identify this gap and evaluate its significance?**
   Key informant interviews indicate that early intervention programming offered to a universal population will help identify SUD/MH concerns earlier. During the three years in which the Overdose Fatality Review Team (OFRT) the group discussed having early intervention and screening available at all healthcare settings, the jails, and other locations where individuals with high risk may frequent. Screening tools, such as SBIRT, show impact and success. There are other screening tools (evidence-based practices) that can help identify SUD or mental health concerns.

4. **Please restate this "gap" and related community problem as a treatment goal to be achieved during the 2024-2027 CCP.**
   Mercer County's goal is to offer early intervention to families onsite at the Transformative and Restorative Justice Center in Trenton.

5. **What annual tasks or targets has your county set for itself to achieve this goal in whole or in part over the next four years? State the objective for each year.**

   The goal will be to provide education/early intervention services in the community to increase awareness and linkage to treatment.

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

   Mercer County will issue a Request for Proposal (RFP) implementing early intervention to youth and parents in Trenton. A contract will be executed in order to ensure the delivery of these services in Trenton, on site at the Transformative and Restorative Justice Hub. Coordination with key stakeholders will be included in the planning for services.

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

   $40,000 County funds

8. **If successful, what do you think will be the annual outputs of the strategy?**
   Mercer County plans to purchase early intervention from a DMHAS licensed treatment agency to have direct connection into the system of care. Our goal is to maximize the funding and purchase services through an RFP process. Units of services will include screening individuals or the families, providing brief intervention and referral for services. The total amount of purchased services will be based upon the agencies' application.

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

   We expect improvement to social functioning and family relationships. SUD will be delayed and or treated earlier in the individual's life. Support will be provided to the youth or family system to help identify mental health concerns or manage them.

10. **Who is taking responsibility to execute the strategy or any of its parts?**
    The Mercer County Department of Human Services is taking responsibility to execute the contracting process for these early intervention services in Trenton.

11. **2024-2027 Evidence-Based Programs**

Name: Early Intervention at the Transformative and Restorative Justice Hub

Description: A description of the early intervention/screening tool will be available based upon the Request for Proposal (RFP) process.

Objectives: The objectives will be determined based upon the Request for Proposal (RFP) process.

Location or Setting for its Delivery: On-site at the Transformative and Restorative Justice Hub for families in Trenton

Expected Number of People to Be Served: Approximately 200-500 individuals, based on the proposals received during the RFP process.

Cost of Program: $40,000 County funds

Evaluation Plan: An evaluation plan and description will be required to be submitted within the RFP process.

CLINICAL TREATMENT

1. **Describe a treatment need-capacity "gap" in the substance abuse treatment system of care that impedes county residents' access to appropriate and effective treatment on demand? Please describe its strategic significance to the overall success of the 2024-2027 CCP.**
   Mercer County residents have limited access to halfway house treatment services and must qualify for State funding in order to access it. No insurance covers this level of service. There are very limited resources for CSLRs and Oxford Houses, and for some individuals recovery housing is needed. In December of 2021, one of halfway house treatment programs, specific to women who are homeless, closed their treatment agency. There is a gap with respect to recovery housing options and resources for Mercer County residents for individuals in early recovery.

2. **What social costs or community problem(s) does this "gap" impose on your county?**
   There is a lack of coverage for halfway house and other recovery housing services yet it provides an excellent transitional environment. When associated with clinical intervention (outpatient/intensive outpatient), recovery housing can help individuals fully integrate recovery into their life. Without stable housing, early recovery becomes much more difficult to manage. Housing advocates have argued that housing is a healthcare related issues. Without access to housing, individuals with mental health concerns, SUDs, medical issues, etc., have significantly poorer outcomes.

3. **What quantitative and qualitative evidence did you find that helped you to identify this gap and evaluate its significance?**
   During the course of the CCP, many key informants indicated that there is a "lack of recovery housing options for people in early recovery". Additionally, during focus groups, this was

identified as a gap in services. With the recent closure of Crawford House- Halfway House for women, and the closure of two Sober Living DCA licensed houses in Trenton, the options are decreasing for recovery housing. While there is varied treatment options in Mercer County, with level of care ranging from Outpatient, Intensive Outpatient, Partial, and Residential, there are still very limited resources available for halfway house services and other recovery housing such as, CSLRs and Oxford Houses.

4. **Please restate this "gap" and related community problem as a treatment goal to be achieved during the 2024-2027 CCP.**
   The goal will be to provide increased access to recovery housing options. Additionally, Mercer County intends to develop a housing case management program at a DMHAS licensed treatment agency. The case manager will be able to screen individuals for any needed linkage to community resources and provide housing referrals. The program will depend upon developing relationships with Oxford Houses and CSLR in this region of the state. These houses will be required to accept individuals on MAT.

5. **What annual tasks or targets has your county set for itself to achieve this goal in whole or in part over the next four years? State the objective for each year.**
   The objective will be to increase the number of individuals accessing halfway house services and other recovery housing on a yearly basis. This will depend on the applicants applying for this funding.

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

   The strategy will be to issue a Request For Proposal (RFP) for a specific amount of halfway house treatment services and other recovery housing options. Additionally, we would develop and procure a housing case manager. The case manager will provide community linkage to treatment options along with secure recovery housing for Mercer County residents.

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

   The county is prepared to allocate approximately $150,000 of county funding to provide the resources for housing and $100,000 of state funds to support the case manager at the agency. A total of $250,000 will be needed for this initiative.

8. **If successful, what do you think will be the annual outputs of the strategy?**

   First and foremost, the county will have to assess the current housing options available to county residents. Building capacity within CSLRs may be necessary given the recent loss of two sober living facilities. Within the housing case management, individuals will be provided between $3,000-$5,000 for the first, second- and third-month's rent (county funds). We anticipate that 30-50 Mercer County residents will be able to secure recovery housing through this initiative. The case manager will provide on-going case management to these individuals. County residents that have a work history in the previous 12 months will be prioritized. Additionally, county residents referred from the county's homelessness system will also be prioritized.

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

The benefit of this program is to help individuals create supportive environments during their recovery process. This initiative helps with providing healthy housing options and will positively impact the ASAM, Sixth Dimension: Recovery Environment, which often pose a threat to a person's recovery.

10. **Who is taking responsibility to execute the strategy or any of its parts?**
    The Mercer County Department of Human Services is taking responsibility to execute the contracting process for these services.

11. 2024-2027 Evidence-Based Programs

Name: To be Determined

Description: Recovery housing

Objectives: The initiative will provide community linkage to treatment options along with secure recovery housing for Mercer County residents.

Location or Setting for its Delivery: Case Management will be located at a licensed treatment agency to ensure that recovery housing is appropriate for each individual

Expected Number of People to Be Served: 30-50 individuals will be enrolled

Cost of Program: $250,000 ($150,000 County and $100,000 State)

Evaluation Plan: The RFP will include a requirement of providing an evaluation and tracking each individual monthly.

RECOVERY SUPPORT SERVICES

1. **Describe a recovery support need-capacity "gap" in the substance abuse treatment system of care that impedes county residents' access to appropriate and effective recovery support services on demand? Please describe its strategic significance to the overall success of the 2024-2027 CCP.**

   There are areas of Mercer County in need of street outreach and connection to services (treatment and harm reduction) along with other community linkages. Trenton experiences 79% of the overdoses with concentration of them in several neighborhoods.

2. **What social costs or community problem(s) does this "gap" impose on your county?**
   Drug overdoses is a serious public health concern and opioid-related overdose continue to rise. The social cost of the continued overdose epidemic is increased disease, premature death, theft, community violence, incarceration, family conflict and generally unsafe neighborhoods for children to play.

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

   As reported in the key informant interviews, there has been an increase of overdoses occurring in several hotspots in/around Trenton. The OFRT and Public Health Division has mapped them out using OD MAPS and other available data sources. Individuals that are homeless are at high risk for poor health, suffering all illnesses at 3-6 times the rates experienced by others, have higher death rates and dramatically lower life expectancy, as reported by the National Health Care for the Homeless Council. Our system monitor for the Homeless Management Information System (HMIS) reports that 38% of individuals in 2022 in our adult shelter self-identify with a MH issue/ 26% with SUDs. These individuals are very high risk of cycling through the ER's, shelter, and possibly criminal justice system.

4. **Please restate this "gap" and related community problem as a treatment goal to be achieved during the 2024-2027 CCP.**

   The goal is to provide recovery support services to individuals with SUD in Mercer County, through the use of a Recovery Mobile Unit. The recovery mobile unit can provide outreach to the neighborhoods most impacted by the overdose epidemic.

5. **What annual tasks or targets has your county set for itself to achieve this goal in whole or in part over the next four years? State the objective for each year.**

   The overall objective is to increase access to engagement and recovery support through the use of the Recovery Mobile Unit. Peers are used on the mobile unit and provide stigma-free education and linkage to treatment resources. Every year the goal is to increase this support system in the community.

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

   The county will issue a Request for Proposal to provide the staffing for these services. We intend to purchase the services to provide recovery support services through the use of the Recovery Mobile Unit.

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

   At a minimum the county plans to allocate approximately $330,000 (State funds) to fund this effort in Mercer County. We anticipate that the Mobile Recovery Support Services will provide 6 days a week with two shifts community facing in the morning and late afternoon shifts. The vehicle will be staffed with a minimum of 2-3 Peer Specialists with clinical supervision available as needed.

8. **If successful, what do you think will be the annual outputs of the strategy?**

   Annually, we anticipate providing a minimum of 3,000 units of service (contact and engagement with individuals). The overall goals are to provide naloxone education and kits, and provide community linkages to multiple SUD/MH treatment options. In addition, connection to other social service related resources are provided too, such as, the Harm Reduction Center, FQHC, Mercer County Board of Social Services, Social Security Administration Office, etc.

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

The community benefit will be assisting vulnerable county residents who may need SUD treatment, naloxone kits, education on resources, community linkages to entitlement programs, etc. Many of these individuals are not currently receiving services and are either sheltered of unsheltered.

10. **Who is taking responsibility to execute the strategy or any of its parts?**
    The Mercer County Department of Human Services is taking responsibility to execute the contracting process for these services.

11. 2024-2027 Evidence-Based Programs

Name: Recovery Mobile Unit

Description: The Mobile Unit will provide engagement, education, naloxone training and kits, connection to treatment and community linkages to local resources.

Objectives: To purchase Recovery Mobile Unit services through an RFP process

Location or Setting for its Delivery: Will be utilized in the areas/neighborhoods most impacted by overdoses, however, the mobile unit will also be available to participate community events in all municipalities.

Expected Number of People to Be Served: the level of service will vary based upon the different array of services provided on the mobile unit

Cost of Program: $330,000 annually (State funds)

Evaluation Plan:
The RFP will include a requirement of providing an evaluation and tracking each individual and the services they provide, with the least number of barriers for engagement.

APPENDIX 1: 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.

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

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

APPENDIX 2: REFERENCES

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

[2] State of New Jersey Department of Health. Department of Health | Population Health | Substance Use Treatment (nj.gov)

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[5] Trenton Health Team. November 2021. Annual Overdose Fatality Review Team Report. https://trentonhealthteam.org/reports/overdose-fatality-review-team-report/

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[11] State of New Jersey, Division of Mental and Addiction Services, Substance Abuse Overview, 2021. Mer.pdf (nj.gov)

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[13] Substance Abuse and Mental Health Services Administration (SAMHSA). Substance Use Disorder Treatment for People with Co-Occurring Disorders. Protocol Tip 42. https://store.samhsa.gov/sites/default/files/SAMHSA_Digital_Download/PEP20-02-01-004_Final_508.pdf

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[16] Risk and Protective Factor Framework. Hawkins, D. and Catalano, R. Social Development Research Group; University of Washington.

[17] The Substance Abuse and Mental Health Services Administration (2018). Retrieved from https://my.ireta.org/sites/ireta.org/files/Handout_SPF%20%282%29.pdf

APPENDIX 3: LIST OF PARTICIPANTS IN THE PLANNING PROCESS

LACADA Membership and MOATES Membership

Ann Suabedissen – LACADA Chairperson	The Rescue Mission of Trenton
Andrew Salmon – LACADA Vice-Chairperson	Iron Wellness
DuEwa Edwards-Dickson, LACADA	The Mercer Council on Alcoholism and Drug Abuse
William Haumann- LACADA Prosecutor's Office	OORP staff
Capital Health	Maryville
Henry J. Austin Health Center	TCNJ
Freedom House	Helping Arms
Hyacinth Aids Foundation	Corner House
Trenton Health Team	Maryville, Inc.
Rutgers UBHC/STAR	Signs of Sobriety
Oaks Integrated Care	Catholic Charities
The Municipal Alliances	New Hope IBHC
Thank you to the other Mercer County Departments and Human Services Divisions for their collaboration and assistance:	
Mercer County Corrections Center	Mercer County Prosecutor's Office
Mercer County Board of Social Services	Human Services, Division of Mental Health
Human Services, Public Health	Human Services, Division of Youth Services

APPENDIX 4: LOGIC MODELS

LOGIC MODEL: PREVENTION

Need-capacity **gap and** associated community **problem** **(A)**	**Evidence** of problem **and** its **significance** for the county (B)	**Goal** For 2024-2027 (C)	**Objectives** Targets Per Annum (D)	**Strategy** To Achieve Objective (E)	**Inputs** Financial or Other Resources (F)	**Outputs** Expected product (G)	**Outcomes** Expected Community Benefits (H)	**Agency** Responsible (I)
Need-capacity Gap: There is an increase in risk factors for addiction and potential overdose within Mercer County. Prevention funds have been reduced recently.	Recent decreased funding from GCADA As indicated in the Dept. of Health NJ Opioid Dashboard, Trenton experienced 79% of the overdoses in the county. Highest fatal and non-fatal overdose in Trenton, as monitored on OD Maps. Key informant interviews indicate that more prevention education in the most impacted communities and neighbors is needed.	**To:** To build capacity and promote additional evidence-based programming in Mercer. To educate youth using an evidence-based program, in order to increase the protective factors and decrease of risk factors.	2024: **To provide** train the trainer evidence-based curriculum to professionals in Mercer County	2024: To issue a (RFP) requesting train the trainer workshops and EBP to educate youth	**County: $00.00 AEREF/State: $80,000.00 Total: $80,000.00**	Number of Professionals receiving training	Short Term: Increasing the capacity of Mercer County professionals by providing train the trainer workshops to professional around Mercer County.	MCHS and vendor
			2025: **To** identify and implement an evidence-based curriculum to educate middle school youth in Trenton and other municipalities	2025: To contract with vendor for evidence-based programming	**County: $00.00 AEREF/State: $80,000.00 Total: $80,000.00**	Number of Residents receiving education	Middle Term: As an evidence- based program, we expect improvement to social functioning and family relationships will delay/ help youth avoid peer pressure or manage it, inoculating from SUD.	MCHS and vendor
Associated Community Problem: Drug overdoses is a serious public health concern and opioid-related overdose continue to rise.			2026: **To** identify and implement an evidence-based curriculum to educate youth in Trenton and other municipalities	2026: To contract with vendor for evidence-based programming	**County: $00.00 AEREF/State: $80,000.00 Total: $80,000.00**	Number of Residents receiving education	Middle Term: Repeated programs annually will multiply the numbers trained and simultaneously increase its own value as protective factor in the community as the culture changes.	MCHS and vendor
			2027: **To** identify and implement an evidence-based curriculum to educate youth in Trenton	2027: To contract with vendor for evidence-based programming	**County: $00.00 AEREF/State: $80,000.00 Total: $80,000.00**	Number of Residents receiving education	Long Term: Decrease number of youth that experiment/use substances.	MCHS and vendor

LOGIC MODEL: EARLY INTERVENTION

Need-capacity **gap and** associated community **problem (A)**	**Evidence** of problem **and** its **significance** for the county (B)	**Goal** For 2024-2027 (C)	**Objectives** Targets Per Annum (D)	**Strategy** To Achieve Objective (E)	**Inputs** Financial or Other Resources (F)	**Outputs** Expected product (G)	**Outcomes** Expected Community Benefits (H)	**Agency** Responsible (I)
Need-capacity Gap: There is an overwhelming body of evidence that the stigma of struggling with substance use disorders (SUD) and mental health issues prevent individuals from seeking treatment.	Key informant interviews indicate that early intervention programming offered to a universal population will help identify SUD/MH concerns earlier.	**To offer early intervention to families onsite at the Transformative and Restorative Justice Centers.**	2024: **To provide education/early intervention services in the community to increase awareness**	2024: To issue a Request For Proposal (RFP) with specific details of implementing early intervention to families	**County: $40,000.00 AEREF/State: $00.00 Total: $40,000.00**	Number of Residents receiving education	Short Term: To provide screening to families and individuals, providing education on mental health	MCHS Division of Youth Services and vendor
			2025: **To provide education/early intervention services in the community to increase awareness**	2025: to contract with a vender to provide early intervention services	**County: $40,000.00 AEREF/State: $00.00 Total: $40,000.00**	Number of Residents receiving education	Middle Term: Increase awareness to symptoms and/or concerning behaviors	MCHS Division of Youth Services and vendor
Associated Community Problem: Stigma of SUD and mental health issue causes delays in treating individuals which can be detrimental in the prognosis of their condition.			2026: **To provide education/early intervention services in the community to increase awareness**	2026: to contract with a vender to provide early intervention services	**County: $40,000.00 AEREF/State: $00.00 Total: $40,000.00**	Number of Residents receiving education	Middle Term: Increase awareness to resources, identification of needed services	MCHS Division of Youth Services and vendor
			2027: **To provide education/early intervention services in the community to increase awareness**	2027: to contract with a vender to provide early intervention services	**County: $40,000.00 AEREF/State: $00.00 Total: $40,000.00**	Number of Residents receiving education	Long Term: earlier identification of concerning symptoms	MCHS Division of Youth Services and vendor

LOGIC MODEL: CLINICAL TREATMENT

Need-capacity **gap and** associated community **problem** **(A)**	**Evidence** of problem **and** its **significance** for the county (B)	**Goal** For 2024-2027 (C)	**Objectives** Targets Per Annum (D)	**Strategy** To Achieve Objective (E)	**Inputs** Financial or Other Resources (F)	**Outputs** Expected product (G)	**Outcomes** Expected Community Benefits (H)	**Agency** Responsible (I)
Need-capacity Gap: Mercer County residents have limited access to halfway house treatment services and must qualify for limited State funding in order to access it. No insurance covers this service. Very limited recovery oriented housing resources for CSLRs and Oxford Houses.	"Lack of recovery housing options for people in early recovery" from multiple key informant interviews Limited resources available for halfway house services and other recovery housing such as, CSLRs and Oxford Houses.	**To: To provide increased access to recovery housing options**	2024: **To assess and identify recovery housing options for Mercer County residents**	2024: To assess housing options in Mercer County and surrounding areas for county residents	**County: $0.00 AEREF/State: $0.00 Total: $ 0.00**	Number of Residents receiving education	Short Term: County residents will experience a period of stabilization with access to halfway house treatment and recovery housing options	MCHS and vendors of housing programs
			2025: **To increase the number of individuals accessing halfway house services and other recovery housing**	2025: To issue a Request for Proposal (RFP) to provide housing case management to county residents	**County: $150,000.00 AEREF/State: $100,000.00 Total: $250,000.00**	Number of Residents receiving education	Middle Term: With access to recovery housing, county residents will experience positive health outcomes	MCHS and vendor
Associated Community Problem: There is a lack of coverage for halfway house services yet it provides an excellent transitional environment and clinical intervention for individuals at all stages of recovery.			2026: **To increase the number of individuals accessing halfway house services and other recovery housing**	2026: To provide housing case management to county residents	**County: $150,000.00 AEREF/State: $100,000.00 Total: $250,000.00**	Number of Residents receiving education	Middle Term: With access to recovery housing, county residents will experience positive health outcomes	MCHS and vendor
			2027: **To increase individuals accessing halfway house services and other recovery housing**	2027: To provide housing case management to county residents	**County: $150,000.00 AEREF/State: $100,000.00 Total: $250,000.00**	Number of Residents receiving education	Long Term: With access to recovery housing, county residents will experience positive health outcomes	MCHS and vendor

LOGIC MODEL: RECOVERY SUPPORT SERVICES

Need-capacity **gap and** associated community **problem** **(A)**	**Evidence** of problem **and** its **significance** for the county (B)	**Goal** For 2024-2027 (C)	**Objectives** Targets Per Annum (D)	**Strategy** To Achieve Objective (E)	**Inputs** Financial or Other Resources (F)	**Outputs** Expected product (G)	**Outcomes** Expected Community Benefits (H)	**Agency** Responsible (I)
Need-capacity Gap: Areas of Mercer County in need of street outreach and connection to services (treatment and harm reduction) along with other community linkages	As reported in the key informant interviews, there has been an increase of overdoses occurring in several hotspots in/around Trenton. The OFRT and Public Health Division has mapped them out using OD Maps. Individuals that are homeless are at high risk for poor health, suffering all illnesses at 3-6 times the rates experienced by others, have higher death rates and dramatically lower life expectancy, as reported by the National Health Care for the Homeless Council. Our system monitor for the HMIS reports that 38% of individuals in 2022 in our adult shelter self-identify with a MH issue/ 26% with SUDs. These individuals are very high risk of cycling through the ER's, shelter, and possibly criminal justice system.	**To: To provide recovery support services to individuals with SUD in Mercer County, through the use of a Recovery Mobile Unit**	2024: **To** increase access to engagement and recovery support through the use of the Recovery Mobile Unit	2024: **To** provide recovery support services through the use of the Recovery Mobile Unit	**County: $00.00 AEREF/State: $330,000.00 Total: $330,000.00**	Number of Units of service, based on contact (a minimum of 1,000)	Short Term: To increase engagement education, treatment linkage	MCHS and vendor
			2025: **To** increase access to engagement and recovery support through the use of the Recovery Mobile Unit	2025: **To** provide recovery support services through the use of the Recovery Mobile Unit	**County: $00.00 AEREF/State: $330,000.00 Total: $330,000.00**	Number of Units of service, based on contact (a minimum of 1,000)	Middle Term: To increase Engagement education, treatment linkage	MCHS and vendor
Associated Community Problem: Individuals with co-occurring issues experiencing homelessness experience complicating medical issues, high utilization of the emergency rooms and other traumatic experiences			2026: **To** increase access to engagement and recovery support through the use of the Recovery Mobile Unit	2026: **To** provide recovery support services through the use of the Recovery Mobile Unit	**County: $00.00 AEREF/State: $330,000.00 Total: $330,000.00**	Number of Units of service, based on contact (a minimum of 1,000)	Middle Term: To increase Engagement education, treatment linkage	MCHS and vendor
			2027: **To** increase access to engagement and recovery support through the use of the Recovery Mobile Unit	2027: **To** provide recovery support services through the use of the Recovery Mobile Unit	**County: $00.00 AEREF/State: $330,000.00 Total: $330,000.00**	Number of Units of service, based on contact (a minimum of 1,000)	Long Term: To increase Engagement education, treatment linkage	MCHS and vendor
