

# County of Ocean

2024-2027 County Comprehensive Plan



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## SECTION ONE

### FOUNDATIONS, PURPOSE AND PRINCIPLES



*Where there is life, there is hope*

*-Ron Grover*

## **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 and prescription medicines or illegal drugs. 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.<sup>1</sup>

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

## SECTION TWO

### LOOKING BACK, ASSESSING THE NEEDS AND LOOKING FORWARD



*Recovery is a journey, not a destination*

*-Unknown*

## **LOOKING BACK AT THE OUTCOMES OF THE 2020-2023 CCP**

### **A. PREVENTION**

The prevention goal for the 2020-2023 Comprehensive County Plan was to expand the geographic reach of prevention education services to all Ocean County municipalities and ages, ranging from pre-school to older adults residents. For reference, prevention programming is offered through trained staff at the Ocean County Health Department (OCHD), who deliver a myriad of evidence-based and innovative programming. Innovative programs are developed by staff in response to specific community identified trends, such as vaping or binge drinking. Evidenced-based programming has been studied for effectiveness and the OCHD prevention staff have been trained to be facilitators of these curriculums. By directly providing programming to Ocean County, there is no geographic boundary or age limitations to the programs being offered.

Unfortunately, the delivery of in-person prevention programming was halted in March 2020 due to the COVID19 pandemic. In response to the pandemic's impact on program delivery, OCHD developed online presentations and tools for schools to utilize in order to get prevention education into the virtual classroom. There was limited in-person programming throughout 2021, as Ocean County continued to follow COVID19 safety protocols such as social distancing. OCHD began to receive requests for in-person programming starting in the winter 2022.

In 2020, 772 residents received innovative programming and 932 received evidence based programming in 14 different municipalities. Additionally, 13 high schools received AlcoholEdu, an on-line evidence-based program, with 2,710 9<sup>th</sup> grade students participating in the curriculum. In 2021, we had an increase in innovative programming, as these tend to be one session with 1,210 residents. Our evidence-based programming dropped to 412 as these are multi-session programs and with the pandemic were unfavorable to schedule due to social distancing. Programming was expanded to 22 municipalities in 2021, but that increase was most likely due to programming being offered virtually. AlcoholEdu had 16 participating high schools with 846 9<sup>th</sup> grade students receiving the curriculum. The low number was due to the hybrid school schedule. From January 2022 through June 2022, 1,676 residents received innovative programming and 729 residents received evidence-based programming in 10 different municipalities. There were 16 high schools that participated in AlcoholEdu for the 2021-2022 school year, with 2,809 9<sup>th</sup> grade students receiving the program.

Throughout this time period, the OCHD was able to have limited participation in the regional coalition as OCHD staff balanced prevention programming and COVID19 response. DART, the regional coalition in Ocean County, also transitioned to virtual meetings and decreased meeting frequency due to the pandemic. In 2021, the OCHD prevention staff and DART virtually met to discuss ways to engage the community with the development of a one-time in person prevention program with OCHD, DART, and Ocean County Prosecutor participation. These meetings focused on identifying what the social and behavioral needs were for Ocean County students. As schools began inviting partners back to facilitate programming in 2022, this idea was tabled. Further in 2022, the OCHD was able to assign a staff person to the DART Coalition Executive Committee with a commitment to attend all meetings.

### **B. EARLY INTERVENTION**

During the 2020-2023 CCP, the OCHD continued funding "Teen Intervene" an evidence-based early intervention program for 12-19 year old Ocean County youth. During this planning cycle, approximately \$10,000 was allocated annually for the provision of this program. Similar to prevention programming, COVID19 impacted program utilization. In 2020, 13 clients received programming. In 2021, 21 clients received programming. From January 1, 2022 through June 2022, 7 clients received programming. The goal for the previous planning cycle was to develop an early intervention program for Ocean County residents who are identifiably at risk for developing a need for clinical treatment for

substance use disorder. Although unable to meet our objective to increase participation by 25% annually, the goal was met as Teen Intervene has been an available program for Ocean County youth for several years and will continue to serve at-risk clients.

**C. TREATMENT (Including Detoxification)**

The 2020-2023 CCP goal for treatment was to increase admission capacity for residents and enhance the services provided in order to have comprehensive treatment episodes. The data set used to measure treatment admission capacity comes from the Division of Mental Health and Addiction Services Substance Abuse Overview, which is an annual report providing county level statistical data from residents entered into the New Jersey Substance Use Monitoring System (NJ-SAMS). This data set indicated a decrease in Ocean County admissions from 2019 to 2020 by 1,693 residents. This decrease was most likely due to the COVID19 pandemic resulting in reduced admission and thus not indicative of actual treatment need in the county. Thus in review of service provision funded through the OCHD Request for Proposal (RFP), this funding had an increase in funding utilization from 2020 through 2021 in detox services and an increase in unique residents and enhancements for residential. Enhancements are defined as evaluation, medication monitoring, and/or psychiatric evaluation services.

	<b>Units of Service</b>	<b>Unique Residents</b>	<b>Enhancements</b>
<b>2020 Detox</b>	239	67	55
<b>2021 Detox</b>	395	107	170
<b>Residential</b>			
<b>2020 Residential</b>	456	31	25
<b>2021 Residential</b>	410	37	48

**D. RECOVERY SUPPORT SERVICES**

The goal for 2020-2023 was to design Ocean County as a recovery friendly environment to assist residents with sustaining recovery was successfully met. In 2020, ten recovery support programs were offered to Ocean County residents with 7,902 sessions provided and 467 residents served. In 2021, twelve recovery support programs were offered with 16,420 sessions offered and 1,246 residents served. The recovery support community has expanded rapidly during this planning cycle with an array of different recovery supports. Some of these program include non-clinical recovery case management, non-clinical telephone case management, recovery groups, recovery texting with a peer, and identifying community “hot spots”, which are identified as local areas that have increased overdose activity to set up resource sharing events.

**ASSESSING THE NEEDS**

**A. PREVENTION AND EARLY INTERVENTION**

Ocean County, New Jersey is one of the largest geographic counties in the state, situated directly on the East Coast. Located approximately 60 miles from Philadelphia and New York City, this makes Ocean County a prime tourist attraction in the summer due to its many beaches, and is affectionately nicknamed “the Jersey Shore”. U.S. Census data reflects that the racial and ethnic makeup of Ocean County is two percent Asian, 3.8 percent Black or African American, 9.8 percent Hispanic or Latino, and 92.3 percent White; less than one percent is American Indian or Alaska Native, and 1.5 percent is two or more races. The senior population (65 and older) comprises almost 23% of the population and those 18 and under make up 32% of the population.<sup>1</sup> Ocean County is one of the fastest growing counties in New Jersey, offering 33 varying municipalities ranging from beach towns, to rural farms. Each municipality has its own personality consisting of municipalities with a large population of



over 100,000 and some with a small population of only 257 residents. There are 17 public high schools, vocational schools, and religious schools that provide education to the high school aged youth and approximately 70 elementary schools for the younger children. With so many schools located in Ocean County, the OCHD will continue providing programming to school aged youth. When it comes to prevention needs, there are three populations to consider: youth, adult, and older adult. With youth and older adults comprising 55% of the population, many prevention efforts are focused to these age groups.

The priority for youth for the 2024-2027 planning cycle is to continue to increase programming to not only reach, but go beyond pre-pandemic outreach numbers. The delivery of prevention programming is critical because the New Jersey Middle School Risk and Protective Factors (2021), reports that within past year 51% felt sad, empty and depressed and of those students struggling with mental health, 24% reported using alcohol, 14% reported using e-cigarettes, 5% reporting using marijuana.<sup>2</sup> Additionally, through Student Assistance Counselor (SAC) Subject Matter Expert (SME) interviews, there is an increase in mental health, substance use, and behavioral outbursts in schools. This is further reported through a SME meeting with OCHD and DART on November 30, 2021 in which the following issues were identified for Ocean County youth: bullying, mental health, social emotional learning/wellness, stress management and coping skills, increased substance use such as alcohol, marijuana, and vaping, as well as gender identity issues. The potential issue in programming will be trying to meet the varied complex and acute needs of Ocean County youth.

For the Ocean County older adult population, a focus on substance use education and naran distribution is essential. The OCHD hosts a quarterly Ocean County Chief's Overdose Response Meeting, which brings local municipal chief's to a public health and law enforcement collaborative meeting. At this meeting, OCHD received information that there is an increase in overdoses in older adult communities. The OCHD receives the Alternatives Approaches to Pain Management Grant from DMHAS, focusing on the older adult population which funds two programs for older adults. These programs, WISE and Shore to Age Well, have experienced a decrease in scheduling and participation by older adults, as many older adults are still not fully comfortable in public settings due to the COVID19 pandemic. This trend may continue into 2024-2027 making this population even more vulnerable.

As our prevention efforts aim to stop a youth from starting substance use, data shows that many teenagers already have a problematic relationship with substances. Therefore, early intervention programs are necessary as Ocean County youth exhibit increased mental health concerns and increase in substance use. Although, NJDMHAS CY 2019 Substance Use Treatment Admissions reports 80 under 18 admissions, CY2020 Substance Use Treatment Admissions, 67 under 18 admissions, and CY2021 Substance Use Treatment Admissions, 12 under 18 admissions this decline in admissions may be due to COVID19.<sup>3</sup> Ocean County has also held focus groups to understand how youth access the system of care and qualitative data shows that many parents do not support some treatment modalities. Data does show from the New Jersey Middle School Risk and Protective Factors (2021), the youth are increasing substance use with a 10% increase in alcohol within past year. 7% e-cigarettes, 3% marijuana, and 8% polysubstance use meaning use of more than one substance in lifetime.<sup>2</sup>

### **C. TREATMENT (Including Detoxification)**

The impact of the overdose epidemic in Ocean County is a true public health issue. Compared to other counties in New Jersey, Ocean County has experienced an unprecedented number of overdose deaths within the past several years. In 2018, the overdose death rate per 100,000 population for Ocean County is 31.3; this surpassed both the overdose rates of New Jersey, 30.5, and the United States, 29.1. As per NJCARES.GOV, in 2020, Ocean County had 245 suspected overdose deaths, 891 naloxone administrations, and 324,530 opioid prescriptions dispensed. From January 1, 2021 through December 1, 2021, there were 1714 overdose cases. Of these cases, 112 were fatal. Additionally, there was 721 Narcan administrations.<sup>4</sup> This information comes from ODMAP through the New Jersey State Police.

NJCARES Historic Data								
Ocean County	2013	2014	2015	2016	2017	2018	2019	2020
Suspected Overdose Death	154	132	157	253	189	217	204	245
Naloxone Administration	n/a	n/a	624	977	621	811	752	891
Opioid Prescriptions Dispensed	454,390	450,508	483,061	450,466	417,019	365,341	344,341	324,530

Similar to past Ocean County Comprehensive Plans, there continues to be discussion on the need to build access for Ocean County residents whom are in need of substance abuse treatment. From 2013-2017, Ocean County had the highest proportion of treatment admissions out of all the counties in New Jersey. In 2018, Ocean County was third, in 2019 second, third in 2020, and fourth for admissions in 2021.<sup>3</sup> These numbers do not take into account the number of people that don't try to access services, which is an estimated 35.3% of Ocean County residents that had a demand for substance abuse treatment did not access services according to the 2009 Household Survey.<sup>5</sup> Reviewing trends from the Ocean County Overdose Fatality Review Program, the toxicology of overdose decedents has changed over the past decade transitioning for primarily heroin and fentanyl deaths, to numerous substances in each decedent's toxicology report. This changes are substantiated through JAMA Network Open (2022) which identifies overlapping waves in opioid overdose deaths. Wave 1 was the over- prescription of pain medication by doctors in the 2000's, Wave 2 was the transition to heroin in response to mass addiction from prescription pills, and Wave 3 was the transition to synthetic opioids such as fentanyl which escalated around 2013. Wave 4 is the addition of stimulants and the impact of the pandemic on overdoses<sup>6</sup>. Thus the working hypotheses is Ocean County residents need clear access to treatment options as residents seeking treatment is projected to increase over the next several years to address polysubstance use of our population and the enhanced need for co-occurring services.

**2006-2019 County Percentages of Total Admissions as per NJSAMS**

2006- Essex (12%), Monmouth (8%), Camden (7%), **Ocean (7%)** of 55,033 admissions  
 2007- Essex (14%), Monmouth (8%), Camden (7%), **Ocean (7%)** of 59,545 admissions  
 2008- Essex (13%), Monmouth (8%), Camden (8%), **Ocean (7%)** of 64,091 admissions  
 2009- Essex (11%), Monmouth (9%), Camden (8%), **Ocean (8%)** of 69,477 admissions  
 2010- Essex (10%), Monmouth (9%), **Ocean (9%)**, Camden (8%) of 71,874 admissions  
 2011- Monmouth (10%), **Ocean (9%)**, Essex (9%), Camden (8%) of 73,964 admissions  
 2012- Monmouth (10%), **Ocean (9%)**, Essex (9%), Camden (8%) of 75,837 admissions  
 2013- **Ocean (10%)**, Monmouth (9%), Essex (9%), Camden (8%) of 75,558 admissions  
 2014- **Ocean (10%)**, Monmouth (9%), Essex (9%), Camden (8%) of 65,553 admissions  
 2015- **Ocean (10%)**, Monmouth (9%), Essex (9%), Camden (8%) of 69,447 admissions  
 2016- **Ocean (9%)**, Camden (9%), Essex (9%), Monmouth (8%) of 76,509 admissions  
 2017- **Ocean (9%)**, Camden (9%), Essex (9%), Monmouth (7%) of 82,644 admissions  
 2018- Essex (9%), Camden (9%), **Ocean (9%)**, Monmouth (7%) of 89,629 admissions  
 2019- Camden (9%), **Ocean (9%)**, Essex (8%), Atlantic (8%) of 98,628 admissions  
 2020- Essex (9%), Camden (8%), **Ocean (8%)**, Atlantic (8%) of 82,254 admissions  
 2021- Essex (10%), Camden (9%), Atlantic (8%), **Ocean (8%)** of 87,745 admissions

## **D. RECOVERY SUPPORT SERVICES**

As Ocean County ranked fourth in 2021 admissions, that 8% accounts for 6,915 residents that entered treatment through a state licensed facility. That number does not account for those that access treatment with private insurance or self-pay or residents that detoxed independently at home. Thus, the number of residents in need of comprehensive recovery supports is unknown, but can be assumed to far exceed the known 6,915. In the last county comprehensive plan, recovery supports were expanded to include an array of services from face to face case management, telephone support, texting with recovery coaches, and using data to identify hot spots to bring mobile support and information.

Even with the robust case management, specialized recovery groups, and community access to recovery, there continues to be an identified need for sober living opportunities for Ocean County residents as part of their recovery plan. In the Ocean County Overdose Fatality Review, in the 162 cases reviewed January 2018 through December 2021 the addresses and location of overdose was known in 86 cases. 79 or 92% of overdoses happened at home.<sup>7</sup> Many times residents are returning to home environments that are not conducive to recovery. Through the Ocean County Trauma Informed Recovery Oriented Systems of Care (TI-ROSC) Survey, 44.1% disagreed with the statement, “There are resources within the community to assist individuals with finding safe affordable housing.”<sup>8</sup>

## **LOOKING FORWARD: THE 2024 TO 2027 CCP PLAN**

### **A. PREVENTION AND EARLY INTERVENTION**

The COVID19 pandemic has altered the path for OCHD prevention and early intervention for the 2024-2027 planning cycle. The goal is to increase the number of prevention and early intervention programs delivered back to pre-pandemic numbers. In response to isolation, loneliness, and uncertainty combined with distancing from community partners and resources during the pandemic, prevention staff need to regain their foothold as substance use prevention experts in the community. As we know from the CDC, 15% of high school students report using illicit or injection drugs and 14% report misusing prescription opioids<sup>8</sup>. This data provides evidence that robust prevention programming is needed for our youth, therefore; the strategy is to meet with existing community partners as well as identify new collaborative partners to schedule and facilitate programs. The difficulty is having community partners prioritize these educational opportunities in a post-pandemic world in which other items take precedent. Advocacy for robust prevention and the benefits to our community will need to be highlighted along with the benefits to our residents in order to get programs scheduled.

Similar to prevention, the plan for early intervention is to increase access to the Teen Intervene program in Ocean County. As we know, the more Adverse Childhood Experiences that a youth encounters, the higher the likelihood of using substances.<sup>9</sup> Again, Teen Intervene is a proven, research-based program, designed to help young people make healthier choices surrounding substance, alcohol and drug abuse. Teen Intervene is an easily administered, low-cost SBIRT program that helps teens self-identify a substance use disorder, provides a brief plan for intervention, and guides the referral to treatment. By engaging both the teen and the parents in this three or four-session model, Teen Intervene is a unique comprehensive program created specifically to drive adolescent engagement and produce positive outcomes. This will include an expansion of the program throughout Ocean County by requesting the contracted provider to identify three locations (northern, central, and southern) to provide the sessions. Further, a potential collaboration with the Ocean County Library system to use confidential space for teens to access the program in the convenience of their local library. The benefits for the community is that as youth exhibit at risk behavior, there is now a 3-4 session program that they can attend, free of cost, in order to have an evaluation to determine if 1) a higher level of care is needed or 2) if a risk reduction plan can be made for the youth.

### **C. TREATMENT (Including Detoxification)**

Moving forward for 2024-2027, the goal is to increase access to treatment for Ocean County residents. The limitation is the OCHD manages the local county comprehensive grant funding but does not manage other funding sources. The county comprehensive funding does provide almost a full year of funded treatment for an eligible client when entering detoxification. Through previous planning within the county, it has been established that a funded continuum of care for indigent residents provides a foundation for successful recovery for those with substance use disorder. As per ASAM, “through this strength-based multidimensional assessment the ASAM criteria addresses the patient’s needs, obstacles and liabilities, as well as the patient’s strengths, assets, resources and support structure.” Although the OCHD will continue to manage annual funding for continuum of care, our goal can no longer focus on increasing capacity.

For 2024-2027, the OCHD will focus on the development and delivery of community substance use awareness campaign to identify resource and access information to residents. These campaigns will provide information on current Ocean County specific substance use trends using local, state, and national data. Additionally, all campaigns will include both the IME and OCHD contact information to assist with navigation and referral to the various funding sources to access clinically appropriate treatment. The OCHD has experience with media campaigns, as the OCHD was awarded a grant opportunity through the National Association of County and City Health Officials (NACCHO) and CDC Foundation, in which a substance use awareness and narcan media campaign were developed with multiple iterations. Additionally, an opportunity to create a stigma awareness media campaign occurred during this grant opportunity. During this grant, the OCHD recruited community stakeholders via social media and distribution lists and held two rounds of focus groups to provide the OCHD with insight in developing opioid awareness and Narcan specific media campaigns. Those who participated in the focus groups were from various sectors of the community including: the general population (age 18 or older), treatment providers, local leaders and recovery personnel. The first round of focus groups asked Ocean County stakeholders various questions regarding substance use and substance use disorder and gave us some insights into which digital platforms would likely be utilized to obtain information and what information would be valuable to learn regarding substance use and overdose resources. The second round of focus groups helped the OCHD and contracted marketing agency obtain feedback regarding different ad copy images and videos to be disseminated, in an effort to create the most effective ad campaigns for our audience.

In the first round of focus groups, five individuals from the general population, seven from the recovery community, six leaders and thirteen providers participated, for a total of thirty-one individuals. When asking participants how they feel when they hear the word overdose, almost every participant stated that they feel “sad”, “scared”, “frustrated” or “concerned”. Additionally, 100% of participants stated that substance misuse and overdose are major issues in the community. When asked where individuals are most likely to obtain information regarding overdose, the top five media preferences selected were Facebook (15), Instagram (20), YouTube (17), Streaming television (Netflix, Hulu) (21), and Google (24). The collection of this information helped us to strategically place our media advertisements on platforms that would reach the largest number of Ocean County residents. This data will be used for future campaigns to ensure Ocean County residents are seeing the media campaigns.

Further, the OCHD has experience in the type of media campaign messaging that resonates most with the Ocean County audience. In the IOPSLP opportunity, the second round of focus groups consisted of nine participants from the general population, thirteen treatment providers, four local leaders and nineteen participants from the recovery community, totaling forty five individuals. One common theme recognized during the second focus group is that over 50% of participants encourage the use of utilizing campaign messaging that focuses on the positive aspects of overdose. For example, participants were asked to choose between two ad copy messages, which message they liked best. The first message was “245 lives lost to overdose last year...Ask questions, Get answers, Save lives, Get the

help you need!”, The second message was “891 lives saved by Narcan last year...Ask questions, Get answers, Save lives, Get the help you need!” For this question, nineteen residents chose the messaging regarding lives lost, while twenty three chose the messaging regarding lives saved. Both messages presented encourage readers to get educated on overdose and available resources, yet the second messages offers a glimmer of hope to those struggling with addiction. In terms of appropriate imaging to associate with the aforementioned campaign messages, almost all participants preferred images associated with hope and family support. Our agency had proposed various types of images to the focus group participants including those that portray a person who is clearly struggling emotionally, but these images did not garner as much interest as those that depict a strong support network for those attempting to overcome substance use. These images depicting family/friend support were noted to be more realistic, as substance use does not only impact the person who is struggling with their addiction.

#### **D. RECOVERY SUPPORT SERVICES**

There are no anticipated issues for recovery support services over the next four years. Recovery support services have become an essential part of the Ocean County continuum of care due to the focus placed on building the recovery infrastructure in the last county comprehensive plan cycle. In an OCHD pre and post campaign stigma survey with the pre campaign survey collecting responses from over 600 Ocean County residents and over 300 for the post campaign survey, one of the questions in the survey asked Ocean County residents if they have a family member with substance use disorder. In the pre survey, 75.09% of participating residents answered “yes” that they do have a family member with substance use disorder. In the post survey, the percentage of residents with a family member with substance use disorder remained relatively consistent at 72.82%. These statistics shed some light on how many residents in our community have been personally affected by substance use disorder. Due to the impact of substance use disorder, recovery supports for the person with SUD and the family should continue to be highly utilized.

## SECTION THREE

### THE 2024-2027 COUNTY COMPREHENSIVE PLAN



*Ocean County envisions a future for all residents facing the chronic disease of substance abuse in which there is a fully developed, client centered, recovery oriented system of care comprised of prevention, early intervention, treatment and recovery support services that reduces the overall risk for substance abuse in the local environment, meets the clinical treatment needs of the county's residents, and reduces the frequency and severity of disease relapse.*

**B. PLANNING PROCESS**

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

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

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

The OCHD was able to outreach constituents through several platforms.

- For the service provider community, information about the County Comprehensive Plan (CCP) was discussed at local meetings such as the Local Advisory Committee on Alcoholism and Drug Abuse (LACADA), Provider Advisory Committee on Alcoholism and Drug Abuse (PACADA) and the County Alliance Steering SubCommittee (CASS). The OCHD is the lead agency for the Ocean County Overdose Fatality Review Program (OC-ORFP), which

performs a social autopsy on overdose decedents to identify potential reasons for overdose death in the county and how changes can be made to programming, policy and procedure to reduce overdose and death of residents. The OC-OFRP meets bimonthly and is comprised of over 30 local agencies representing various health and behavioral health sectors.

- The OCHD received funding 2020-2022 from the National Association of County and County Health Officials for the development of an Ocean County Overdose Response Plan. Some of this funding was set aside for media campaigns in which focus groups were held with the community for their feedback. There were sub-population focus groups held on August 10, 2021 to August 13, 2021 for the general population, leadership, recovery staff and treatment providers. Additionally, a stigma survey was done in April 2022 then a stigma campaign was run and the same survey was disseminated again on June 2022 to assess change in stigma and community perception.
- The OCHD has partnered with New Jersey Coalition for Addiction Recovery Support (NJ-CARS) which has funding through the Substance Abuse and Mental Health Service Administration (SAMHSA) to establish Recovery Ecosystem and Ocean County was one of the six pilot counties in New Jersey. A recovery survey was open to the public in Spring-Summer 2022.

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

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

Due to multiple planning processes occurring at both the local and state level, Ocean County wanted to be mindful of exhausting the public and provider agencies with an oversaturation of surveys and planning meetings. Therefore, working in the aforementioned partnerships, Ocean County was able to streamline planning efforts into a more concise process allowing for less meetings, but continued sharing of information and data between agencies. This was identified as a best practice by the participating agencies as it allowed for a further reaching dissemination of surveys, reduced duplication in quantitative data analysis and allowed for a multi-agency presence during focus groups. By working in the varied planning processes, it allowed for a balance of “interests” as each survey distributed had questions that could be utilized by the different partners.

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

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

Key Informant Interviews, Focus Groups and Special Population Focus Groups were done with agency representative(s) considered key experts in their respective fields. These interviews provided further

insight into how various behavioral health systems work in Ocean County highlighting the successes and gaps of the respective fields.

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

Planning Committee/Sub-committees were used to take the qualitative and quantitative data to develop a comprehensive plan for 2024-2027.

This planning cycle was successful in capitalizing on multiple county planning processes, allowing for broad community representation, varied data collection techniques and the ability to utilize different planning expertise for a well-rounded planning process. The ability to plan with community partners with the same timelines for submission and similar plan lengths provide the ability to build a strong foundation of complimentary goals and objectives allowing partners to work in tandem to the same overarching goal.

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

<p><b>a. Offenders</b> These populations are identified and discussed during the Ocean County Overdose Response Program, of the 162 cases reviewed from January 1, 2018-December 31, 2021, 114 or 70% of reviewed decedents had a known criminal history. <sup>7</sup></p>
<p><b>b. Intoxicated Drivers</b> These populations are identified and discussed during the Ocean County Overdose Response Program, of the 162 cases reviewed from January 1, 2018-December 31, 2021, 41 or 25% of reviewed decedents had a known criminal history. <sup>7</sup></p> <p>For 2021 Intoxicated Driver Program Court Convictions, Toms River ranked 5<sup>th</sup> in client residences and 6<sup>th</sup> in convicted courts.<sup>10</sup></p>
<p><b>c. Women</b> During the Ocean County Overdose Response Program, of the 162 cases reviewed from January 1, 2018-December 31, 2021, 58 or 36% of reviewed decedents were female. <sup>7</sup></p>
<p><b>d. Youth</b> The substance use prevention, treatment, and recovery needs are discussed at meetings. The OCHD engages with the Regional Prevention Coalition and the Youth Services Commission.</p>
<p><b>e. Disabled</b> The OCHD has reviewed 162 decedent cases to date and checks for disability status.</p>
<p><b>f. Workforce</b> These populations are identified and discussed during the Ocean County Overdose Response Program, of the 162 cases reviewed from January 1, 2018-December 31, 2021, 84 or 52% of reviewed decedents had a known criminal history. <sup>9</sup></p>
<p><b>g. Seniors</b> The OCHD is awarded the Alternatives to Pain Management for Older Adult grant through DMHAS.</p>
<p><b>h. Co-occurring</b> These populations are identified and discussed during the Ocean County Overdose Response Program, of the 162 cases reviewed from January 1, 2018-December 31, 2021, 80 or 49% of reviewed decedents had a known criminal history. <sup>9</sup></p>

7. 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?

This planning process helped to build and strengthen collaborative relationships. The planning process allows partners to better understand how the county comprehensive funding works within the community and how it is used to identify and fill gaps in the continuum of care.

## **C. PREVENTION AND EARLY INTERVENTION**

### **1. OCEAN COUNTY REGIONAL PREVENTION COALITION**

The DART Prevention Coalition (DART) has served Ocean County since 2009, aiding residents in the process of reducing substance use across the lifespan thanks to various local, state, and federal grant funding sources. Utilizing SMAHSA's Strategic Prevention Framework, DART works to address underage drinking, misuse of prescription medications, illegal use of marijuana, tobacco, vaping, and nicotine use. DART is comprised of community leaders including law enforcement and government officials, educators, business owners, substance use professionals, faith-based leaders, and youth.

The focus of DART is ever changing based on needs, data, and current and future grants. Some current efforts and initiatives include: delivering education and advocacy, including the creation and distribution of fact cards and presentations for underage drinking, marijuana, proper medication disposal, as well as vaping; providing trainings for programs including PreVenture, Strengthening Families, Mental Health First Aid, TIPS (responsible beverage education for servers and sellers of alcohol), and Alcoholic Beverage Control and Motor Vehicle Commission joint trainings for owners and managers of alcohol outlets; distribution of Safe Med Kits to the community, as well as development of a safe medication disposal card for funeral homes; development and distribution of a Merchant Toolkit to assist alcohol retailers in preventing underage and intoxicated drinking; and a strong presence within over 20 middle and high schools throughout Ocean County, conducting Youth Prevention Coalition (YPC) trainings to engage youth members in prevention efforts and peer-to-peer education. DART also provides technical assistance to community partners and local coalitions throughout the county.

### **2. OCEAN COUNTY ANNUAL ALLIANCE PLAN**

The Ocean County Alliance program, housed under the Ocean County Board of Health, is comprised of 15 separate Municipal Alliances spread throughout various towns within Ocean County. The municipalities that encompass the Municipal Alliance Program are Beachwood Borough, Berkeley Township, Jackson Township, Lacey Township, Manchester Township, Ocean Gate Borough, Ocean Township, Plumsted Township, Point Pleasant Beach Borough, Seaside Park Borough, Toms River Township and the Eagleswood Consortium, comprised of Little Egg Harbor Township, Eagleswood Township and Tuckerton Borough.

The Alliances plan, coordinate and conduct alcohol, tobacco, marijuana and prescription drug prevention programs for all members of the community from young children to older adults and collaborate with local government, schools, law enforcement, businesses and community agencies. By using \$180,607.00 in DEDR funds to run community programs and events which combat substance abuse the Ocean County Municipal Alliances collectively run over 60 different programs that reach thousands of community members, students, seniors and parents every year. Another \$10,000 is used for County Wide Training which has funded prevention trainings for professionals, Share Your Story community events and CADCA trainings in the past.

The Ocean County Alliance program receives oversight from two separate entities in order to assure efficient administration and coordination. The Local Advisory Council on Alcoholism and Drug Abuse (LACADA) determines and documents substance abuse service needs for the county while the County Alliance Steering Subcommittee (CASS), which falls under LACADA, is responsible for developing the county prevention proposal. Municipal Alliance programs are developed through a multi-stage development plan which includes a needs assessment, identifying risk factors specific to the individual municipality and submitting a Request for Proposal. All Municipal Alliances utilize the Strategic Prevention Framework to guide program planning and implementation.

## **D. PREVENTION LOGIC MODEL NARRATIVES**

### **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.**

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

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

For youth, lack of effective prevention education programming can result in younger first time use or at-risk behaviors. For older adults, substance use prevention education programs will provide critical health and safety information. If older adults do not attend these educational opportunities, there is a risk to their health.

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

As previously stated, prevention efforts needs to be increased for the entire Ocean County population with a specific focus on youth and older adults.

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

To expand the geographic reach of prevention education services to the entire Ocean County Community and from pre-school aged youth through older adults, representing all 33 municipalities.

### **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.**

Using 2021 as a baseline with 22 municipalities reached with prevention education programming, the following annual objectives will be

2024 – To increase the number of participating municipalities from 22 to 25 that receive prevention education programming

2025 – To increase the number of participating municipalities from 25 to 28 that receive prevention education programming

2026 – To increase the number of participating municipalities from 28 to 31 that receive prevention education programming

2027 – To increase the number of participating municipalities from 31 to 33 that receive prevention education programming

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

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

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

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

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

The annualized output will be the number of programs delivered and the amount of residents reached.

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

Short Term: Increase municipalities reached by 3 additional using 2021 as a baseline

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

Long Term: A county capacity to provide data-driven, best practice or evidence-based prevention education programming customized to the specific requests of each residential community in each of the 33 municipalities

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

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

## **D. EARLY INTERVENTION LOGIC MODEL NARRATIVES**

- 1. Describe an early intervention need-capacity “gap” in the county’s substance abuse system of care, which, if reduced, would likewise reduce the number of residents that develop clinical treatment need? Please describe the strategic importance of addressing this “gap” for reducing the county’s treatment need in 2024-2027 planning cycle.**

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

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

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

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

As already stated, the occurrences of problematic substance use is reportedly increasing post-pandemic.

- 4. Please restate this “gap” and related community problem or problems as a goal to be pursued during the 2024-2027 CCP.**

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

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

Using 2021 utilization numbers as a baseline with 13 youth receiving early intervention services  
2024 – To increase the number of youth participating in Teen Intervene by 25% annually or 16 youth  
2025 – To increase the number of youth participating in Teen Intervene by 25% annually or 20 youth  
2026 – To increase the number of youth participating in Teen Intervene by 25% annually or 25 youth  
2027 – To increase the number of youth participating in Teen Intervene by 25% annually or 31 youth

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

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

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

Based on the 2020-2023 CCP, OCHD will continue to allocate approximately \$10,000 annually to Teen Intervene. As number of participant’s increase, OCHD will increase annual allocation.

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

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

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

Short Term: Youth to get a service that is an essential piece in the continuum of care

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

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

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

Contracted agency, Schools, Youth programs

## D. TREATMENT LOGIC MODEL NARRATIVES

- 1. Describe a treatment need-capacity “gap” in the county’s substance abuse system of care which could be reduced by the county investments in treatment. Please describe the strategic importance of addressing this “gap” for increasing residents’ access to treatment on demand in the 2024-2027 planning cycle.**

Accessing the substance use system of care can be difficult and many times, residents do not know where to begin to gain admission into clinical treatment. The gap is a lack of knowledge on resources. By developing informational media campaigns that incorporate the Interim Managing Entity and the Department of Substance Abuse, Addiction and Opioid Dependency at the OCHD as a resource, more residents can enter treatment.

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

If people are unable to access treatment, they will most likely continue using resulting in possible incarceration, hospitalization or death.

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

Through the Ocean County Trauma Informed Recovery Oriented Systems of Care (TI-ROSC) Survey, 73.5% of respondents disagreed that, “the community is free from stigma and discrimination around trauma, addiction, and recovery.” Further, in the same survey, 25% of respondents disagreed with the statement that, “individuals have choices when selecting service providers from within the community.” Additionally, in identifying key service delivery and system issues, “system navigation support is lacking” was identified.<sup>8</sup>

- 4. Please restate this “gap” and related community problem or problems as a goal to be pursued during the 2024-2027 CCP.**

To increase community knowledge on substance use trends and how to access treatment.

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

**Objective 1:** To develop a substance use disorder campaign and publicly disseminate over a 9-12 month period with 2,500 impressions on various social media platforms and a reach of 1,250 in 2024

**Objective 2:** To develop a substance use disorder campaign and publicly disseminate over a 9-12 month period with 5,000 impressions on various social media platforms and a reach of 2,500 in 2025

**Objective 3:** To develop a substance use disorder campaign and publicly disseminate over a 9-12 month period with 7,500 impressions on various social media platforms and a reach of 3,750 in 2026

**Objective 4:** To develop a substance use disorder campaign and publicly disseminate over a 9-12 month period with 10,000 impressions on various social media platforms and a reach of 5,000 in 2027

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



\$100,000 annually for the development and delivery of an Ocean County specific media campaign with resource information

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

\$100,000 annually to a media vendor

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

Output will be measured through impressions, which are the number of times content is displayed and reach is the number of unique people who watch and engage with the content.

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

Short Term: Increased awareness on Ocean County substance use trends and an increase in calls to the OCHD for assistance

Middle Term: Increased engagement with campaigns and increased calls to OCHD

Long Term: The OCHD is established as a community leader in assistance in accessing resources and informing the public of substance use trends.

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

OCHD stakeholders, DMHAS and IME

## **D. RECOVERY LOGIC MODEL NARRATIVES**

- 1. Describe a recovery support services need-capacity “gap” in the county’s substance abuse system of care, which, if reduced, would likewise reduce both the number of residents that relapse into clinical treatment and the frequency of individual relapses. Please describe the strategic importance of addressing this “gap” for reducing the county’s treatment need in 2024-2027 planning cycle.**

The 2020-2023 County Comprehensive Plan focused on building general recovery supports in Ocean County to reduce the amount of relapse and recidivism in the county. Relapse and recidivism does not, only impact the individual but impacts the whole county. As we know, it is likely that an individual who uses or relapses may interface with the police, be hospitalized or incarcerated which impacts the person, the person’s family, the person’s neighborhood and the county as a whole. As Ocean County built recovery supports, one continued recommendation to bolster recovery supports was the need for recovery housing. The OCHD piloted a program through separate funding in which a vendor agency provided case management and first month’s rent to residents in the community seeking sober living opportunities. The next step in resolving the gap in housing services is to allow funded residential inpatient and halfway house the ability to provide first month’s rent and seek reimbursement for the comprehensive funds.

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

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

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

In 2021, Ocean County residents accounted for 6,915 treatment admissions in New Jersey. This represented 8% of the 87,745 total NJ admissions.<sup>3</sup> In the OCHD pre and post stigma awareness survey, there were two statements asking Ocean County residents their thoughts and perceptions regarding having recovery and sober living housing in their neighborhood. The statements asked residents to choose an answer from the choices including: strongly disagree, slightly disagree, slightly agree and strongly agree. The first statement was “I would like an agency that provides treatment for substance use disorder in my neighborhood”. For both pre and post surveys, the “slightly agree” answer yielded the most significant results (pre: 25.22% and post 39.29%). The second statement was “I would want a recovery housing/sober living house in my neighborhood promoting treatment and recovery”. In the pre-campaign survey, the “strongly disagree” answer yielding the highest percentage at 34.78%. After the media campaign and post campaign survey were disseminated, the “slightly disagree” answer yielding the highest percentage of 35.71%. The evidence from this data analysis suggests that Ocean County residents are aware that substance use disorder is prominent issue in Ocean County and recognize that there is a need for treatment facilities, however, there is stigma in terms of living within close proximity to such facility. Therefore, this funding provides an opportunity for residents to access treatment in a streamlined way in which stigma hopefully does not influence a decision not to seek services.<sup>11</sup>

4. **Please restate this “gap” and related community problem or problems as a goal to be pursued during the 2024-2027 CCP.**

To provide sober living opportunities to Ocean County residents in recovery

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

**Objective 1:** To provide housing to 10 client in 2024

**Objective 2:** To increase housing from 10 clients to 15 clients in 2025

**Objective 3:** To increase housing from 15 clients to 20 clients in 2026

**Objective 4:** To increase housing from 20 clients to 25 clients in 2027

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

The OCHD will receive monthly invoices from contracted providers to monitor first month’s rent utilization

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

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

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

As stated above, the output for 2024 will be 10 residents receiving sober living opportunities, for 2025 there will be 15 receiving sober living opportunities, in 2026 there will be 20 receiving sober living opportunities, and in 2027 there will be 25 residents receiving sober living opportunities

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

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

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

OCHD stakeholders, DMHAS and IME

## **2024-2027 Evidence-Based Programs**

### **Name: AlcoholEdu**

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

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

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

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

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

Evaluation Plan: Quarterly reports on school progress

### **Name: Footprints for Life**

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

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

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

Expected Number of People to Be Served: OCHD to accommodate any community request for this program. The availability of this program is marketed at community meetings, through e-mail and through press releases to the county. In a conservative estimate, it is anticipated that in 2023 approximately 10 requests will come for this program to be delivered which equals approximately 300 youth. It is the anticipation that the requests will be from different municipalities to ensure the entire county has access to this free programming.

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

Evaluation Plan: Post-test from participating youth

**Name: Unique U**

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

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

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

Number of People to Be Served: OCHD to accommodate any community request for this program. The availability of this program is marketed at community meetings, through e-mail and through press releases to the county. In a conservative estimate, it is anticipated that in 2023, approximately 10 requests will come for this program to be delivered, which equals approximately 300 youth. It is the anticipation that the requests will be from different municipalities to ensure the entire county has access to this free programming.

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

Evaluation Plan: Posttest from participating youth

**Name: We're Not Buying It**

Description: *We're Not Buying It* is a substance abuse prevention program that focuses on developing media literacy skills among sixth through eighth-grade students. Developed by Wellspring Center for Prevention (formerly NCADD of Middlesex County, Inc.), *WNBI 2.0* uses prevention education strategies to reduce early first use of alcohol, marijuana, and prescription and over-the-counter medications, as well as bullying behavior. A primary focus is raising awareness of messages about substance abuse and bullying that are included in popular, non-advertisement media.

Objectives: Students will develop more realistic perceptions of the number of friends and students engaging in substance use and bullying behavior

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

Expected Number of People to Be Served: OCHD to accommodate any community request for this program. The availability of this program is marketed at community meetings, through e-mail and through press releases to the county. In a conservative estimate, it is anticipated that in 2023 approximately 10 requests will come for this program to be delivered which equals approximately 300 youth. It is the anticipation that the requests will be from different municipalities to ensure the entire county has access to this free programming.

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

Evaluation Plan: Posttest from participating youth

**Name: Wellness Initiative for Senior Education (WISE)**

Description: WISE is a wellness and prevention program for older adults designed to help celebrate healthy aging, making healthy choices and avoid substance use.

Objectives: The objectives of WISE are to increase knowledge, increase social support, and positively change behavior.

Location or Setting for its Delivery: Senior Centers, Faith Based, YMCA, Library

Expected Number of People to Be Served: OCHD to accommodate any community request for this program. The availability of this program is marketed at community meetings, through e-mail and through press releases to the county. In a conservative estimate, it is anticipated that in 2023 approximately 10 requests will come for this program to be delivered, which equals approximately 300 older adults. It is the anticipation that the requests will be from different municipalities to ensure the entire county has access to this free programming.

Cost of Program: OCHD has several staff trained in the program. These staff will schedule and facilitate the program during the year. The cost is the salary and fringe of staff for their time to deliver the program. This program does provide lunch to incentivize older adults but WISE is funded through a DMHAS Older Adult Grant received by the OCHD.

Evaluation Plan: Satisfaction survey

## 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.



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## APPENDIX 4: LOGIC MODELS

### LOGIC MODEL: PREVENTION

Need-capacity gap and associated community problem (A)	Evidence of problem and its significance for the county (B)	Goal For 2024-2027 (C)	Objectives Targets Per Annum (D)	Strategy To Achieve Objective (E)	Inputs Financial or Other Resources (F)	Outputs Expected product (G)	Outcomes Expected Community Benefits (H)	Agency Responsible (I)
<p>Need-capacity Gap:</p> <p>Availability of prevention programming for Ocean County residents</p>	<p>17 public high schools</p> <p>70 elementary schools</p> <p>Youth and older adults comprise 55% of population</p> <p>51% of students felt sad or depressed (NJ Middle School Survey, 2021)</p>	<p><b>To:</b> expand the geographic reach of prevention education services to the entire Ocean County community and from preschool through</p>	<p>2024: <b>To</b> increase the number of participating municipalities from 22 to 25</p>	<p>2024-2027</p> <p>Robust Marketing</p> <p>Letters to school</p> <p>-faith based</p> <p>-business</p> <p>-civic organizations</p>	<p>.1177% of AEREF awarded funds</p>	<p>25 municipalities receiving OCHD prevention programs</p>	<p>Short Term: Increase municipalities reached by 3 additional using 2021 as a baseline</p>	<p>Ocean County Health Department</p>
<p>Associated Community Problem:</p> <p>Lack of effective prevention education results in at-risk behaviors</p>	<p>Increased overdose in older adult communities (as per Ocean County Police Chiefs)</p>		<p>2025: <b>To</b> increase the number of participating municipalities from 25 to 28</p>			<p>28 municipalities receiving OCHD prevention programs</p>	<p>Middle Term: Provide prevention programs for all ages in all municipalities in Ocean County</p>	
			<p>2026: <b>To</b> increase the number of participating municipalities from 28 to 31</p>			<p>21 municipalities receiving OCHD prevention programs</p>	<p>Long Term: A county capacity to prevention education in each of the 33 municipalities</p>	
			<p>2027: <b>To</b> increase the number of participating municipalities from 31 to 33</p>			<p>23 municipalities receiving OCHD prevention programs</p>		

## 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: Youth substance abuse outnumbers efforts to stop them	Problematic substance use amongst youth	<b>To:</b> sustain early intervention programming for Ocean County youth that are identifiably at risk for clinical treatment for substance use disorder	2024: <b>To</b> increase participation by 25% annually to 16 youth	2024-2027 Robust Marketing Letters to school-faith based-business-civic organizations	Approximately \$10,000 annually	Number of youth enrolled to be at 16 annually	Short Term: Youth to get a service that is an essential piece to the in the continuum of care	Contracted agency
Associated Community Problem: Youth continued use			2025: <b>To</b> increase participation by 25% annually to 20 youth			Number of youth enrolled to be at 20 annually	Middle Term: A service that is well known to the community to take referrals	
			2026: <b>To</b> increase participation by 25% annually to 25 youth			Number of youth enrolled to be at 25 annually		
			2027: <b>To</b> increase participation by 25% annually to 31 youth			Number of youth enrolled to be at 31 annually	Long Term: A county capacity to provide evidence based programming	

## LOGIC MODEL: CLINICAL TREATMENT WITH DETOXIFICATION

Need-capacity gap and associated community problem (A)	Evidence of problem and its significance for the county (B)	Goal For 2024-2027 (C)	Objectives Targets Per Annum (D)	Strategy To Achieve Objective (E)	Inputs Financial or Other Resources (F)	Outputs Expected product (G)	Outcomes Expected Community Benefits (H)	Agency Responsible (I)
<p>Need-capacity Gap: To increase community knowledge on substance use trends and how to access treatment</p>	<p>73.5% of residents disagreed that Ocean County is free of stigma around treatment</p> <p>25% of residents disagree that individuals have a choice of service providers</p>	<p><b>To:</b> increase community knowledge on substance use trends and how to access treatment</p>	<p>2024: <b>To</b> develop a substance use disorder campaign and publicly disseminate over a 9-12 month period with 2,500 impressions on various social media platforms and a reach of 1,250</p>	<p>2024-2027 <b>To</b> develop a substance use disorder campaign and publicly disseminate over a 9-12 month period</p>	<p><b>\$100,000 annually</b></p>	<p>Number of 2,500 impressions on various social media platforms and a reach of 1,250</p>	<p>Short Term: Increased awareness on Ocean County substance use trends and an increase in calls to the OCHD for assistance</p>	<p>OCHD, DMHAS, IME</p>
<p>Associated Community Problem: If people are unable to access to treatment they will most likely continue using resulting in possible incarceration, hospitalization or death.</p>			<p>2025: <b>To reach</b> 5,000 impressions on various social media platforms and a reach of 2,500</p>			<p>Number of 5,000 impressions on various social media platforms and a reach of 2,500</p>	<p>Middle Term: Increased engagement with campaigns and increased calls to OCHD</p>	
			<p>2026: <b>To reach</b> 7,500 impressions on various social media platforms and a reach of 3,750</p>			<p>Number of 7,500 impressions on various social media platforms and a reach of 3,750</p>		
			<p>2027: <b>To reach</b> 10,000 impressions on various social media platforms and a reach of 5,000</p>			<p>Number of 10,000 impressions on various social media platforms and a reach of 5,000</p>	<p>Long Term: The OCHD is established as a community leader in assistance in accessing resources and informing the public of substance use trends.</p>	

**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:  Residents seeking sober living opportunities  Associated Community Problem:  Potential for relapse	In 2021, Ocean County residents accounted for 6,915 treatment admissions	<b>To:</b> provide sober living opportunities to Ocean County residents in recovery	2024: <b>To</b> provide housing to 10 client in 2024	2024-2027: Allow inpatient residential and halfway house contracted providers to secure sober living placement and first month's rent to residents returning to Ocean County	Annual funding  Cost of sober living rent	Residents to build recovery capital.	Short Term: Improved recovery capital for residents that receive housing opportunity.	OCHD to provide funding.
			2025: <b>To</b> increase housing from 10 clients to 15 clients in 2025				Middle Term -  Long Term:	
			2026: <b>To</b> increase housing from 15 clients to 20 clients in 2026				Decrease in re-admissions into clinical treatment	
			2027: <b>To</b> increase housing from 20 clients to 25 clients in 2027					