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PLANNING CYCLE 2024 - 2027

**FOR THE ORGANIZATION AND
DELIVERY OF ALCOHOL
AND DRUG ABUSE SERVICES**

**BURLINGTON COUNTY
COMPREHENSIVE PLAN**

STATE OF NEW JERSEY

TABLE OF CONTENTS

SECTION ONE: FOUNDATIONS, PURPOSE AND PRINCIPLES	2
SECTION TWO: LOOKING BACK, ASSESSING THE NEEDS AND LOOKING FORWARD	4
A. LOOKING BACK AT THE Outcomes of the 2020-2023 CCP	4
B. ASSESSING THE NEEDS	9
C. LOOKING FORWARD	15
SECTION THREE: THE 2024-2027 COUNTY COMPREHENSIVE PLAN	20
A. VISION	20
B. PLANNING PROCESS	20
C. PREVENTION AND EARLY INTERVENTION	25
D. LOGIC MODEL NARRATIVES	27
APPENDIX 1: DEFINITIONS OF PLANNING CONCEPTS	38
APPENDIX 2: REFERENCES	40
APPENDIX 3: LIST OF PARTICIPANTS IN THE PLANNING PROCESS	42
APPENDIX 4: LOGIC MODELS	46

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

Principles: County Comprehensive Planning is grounded in:

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

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

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 benefited 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

Burlington County is geographically the largest of New Jersey's 21 counties, with boundaries that touch the Delaware River to the west and the Atlantic Ocean to the east. With the dollars provided through AERF and discretionary funding streams, the County's goals were to expand the geographic reach of program delivery to Bass River, which is on the border of Atlantic County to the entire Burlington County. To accomplish this, the County partnered with the Burlington County Municipal Alliance Program, the Regional Coalition of Prevention Plus and the County Health Department to increase the impact of quality prevention programming in the County.

In the 2020-2023 CCP, a total of \$60,000 was allocated for substance abuse prevention education programs and due to demand, prevention dollars were increased to \$71,199.

Programs	2020 Residents			2021 Residents			2022 Residents		
	Allocation	Anticipated	Served	Allocation	Anticipated	Served	Allocation	Anticipated	Served
Prevention	\$60,000	110	300	\$60,000	100	190	\$79,199	350	430

The County's goal was to continue to target funds at prevention efforts, while continuing collaboration with the Municipal Alliances and the Regional Coalition to expand its prevention efforts to forty municipalities in the County. The County continued to provide effective programs focused on enhancing students' problem-solving and decision-making skills, while also aiding them to evaluate the influence of the media in their lives. Prevention programs will enhance protective factors and reverse or reduce risk factors.

There are numerous measurable benefits to the County. Youth from all grade levels, including students attending Rowan College at Burlington County (RCBC), have been educated via the County through the Municipal Alliances and Regional Coalition funding on prevention programs under the comprehensive substance abuse grant. Youth and community members were educated on life skills and substance refusal techniques, as well as improving critical thinking, communication, social competency, and self-management skills to increase individual capacity and promote development. Community Prevention Programming offered by the County was consistent with evidence-based principles for Substance Abuse Prevention and the Strategic Planning Framework. The following evidence-based program was offered in a wide variety of locations around the County.

Mental Health First Aid

Starting in 2020, Mental Health First Aid was built into the Burlington County countywide training program. In 2008, the National Council for Behavioral Health brought Mental Health First Aid to the United States. Mental

Health First Aid was designed to extend the concept of first aid training on mental health and substance use challenges, empowering community members with the ability to give initial support to someone who is experiencing a mental health or substance use challenge or crisis. This 8-hour course teaches participants how to identify, understand and respond to signs of mental health and substance use challenges among adults, as well as familiarize participants with local resources in order to refer individuals for appropriate services. Approximately 240 individuals received the training, including various employees and students that attend Rowan College of Burlington County, community members, public safety, and police officers/first responders. The average rating of the course (Likert scale of 1 to 5, 1 strongly agree) was 85% of participants recommend the course to others.

Underage Drinking

Given the high rate of underage drinking (including in middle schools), the County took steps to increase awareness of potential harm from underage drinking, and to curb its availability. The following are some of the interventions employed to address this problem:

The *Sticker Shock Campaign* used youth to spread the dangers of adults purchasing alcohol for minors in partnership with local liquor store retailers. Approximately 20 Sticker Shocks were held, placing 1,000 stickers on popular alcoholic beverages in various liquor stores throughout the County. The stickers aim to inform, educate, and remind individuals of the implications on selling and providing alcohol to underage youth. The goal of Sticker Shocks is to ultimately reduce potential alcohol related harms, as well to improve the community's overall wellbeing.

The *Parents Who Host Lose the Most* yard sign campaign highlighted the risks to parents who facilitate underage drinking in their homes in partnership with school districts, businesses, and private residents. Approximately 50 signs are distributed on a yearly basis, focusing on high traffic areas throughout the County. *XGlosive Tennis* - The Burlington County Municipal Alliance Program, in partnership with the Regional Coalition, brought XGlosive to Burlington County. At the end of 2022, six Alliances fund this program on an annual basis. The event provides teens with a fun and exciting night that's substance-free and promotes family engagement, which is an important protective factor in substance use prevention. Approximately 700 youth and adults participate on a yearly basis.

Illicit Drug Use

The Regional Coalition in collaboration with the County Municipal Alliance Program hosted the Red Ribbon Poster Contest for youth of all ages of Burlington County, including those at Rowan College at Burlington County. The idea is to have a peer led social norms campaign on how they remain "Above the Influence" of drugs and alcohol. Peers address the norms and increase the perceptions of harm for substance misuse. Since its inception in the early 2000's the initiative has grown from 100 entries to over 500 entries.

Prescription Drug Misuse

Numerous interventions were chosen to address prescription drug misuse across all ages in Burlington County. According to the New Jersey Department of Health, Population Health, Opioid Dashboard data from 2016-2018, indicates that opioid filled prescriptions are ranked the highest in Burlington County followed by benzodiazepines. However, there has been a steady decline over the past three years in prescriptions filled

Burlington County's Early Intervention plan for 2020-2023 included the continuation of Double Trouble in recovery (NREPP) in the Burlington County Jail for men and Motivational Interviewing (MI) an evidence-based practice in the treatment of substance use disorders at the Atlantic County Justice Facility for Burlington County women. These services were provided to inmates upon release or opted out of the program.

B. EARLY INTERVENTION

The measurable benefits are ongoing with these initiatives as we work to decrease vaping rates in Burlington County that continue to hover around 1 in 5 high school seniors vaping using within the past 30 days

The Regional Coalition established a County Youth Tobacco Action Group (YTAG) to help youths become advocates for tobacco policies and educate and engage in tobacco prevention activities. Since 2020, the County YTAG has had members from Bordentown, Northern Burlington, Cinnaminson, Moorestown, and most recently BCT Westampton. Approximately 30 youth have participated in over the last 3 years. Peer to peer education through the YTAG initiative provided a reach that can't normally be achieved through traditional educational methods. In the fall of 2022, BCT Westampton began an Incurruptible. Us Club that currently consists of 11 students. They have participated in multiple awareness events including Red Ribbon Week and the Great American Smokeout. They are currently planning a peer-to-peer Don't Get Vaped in presentation to middle school students in Willingboro for Take Down Tobacco Day on March 31st.

The Regional Coalition and the Municipal Alliance Program continued to work with Tobacco Free for a Healthy NJ and their Don't Get Vaped initiative (DGVI) in school programs on the dangers of vaping, which has become widespread among students. DGVI presentations have been delivered to over 10 school districts and 400+ students in Burlington County since 2020. Also, a few districts including BCT Westampton, and Willingboro have started implementing ASPIRE, an online youth cessation program that can be used as an alternative to punishment when youth are caught using tobacco products and vaping.

The Regional Coalition and the County Alliance Program continued to work with Tobacco Free for a Healthy NJ and the Don't Get Vaped initiative in school programs on the dangers of vaping, which has become widespread among students. This includes educating youth on vaping tobacco and marijuana.

New and Emerging Substances

The County encourages Alliance's participation in the DEA's National Prescription Drug Take Back Day. Alliances hosted resource tables working with their Police Departments to bring awareness to prescription abuse and misuse, as well as offer a safe space for residents to dispose of expired and/or unused medication. In conjunction with the Regional Coalition, the County hosted it's annual International Overdose Awareness Vigil. This event features local speakers who are either in recovery or have lost a loved one to substance use, as well as local officials. The program is a collaborative effort between the Regional Coalition, the Department of Human Services, the Burlington County Prosecutors Office, as well as local recovery support agencies Shouting for Shelby and King's Crusade. This event has attracted over 100 people annually.

Monitoring Program by medical providers, and prevention efforts at both the state and county level. due to an increase in addiction education being provided to the community, utilization of the Prescription

The impact of COVID-19 on our local jail began in March 2020 when inmate population was at 369, showing a decrease of 2.7%, as compared to a population of 359 in March 2021. The decline in the inmate population resulted from both a reduction in admissions to the local jails and expedited releases in response to the COVID-19 pandemic from March to June 2020. Programs at both facilities were either put on hold or limited. There were also several lockdowns due to the high number of positive COVID-19 cases. Also, the contracted providers experienced staff shortages and restrictions due to staff COVID-19 outbreaks.

The following shows the number of incarcerated individuals provided with peer support services:

Peer Support Services	2020	2021	2022 (Q1-3)
Male Incarcerated Individuals	64	133	85
Female Incarcerated Individuals	34	45	87

The male inmates began receiving group services in early 2022 but have not resumed individual sessions due to limited access to the jail. The female inmates are receiving individual sessions, but not in groups due to space limitations due to COVID-19 restrictions.

As part of the County plan, Narcan trainings were provided to members of the community through *Urban Treatment*, Rutgers University (RWJMS), and the Hope One Mobile Van. The chart below shows the number of Narcan trainings provided by these organizations and the Hope One Mobile Van for the periods 2020 – 2022:

Narcan Training	2020	2021	2022
Urban Treatment ²	770	467	427
Rutgers University (RWJMS)	68	36	30
Hope One Van	113	273	376

C. TREATMENT (Including Detoxification)

Burlington County's plan for the years 2020 – 2023 treatment access plan included identifying new and existing treatment providers to give our residents options and increase access and availability. The Alcohol and Drug Unit continued to tour new facilities like Pyramid Healthcare, New Life, High Focus, Rutgers Health and Harmony Healing to bring information back to the LACADA for future funding. LACADA allocated AERF (Chapter 51) dollars to New Hope BHC and Maryville Addiction Treatment Center for withdrawal management and short-term residential services, New Hope for Halfway House for both men and women services, Solstice Counseling & Wellness Center and Legacy Treatment Services for outpatient services.

Turning Point Inc., a treatment center located in Paterson, New Jersey, was one of our inpatient contracted vendors, providing both withdrawal management, short-term residential services, and sober living. Turning

² Urban Treatment includes, in addition to Burlington County, the other six Southern counties.

Point did not submit a proposal for RFT in 2022, which limited inpatient options for Burlington County residents.

Clients in need of transportation continues to be an issue. For example, when a client is identified at the Hope One Van as seeking treatment, there are limited resources to provide transportation for clients in need to rides to inpatient and outpatient treatment. Kings Crusade has provided assistance with transportation in some cases. Modivcare provides non-emergency medical transportation to individuals with Medicaid. One contracted vendor, Solstice Counseling Center, provides van service for clients to participate in outpatient treatment, but this service currently is not being reimbursed.

The previous County plan also identified a commitment to offer Medicated Assisted Treatment (MAT) for residents seeking maintenance therapy. Maryville is the only County-funded provider offering withdrawal management in the County. Many other providers not funded by the County offer MAT within the County. They also provide other inpatient levels of care treatment.

LOC	2020	2021	2022 (Q1-3)
Outpatient	144	98	89
Halfway House	9	5	6
Short Term Residential	52	47	57
Withdrawal Management	27	31	11

The major measurable benefit for the community was the time frame for residents to access withdrawal management has decreased since 2020, with residents often accepted the same day as requested. Maryville was recently awarded via RFP to continue providing services at Post House located in Pemberton for men. Maryville Posthouse provides transportation via staff drivers and enlists Uber Health and on occasions other local driving services if needed. This enables our male residents to gain access to services and resources specified in their treatment plan such as appointments at the hospital, dental, specialty physician, halfway house, sober living and/or Board of Social Services.

Maryville	
Withdrawal Management	12
Short-Term Residential	18
Recovery Court Designated Long-Term	24
Bed Total	54

D. RECOVERY SUPPORT SERVICES

Burlington County started a sober living pilot program in 2019 with New Jersey Treatment Incentive Program (NJTIP) as vendor. Funding for assistance with move-in costs has increased housing options for residents being

discharged from inpatient treatment. In the past, locating a sober living house that accepted the use of MAT was difficult. The current trend, however, is that sober living homes generally do not discriminate regarding a medication prescribed by a physician.

The previous plan set a goal to provide additional support to individuals in recovery through Oxford and Sober Living houses. The chart below indicates the number of County residents who received County funding to assist with move in costs, along with the allocated funds:

Sober Living Assistance	2020	2021	2022
Persons Served	50	76	89
Funds Spent	\$32,500	44,000	\$56,003

The Innovation Grant funds provided by DMHAS allowed Burlington County to open our first Recovery Resource Center (RRC) located at the Human Services Building in Westampton, NJ. COVID-19 restrictions delayed the physical opening until August 2021, however, the official opening of the RRC and ribbon cutting was on September 22, 2020. In addition, three virtual support sessions were offered weekly beginning December 2020. Numerous off-location events have taken place since May 2021, including a nature walk, painting with a peer, dragon boat ride, and rock climbing. Each client in recovery who receives County funding is invited and encouraged by both the Drug and Alcohol Coordinator and Certified Peer Support Specialist to engage in the RRC services and activities. The RRC provides peer support from Monday through Friday from 9:00 am – 5:00 pm and offers a 24/7 hotline.

A Recovery Court Alumni Support Group began meeting once a month beginning in November 2021, and continues to meet each first Friday of the month at the County library. In order to expand our recovery support reach throughout the county, we will be hosting our meetings at Rowan College of Burlington County (RCBC) campus on the first Friday of the month this year. The Alumni group also began holding celebrations in 2022 after the bi-annual recovery court graduation ceremony to welcome new alumni and introduce them to County resources and peer support.

The Hope One Mobile Van visits a different location in Burlington County each week. Even COVID-19 did not limit their visits. Peer Support Specialists from Marlville are available, on site, to screen and arrange treatment for anyone interested. The Hope One mobile access unit offers critical support for persons and their families struggling with addiction, and related issues, with the goal of prevention drug overdoses and deaths, and providing linkages for treatment and recovery support services. The Van collaborates with the County Prosecutor's Office providing Straight to Treatment community outreach, events with *The Beloved Project*, the Annual Burlington County Farm Fair, and in August of each year, the *International Overdose Awareness Day Candlelight and Musical Vigil*.

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 domain of care.

A. PREVENTION

One Municipal Alliance conducted a focus group in preparation for their FY23 planning cycle. 509 high school students from Burlington City reported that the drug of and choice was marijuana. They indicated that it is easily accessible, and they do not see a risk involved, and that their parents are aware and even partake in the use of marijuana. Even more so with marijuana vapes and edibles- it has become even more of an issue and youth are no longer fearful of the repercussions and will use in school and other environments like the bathrooms at their place of employment.

In August 2019 Evesham Municipal Alliance conducted an online and in-person community survey. The results showed that underage drinking and marijuana were the most abused drugs in the community. They were also concerned about the use of opioids and heroin.

The Regional Coalition and the County Municipal Alliance Program assessed data from the 2020 and 2021 Burlington County Substance Abuse Overview, the 2021 NJ Middle School Risk and Protective Factors Survey, and the 2022 Pride Survey to see the challenges facing youth and adult residents when it comes to substance use and misuse. The data identifies that Burlington County will face several prevention challenges in 2024-2027 with various substances, including Tobacco, Alcohol, Marijuana, and Opioids.

The 2021 Substance Abuse Overview indicated that admission rates to treatment for youth 17 and under was highest for marijuana with it being 92% of treatment admissions, youth aged 18 to 24 had a high percentage of marijuana use but also of Opioids and other drugs with it being 64% of treatment admissions. This was a 2% decrease of admissions for youth 17 and under, and a 9% decrease for youth aged 18-24.

The NJ Middle School Risk and Protective Factors Survey from 2021 showed that Burlington County Middle School Youth have decreased in substance use over the last ten years. Showcasing the prevention efforts put in place by the County were having a positive effect, it also showed the need for those prevention efforts to continue as the use of substance among middle school students continues to happen.

NJ Middle School Risk and Protective Factor Survey						
2021 Burlington County						
Core Measure	Substance	2010	2012	2015	2021	
Lifetime	Alcohol	25.1	23.4	14.9	13.1	
	Binge Drinking	8.7	4.1	4.2	2.0	
	E-Cigarettes	-	-	10.4	4.0	
	Marijuana	9.7	3.3	3.8	2.0	
	Prescription Drugs (Not Prescribed)	5.2	5.0	4.0	1.2	

		Grade 6-9	Grade 10	Grade 11	Grade 12
Cigarettes	Past Year	11.3	7.2	6.5	0.8
	Past 30 Days	11.9	8.7	5.0	4.3
Inhalants	Past Year	4.3	3.4	0.0	0.4
	Past 30 Days	5.1	3.0	1.2	0.0
Cigarettes (Not Prescribed)	Past Year	9.2	6.4	4.8	0.4
	Past 30 Days	2.6	1.2	1.1	1.2
Prescription Drugs	Past Year	3.4	3.8	1.1	2.0
	Past 30 Days	5.6	1.6	2.4	0.4
Marijuana	Past Year	9.3	3.3	4.2	1.2
	Past 30 Days	-	-	-	-
E-Cigarettes	Past Year	7.9	3.9	2.1	0.4
	Past 30 Days	-	-	-	-
Binge Drinking	Past Year	19.1	18.7	12.3	8.3
	Past 30 Days	11.9	8.7	5.0	4.3
Other Illicit Drugs	Past Year	1.5	1.6	1.2	0.0
	Past 30 Days	2.2	1.1	0.0	0.0

The Pride Survey results indicate that Grades 10-12 reports alcohol usage as the highest compared to other substances. Parents of grades 10-12 disapprove of alcohol more than marijuana. Alcohol usage rose 15% from Grade 10 to Grade 12.

2022 Pride Survey					
Core Measure	Substance	Grades 6-9	Grade 10	Grade 11	Grade 12
30 Day Usage	Cigarettes	0	.08	.07	2.6
	Alcohol	0	14.2	21.9	29.2
	Marijuana	0	10.2	21.3	22.1
	Rx Drugs	0	1.6	0	2.6
Perception of Risk	Cigarettes	0	80.8	86.8	86.1
	Alcohol	0	67.1	70.6	69.9
	Marijuana	0	39.5	45.3	36.0
	Rx Drugs	0	81.8	82.5	78.4
	Cigarettes	0	86.5	89.7	86.9

B. EARLY INTERVENTION

Parental Disapproval	Alcohol	0	84.5	88.9	82.9
	Marijuana	0	74.2	77.0	68.9
	Rx Drugs	0	89.7	91.8	92.7
	Peer Disapproval	0	70.3	73.7	69.1
Peer Disapproval	Cigarettes	0	70.3	73.7	69.1
	Alcohol	0	70.4	67.7	67.5
	Marijuana	0	56.6	51.9	44.0
	Rx Drugs	0	82.3	84.0	86.7

Burlington County continues to address the increased use of alcohol, marijuana, heroin, and opiates, particularly among those recently released from incarceration. The Burlington County Jail tracks individuals who test positive for illegal drugs and those who have a history of substance use disorder. Data from Burlington County, as shown in the chart below, demonstrates the continued need for the County to address early intervention, including the incarcerated population so they make healthier decisions upon release:

NI Jail	2020	2021	2022
Inmates	2,888	2,486	2,126
Tested positive	679	712	624
History of SUD	564	484	514

Burlington County	2020	2021	2022
Fatal Overdoses	131	130	125
Narcotics Deployments	672	588	528

Another challenge is ensuring that those recently released from incarceration have access to critical support services and resources. Volunteers of America has been contracted to assist those being released from jail. They assist with obtaining identification, employment, housing, and transportation. Burlington County is the largest geographic county in New Jersey and, as such, adequate transportation continues to be a vexing problem. Therefore, it is important to connect those released with community services, Burlington, and Transit for transportation needs.

The Burlington County Sheriff's Department, in partnership with the County Department of Human Services and Health Department, continues to operate the Hope One Van offering critical support for those struggling

with substance use disorder, as well as their families. The Van visits a different location in Burlington County each week. It is staffed with a Certified Peer Support Specialist, Access to Reproductive Care and HIV Services (ARCH) Nurse, mental health worker, and plainclothes sheriff officer. This program targets communities with the most overdose incidents and Narcan deployments, thus providing opportunities to intervene at crucial moments.

Hope One Van	2020	2021	2022
Narcan training	113	273	376
Fentanyl Strips	0	0	98
Person to treatment (Rehab/Recovery Services)	8	24	12
Total contacts	700	1897	2537

Youth who enter the juvenile justice system are offered awareness and education as first or second time offenders. Those deemed at risk are often offered diversion programs. Currently, about the youths a year are enrolled in the 18-month weekly sex offender program. If a youth requires additional support, the youth facility in Middlesex County is used because Burlington County does not have a youth residential facility. The Burlington County Department of Human Services provides a 12-hour Intoxicated Driver Resource Center (IDRC) class and added a Spanish speaking session as of August 2022. New Hope Integrated Behavioral Health Care in Marlboro is contracted for the operation of the 48-hour IDRC class.

IDRC (12 Hour)	2020	2021	2022	2023(1-3qt)
Males	220	418	422	274
Females	76	152	127	106
Total Contacts	296	570	549	380

IDRC (48 Hour)	2020	2021	2022
Males	30	56	51
Females	16	15	15
Total	46	71	66

³ In 2022, 11 individuals attended the newly formed IDRC Spanish-speaking class.

C. TREATMENT (Including Detoxification)

According to NJSAMs, during 2020, Burlington County had 4,119 total substance use treatment admissions. Of those, 2,437 were unduplicated. Of these admissions, heroin was the highest reported drug used at 39%, followed by alcohol at 33%. Other data provided by NJSAMs include:

- Of those admitted, 13% received methadone, 1% buprenorphine, and 2% Vivitrol.
- Outpatient care was 20%, Intensive Outpatient 25%, Detox 19%, and short term residential 13%.
- 90% of those admitted were under the federal poverty level.
- Municipalities with the highest number of substance use disorder admissions were Pemberton Township (385), Wrightstown Borough (365), Willingboro Township (251), Burlington City (231), and Evesham Township (22).

Burlington County is tied with two other counties for 6th place in the total number of overdoses, but it is worth noting that the County is surrounded on both sides by Atlantic and Camden Counties, the counties with the highest number of overdoses in New Jersey. The largest percentage of overdoses in 2020 were recorded in the age range of 45-54, followed by the age range of 55-64.

Year[1]	2020	2021	2022
Suspected Overdose Deaths	149	162	162
Narcarn Administrations[2]	773	669	528
Opioid Prescriptions Disposes	34005	225,749	220,559

With widespread distribution of Narcan, it is possible that these statistics could be much higher given the amount of Narcan distributed.

NJ-SAMS lists thirteen (13) inpatient and outpatient providers in Burlington County. The County is constantly monitoring new providers and services who become available who could use our funding.

In 2019, New Jersey's Attorney General announced three initiatives to combat the opioid crisis:⁴

1. Expansion of *Operation Helping Hand* across the state;
2. Partnering with Rowan University to educate health care professionals; and
3. Creation of an integrated drug awareness dashboard (IDAD) that enables agencies to exchange and analyze information.

According to the New Jersey Prescription Monitoring Program (NJMP), Opioid prescription usage by residents of Burlington County increased from 2012 – 2014, however, usage has steadily decreased since 2015.⁵ The

⁴ <https://www.njoag.gov/a-g-announces-three-significant-actions-in-new-jersey-s-battle-against-the-opioid-epidemic/>

⁵ <https://www.state.nj.us/health/populationhealth/opioid/pmp.shtml>

highest reported age range who were dispensed prescription opioids (30% of all reported) were in the age range of 55-64. The age ranges just below (45-54) and above (65-74), along with the 55-64 age range, comprised 65% of all prescription opioid usage in Burlington County. The County borders Camden County, which has the second highest rate of Narcan administrations. Burlington County ranks 8th in Narcan administrations.⁶

New Jersey has launched a free, confidential online tool to connect residents with appropriate addiction treatment care and deliver user-friendly information about available programs. ATLAS (Addiction Treatment Locator, Assessment, and Standards Platform), created by Shatterproof, is a web-based platform that allows individuals with substance use disorder and their loved ones to search for and compare participating programs using criteria such as location, services offered, and insurance accepted so they can find the best treatment for their unique needs. ATLAS' mission is to transform the quality of the national addiction treatment system by promoting transparency and collectively empowering individuals and families to navigate to appropriate, high-quality care.

Burlington County includes peer support services as an enhancement for individuals in treatment, both inpatient and outpatient.

D. RECOVERY SUPPORT SERVICES

Burlington County opened its second Recovery Center in July 2022 in the downtown area of Burlington City. The City of Burlington has one of the highest reported overdoses in Burlington County. The facility is easily accessible for clients walking in from the street or via public transportation as the NJ Transit River line has a stop in Burlington City.

The first Peer Support Center in Burlington County, referred to as the Recovery Resource Center (RRC), opened during COVID-19. It has been opened by appointment for clients since September 2020.

Burlington County is contracted with three vendors to provide sober living funding. Two vendors, New Hope and Maryville provided funding for individuals discharging from their facilities. The community vendor, NJTIP was allocated an additional \$10,000 for funding because of the high demand. Funding available for sober living for 2022 is \$60,000 for Burlington County residents.

New Jersey has garnered national attention for its use of peer support. In September 2022, the *Recovery Advocacy Project*, a national initiative, visited a Peer Recovery Center in New Jersey to showcase the development of these centers.

Along with providing support for persons with substance use disorder, their families often need guidance as well. ReConnections, operating under the Center for Family Services, provides phone and in-person weekly support, hosts weekly group support meetings, and organizes ongoing art activities in the community. They provide a book to each participant which includes subjects such as self-care, boundaries, managing emotions, and communicating with love.

LOOKING FORWARD: THE 2024 – 2027 CCP PLAN

⁶ https://www.state.nj.us/health/populationhealth/opioid/opioid_njsams.shtml

A. PREVENTION

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.

One of the major challenges in Burlington County is the need for substance use prevention programming that incorporates a mental health component. Key informant interviews reported that the earlier someone starts using substances, the greater the chances are of them developing a substance use disorder. Also, The Surgeon General reports that nearly 70% of youth who try an illicit substance, to include marijuana, before the age of 13 were more likely to develop a substance use disorder as compared to 27% who first try an illicit substance after the age of 17. Preventing or delaying youth from trying or using illicit substances is important for reducing the likelihood of developing a substance use disorder, or other problems later in life. Early intervention and prevention also aim to lift protective factors which will give youth the strengths to avoid substance use. To meet the need for substance use prevention programming that encompasses mental health, Burlington County will continue to implement Mental Health First Aid Training. Also, the Municipal Alliance Program received funding from GCADA through DMHAS to provide Youth Leadership Programming, the County will provide Adverse Childhood Experiences Training (ACES) to those working with our most vulnerable youth population.

Burlington County Suicide Stats	
2018	40
2019	45
2020	37
2021	43
2022	125

In June 2022, Burlington County applied for funding from the United States Department of Human Services, Substance Abuse and Mental Health Services Administration to expand our highly successful Hope One initiative. The County was awarded the grant to expand the existing Hope One Initiative. The Hope One Expansion will provide prevention services to the county youth population. A van is being purchased to provide community services information and education for youth through age-appropriate interactive tools on substance abuse and mental health. The van will be available for community events, and school outreach to promote youth, and having fun while they learn.

Furthermore, another challenge Burlington County may face in 2024-2027 will be to highlight the dangers of marijuana and shift perceptions despite its legalization.

Based on the latest needs assessments, the Regional Coalition of Burlington County has identified four main priorities for 2024 – 2027, the reduction of:

1. Underage drinking and marijuana use;
2. Illicit drug use;
3. Misuse of prescription medications; and
4. Use of new and emerging substances.

Underage Drinking and Underage Marijuana Use

Although marijuana is legal in New Jersey, as with alcohol, its use is not permitted for those under age 21. Nevertheless, alcohol and marijuana use continue to be an issue. In response, the County will provide evidence-based programs focusing on enhancing students' problem solving and decision-making skills in order to reduce their use.

Prior needs assessments, however, conducted by the Regional Coalition showed a high rate of underage drinking and marijuana use by Burlington County students. The Regional Coalition will address the needs of the community by focusing on interventions that reduce the availability and accessibility of alcohol and marijuana to underage youth, and by increasing the community's perception of the risk of harm from their use. Examples of interventions include: *Sticker Shop Campaign (SSC)*, which utilizes youth to spread information directly in liquor stores to potential buyers of alcohol for minors regarding the consequences of doing so; (2) *Parents Who Host Lose the Most*, which provides lawn signs through communities highlighting the legal ramifications of parents who host underage drinking; and (3) various media campaigns.

Illicit Drug Use

The New Jersey cannabis legalization and marijuana decriminalization laws instituted in 2021 also created a new set of challenges for prevention. The County continued to emphasize the potential dangers of cannabis and marijuana use, especially as it pertains to individuals younger than 21 years old.

The assessment data shows a dramatic increase in fentanyl use, which now comprises the vast majority of heroin. Equally concerning is that fentanyl is being found in other drugs, including marijuana and illegal opiates. Fentanyl was found in just 42 of the 1,200 overdose deaths in 2012. In the most recent data from 2019, fentanyl was found in 75% of overdose deaths.

The Regional Coalition is particularly committed to reducing the availability and access of illicit drugs among youth, as well as addressing the social norms in communities as to its use. The Regional Coalition will use strategies such as educating youth on current drug trends and encourage participation in media advocacy activities to alter pro-drug norms. The Regional Coalition will implement peer-led social norms campaigns such as *Above the Influence* to increase the perception of harm.

Prescription Drug Misuse

Regarding the priority of prescription drug misuse, the needs assessment showed there is a rate of misuse of prescription drugs in Burlington County. The Regional Coalition will focus on reducing availability and access to non-prescribed medication. It will also increase the perception of risk of using these substances without the care of a medical professional. Under the *New Jersey Project Medicine Drop (NJPM-D)*, the Regional Coalition encourages and supports all police departments in obtaining permanent prescription drug boxes to collect unused medications, thereby reducing their availability for misuse. The police department drop-off sites are listed on the County's web site. In addition to police departments, there are additional collection boxes in the community. The Municipal Alliance Coordinator promotes the availability of these boxes at tabling events. In addition, lock boxes to protect medications from unauthorized users are already being used with the Hope One Van. This initiative should be continued and expanded.

Drug Resistance Skills

The Program Components include three major components that cover the critical domains found to promote drug use. Research has shown that students who develop skills in these three domains are far less likely to engage in a wide range of high-risk behaviors. The three components are:

Through our Hope One Expansion we will be implementing the *Botvin LifeSkills Training (LST)* a program that can positively impact the lives of youth in elementary, middle, and high school. Which is a research-validated substance abuse prevention program proven to reduce the risks of alcohol, tobacco, drug abuse, and violence by targeting the major social and psychological factors that promote the initiation of substance use and other risky behaviors. This comprehensive program provides adolescents and young teens with the confidence and skills necessary to successfully handle challenging situations.

Continue to monitor data from Poison Control regarding children who accidentally ingest toxins. Put a particular emphasis on the many forms of marijuana, including edibles, that are often attractive to children.

Continue weekly Hope One Van visits within the community, with additional visits available via funding through the COSSUP grant.

The Burlington County Library system often provides services to residents who might otherwise be without such services. Individuals can get in from the cold or heat and use the library's facilities. Library staff have shelter resources available and are trained in using Narcan. The Hope One Van is also a frequent visitor to local library sites.

Work with primary care physicians to educate and develop a plan for assessing and referring patients identified as at-risk for substance use disorder. This would include an assessment survey for all patients, with those identified as at-risk given a list of referrals. (This program, which was implemented in northern New Jersey under an innovation grant, has already shown signs of success).

Additional Programs for Consideration

The New Jersey State and County Medical Examiners certified 2,914 deaths as being drug or alcohol related in 2019. Among the deaths, 96% were accidents, 3% were suicides, and 1% were undetermined. The drug-related deaths in those numbers were 79%, with 21% involving both drug and alcohol use. There were 154 drug-related deaths in Burlington County.

The Regional Coalition also sees a need to address any new and emerging substances that may become harmful. It will continue to work with *Tobacco Free for a Healthy New Jersey* where we have seen success with their *Don't Get Vaped* initiative.

New and Emerging Substances

The Regional Coalition has developed an evidence-based toolkit for combatting prescription misuse among youth athletes, which are distributed to athletic directors, coaches, school nurses, parents, and others throughout the County.

Enables young people to recognize and challenge common misconceptions about tobacco, alcohol, and other drug use. Through coaching and practice, they learn information and practical ATOD (Alcohol, Tobacco, and Other Drug use) resistance skills for dealing with peers and media pressure to engage in ATOD use.

Personal Self-Management Skills

Students learn how to examine their self-image and its effects on behavior; set goals and keep track of personal progress; identify everyday decisions and how they may be influenced by others; analyze problem situations and consider the consequences of each alternative solution before making decisions; reduce stress and anxiety; and look at personal challenges in a positive light.

General Social Skills

Students develop the necessary skills to overcome shyness, communicate effectively and avoid misunderstandings, initiate and carry out conversations, handle social requests, utilize both verbal and nonverbal assertiveness skills to make or refuse requests, and recognize that they have choices other than aggression or passivity when faced with tough situations

B. EARLY INTERVENTION

Burlington County's Early Intervention plan for 2024 – 2027 will include the continuation of *Double Trouble in Recovery* in the Burlington County Jail, and Motivational Interviewing (MI), evidence-based practices in the treatment of substance use disorders at the Atlantic County Justice Facility for Burlington County women. The County will continue to work closely with the contracted providers to ensure that those at-risk receive access to community services upon release.

The County was awarded the FY2022 FR-CARA Grant. This grant focus is to educate Burlington County First-Responders and key community members on Narcan administration, fentanyl safety and provide Peer Support Specialist support to individuals that experienced an overdose. Narcan trainings will be provided to the community free of charge and every individual that attends the training will be provided take home Narcan, recovery resources and information on our two (2) local Recovery Centers in Burlington County. Additional trainings will be provided to further educate First Responders and the community on substance use disorder, smoking cessation, Good Samaritan Law and fentanyl safety. Statistically Burlington County residents' overdose at home. IN 2021, 55% of overdose deaths were at home, 21% overdosed in public areas (DMV, sober living homes and neighbors shed), 3% overdosed on the streets and the remaining 10% overdosed in a hotel/motel. Therefore, we need to get Narcan in the hands of community members and First-Responders to decrease the overdoses in Burlington County.

Narcan training is also provided by Urban Treatment, Rutgers University's Robert Wood Johnson Medical System (RWJMS), and through the Hope One Van.

Volunteers of America (VOA) are contracted to provide services to those re-entering the community from jail. Their services include obtaining and replacing identification. This is especially important because it is difficult, and often impossible, to become employed, enter treatment, or obtain social services without proper identification. VOA also assists with housing and employment.

On January 25, 2022, according to the Point in Time data there were 585 persons experiencing homelessness on a single night in Burlington County. The County has a plan for an emergency shelter to be started in late

2023 and completed in 2024. This will provide an additional resource to those without current housing options and those with multiple intensive needs including substance use disorder which has led to a loss of housing.

C. TREATMENT (Including Detoxification)

The Burlington County 2024 – 2027 treatment access plan includes identifying new and existing treatment providers to give our residents options and increase access and availability. The Alcohol and Drug Unit will continue to tour facilities to bring information back to the LACADA for future funding.

Burlington County published a Request for Proposal (RFP) last year for ambulatory withdrawal management, but no vendors applied. This remains a future goal. The County will publish an RFP during the 2024 – 2027 cycle to coordinate a plan of service.

Another major challenge is removing barriers such as a lack of treatment facilities that provide transportation, so the consumer receives a full continuum of care from start to finish. The County will increase funding for MAT. Vivitrol has already been identified and funded by the County. In addition, the County will continue to identify and include prescription medications that assist those in recovery.

One of the enhancements to vendors funded by the County is peer support services. Peer support is an integral part of recovery and will continue to be used and expanded to all levels of care.

It is becoming recognized that gambling and substance use disorder sometimes correlate. New Jersey has been at the forefront in expanding gambling, particularly online sports betting. The *National Council on Problem Gambling (NCPG)* provides a 24-hour, confidential national hotline. It also provides three online self-test screening tools to help an individual decide if a formal evaluation is advisable. Inpatient and outpatient facilities have begun screening all clients on a regular basis for gambling disorder.

Maryville was awarded a grant enabling them to offer inpatient gambling services for individuals with co-occurring substance use and gambling disorder. Clients receive individual and group counseling, family counseling, education, and case management. Peer Support Specialists offer support and work with clients to address negative consequences resulting from their gambling. Services are delivered by credentialed professionals in conjunction with clients' substance use treatment. An aftercare plan is then developed that includes linkage to continued gambling and substance use treatment and support services.

D. RECOVERY SUPPORT SERVICES

Sober living houses are increasingly being used by persons in recovery. Burlington County has been providing funding for move-in costs associated for sober living houses and Oxford homes. The County will continue and increase funding in this area. Previously, identifying sober living houses that accept persons using MAT was challenging. There has now been a shift where MAT is generally accepted.

Providing support for family members and loved ones is an integral component to an individual's recovery, although lack of transportation options continues to be a problem. ReConnections is a program that offers peer-to-peer coaching and support services to family, friends, and loved ones of individuals struggling with addiction. This program works with the family member in a one-on-one setting to teach and help utilize tools that will guide them through their time of need. Working together they will create a wellness plan that

involves self-care and education about addiction. Families will learn ways to positively communicate with their loved one using C.R.A.F.T. (Community Reinforcement and Family Training). Through their comprehensive range of services, ReConnections will help individuals to better understand the effects of your loved ones' addiction and help navigate resources for their treatment and recovery.

Its program is open to anyone in the eight counties of Atlantic, Burlington, Camden, Cape May, Cumberland, Gloucester, Ocean, and Salem. ReConnections served 15 Burlington people in 2022 and 21 people in 2021. Unfortunately, there are no records for 2020. National Alliance on Mental Illness (NAMI) is another resource that can be used for caretakers given the propensity for substance use disorder among this population. Intensive Family Support Services (IFSS) is another resource.

Burlington County has two recovery centers. One is located in the Human Services Building in Westampton, and the other operates inside the Burlington City police station. Both opened their doors during COVID 19. They are staffed by the same vendor, providing phone and in-person peer support services, including assistance with housing, treatment, and employment. Community events are hosted and include dragon boat riding, barbecues, rock climbing, and a monthly recovery court alumni. Moving forward, outreach for increased attendance at these events will be a focus.

Operation Helping Hand Program now consists of a new program, The Gregory Argenti Program "GAP, which empowers police officers and recovery coaches in Willingboro Twp., Pemberton Twp., and Maple Shade Twp. to conduct active outreach by reaching out to those at high-risk in the community. The initiative has no enforcement component and is available only to assist those seeking recovery access to resources.

COSSUP (2022-2025) is available 24/7 by the Burlington County Prosecutor's Office throughout the County and includes the following resources:

24/7 Operations: Peer Support Specialist staffing for 24/7 Operations 365 days per-year for three years, while expanding this service to reach the Burlington County Jail population. Funding will support on-call rates for Peer Recovery Specialists for twelve-hour shifts and additional payment when called out during their shift, as well as clinical supervision.

BC OHH STATS

Oct. 1 – Oct. 31, 2022		May 1, 2020 – Oct 31, 2022	
Number	Percentage	Number	Percentage
12	-	715	-
Call Outs		Call Outs	
0	-	113	-
ORP Calls		ORP Calls	
3	-	130	-
No contact		No Contact	
9	-	472	-
Available for Coaching		Available for Coaching	
6	67%**	394	83%**
Accepted Recovery Coaching		Accepted Recovery Coaching	
3	33%**	187	40%**
Number in Detox/Treatment		Number in Detox/Treatment	
* Percentage of those available for coaching that accepted coaching		* Percentage of those available for coaching that went into detox/treatment/IOP	

Burlington County envisions a future for all residents with a substance use or co-occurring disorder with a fully developed, client-centered, trauma-informed, recovery-oriented system of care comprised of prevention, early intervention, access to treatment and recovery support services. The hope of this system of care is to

A. VISION

SECTION THREE: THE 2024 – 2027 COUNTY COMPREHENSIVE PLAN

In addition to some of the programs and services listed for recovery support, the County is committed to staying abreast of changing needs and treatment options. One example of this noted above is now the opportunity to use MAT in sober living houses. Other areas of need have long existed and will remain critical to recovery support. These include the need for sheltering (including move-in costs), transportation, and employment (particularly for those re-entering society after being incarcerated). Other areas of support that complement these more tangible needs involve treating the emotional needs of individuals in treatment, as well as their family members. In Burlington County, peer support has become an integral part of the recovery community and has been added as an enhancement to inpatient and outpatient treatment facilities and as a standalone service. Peer support, via phone or in person, is offered at no cost by the staff of the County's two Recovery Centers.

ReachNJ by referring this resource to residents, as needed. ReachNJ is a central call-in line for New Jersey residents who are looking for help with substance use disorder. Each call is answered by a live person in the first 30 seconds. The County and the LACADA Board promotes

Burlington County will continue to support and fund residents with move-in costs for sober living houses while they complete or are participating in treatment. Currently, there are 191 licensed sober living houses in New Jersey, 18 of which are in Burlington County. There are 144 Oxford Homes in New Jersey, 9 of which are in Burlington County.

Each initiative includes both sober living money and transportation dollars which can be accessed by COSSUP participants.

Narcan: Law enforcement-initiated training for motel/hotel owners and distribution of Narcan, as well as Narcan doses to replenish county and local law enforcement supplies as needed.

Hope One: Six additional one-day outreach operations will be held each year (18 total over three years) in conjunction with the Sheriff, Human Services, Volunteers of America, NJ Transit Police, and various community organizations. These one-day operations will offer various services including referrals to treatment, housing, vaccines, rapid testing (Hepatitis C, HIV, etc.), peer recovery services, issuing personal identification cards, and a range of social service referrals.

Straight to Treatment: Straight to Treatment, which began in one police station, is now offered at ten locations throughout the County and is operation seven days a week. The Straight to Treatment is a self-referral pathway in which people facing addiction can walk into police stations at designated times and get assessed, referred, and transported to treatment. This program has serviced over 600 people since its inception in 2018 and recently expanded from five to ten police departments in October 2022 under COSSUP.

reduce the overall risk for substance abuse in the local environment, meet the clinical treatment needs of the county's residents, and reduce the frequency and severity of disease relapse.

The vision of the Local Advisory Committee on Alcoholism and Drug Abuse (LACADA) is to reduce risk factors that lead to a substance use disorder and increase protective factors among our county adults, youth, and families. The Burlington County Human Services Department will continue providing evidence-based programs, effective treatment, and increased recovery support services so all those affected will have access to a continuum of care of quality services.

B. PLANNING PROCESS

INSTRUCTIONS: Answer the following questions either by CIRCLED 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	QUANTITATIVE	QUALITATIVE
1. NEW JERSEY DMHAS	YES	NO	NO
2. GCADA	YES	NO	NO
3. MOBILIZING ACTION THROUGH PLANNING AND PARTNERSHIPS, MAPP (CDC/NDOH SPONSORED)	YES	NO	NO
4. REGIONAL PREVENTION COALITIONS	YES	NO	NO
5. COUNTY PLANNING BODIES	YES	NO	NO
6. HOSPITAL COMMUNITY HEALTH PLAN	Yes	NO	NO
7. MUNICIPAL ALLIANCES	YES	NO	NO
8. TREATMENT PROVIDERS	YES	NO	NO
9. FOUNDATIONS	YES	NO	NO
10. FAITH-BASED ORGANIZATIONS	YES	NO	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? Years of planning experience has taught us that planning in a vacuum cannot adequately meet the needs of the community. The collaborative efforts of the County Comprehensive Planning process, to include the Municipal Alliances and the Regional Coalition, can only strengthen each other's ability to produce more effective prevention and treatment outcomes and more efficient use of the resources. For broad-based planning, the following were employed:

Key Informant Interviews

Focus Groups – Prevention/Early Intervention/Treatment and Recovery

Meetings with LACADA, PACADA, CASS, Youth Services & CIACC

Hope One – engaged with community members at different localities, from libraries to local business establishments.

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 Burlington County Human Services Department planning process has been an on-going process over the past several years. Community outreach continues to be a collaborative effort with Municipal Alliance, Prevention Plus, and the County recovery centers. One of the primary responsibilities of the LACADA is the production of the County Comprehensive Plan (CCP) and the selection of substance use disorder treatment providers through the County's Request for Proposal (RFP) process. Because the LACADA is tasked with the responsibility of approving the 2024 – 2027 CCP and recommending it to the Commissioners for approval, it is vital that all areas of community concern be addressed in the plan. Accordingly, at each LACADA meeting, the CCP is placed on the agenda with time allocated to present ideas for the plan. Community participation remains an integral part of the plan, however, community activity was severely hindered due to school closures and other limitations caused by COVID.

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?

Key informant interviews:

The key informant interviews through the use of video conferencing platforms allowed in-depth participation from community members as well as judicial staff, offering them the opportunity to voice suggestions and concerns, and provide examples of gaps in services during the Covid-19 restrictions. Key informant interviews were also conducted with County staff and community members regarding how to better service the juvenile population in Burlington County.

Topical focus groups:

Burlington County initiated a county-wide Stigma-Free campaign in April of 2021, an initiative to end stigma and create hope for those affected by mental illness and substance use disorder. Over the course of five separate focus groups, The Task Force moved to make Burlington County a Stigma Free County, discussing ways to get resources into the hands of County residents and help encourage those in need to seek treatment. The National Alliance on Mental Illness (NAMI) says that 1 in 5 Americans are affected by mental health conditions. Stigma is toxic to their mental health because it creates an environment of shame and fear. The Task Force wants to educate County residents to see the person and not the condition, as well as encourage townships to join the initiative and become stigma free themselves against those affected by mental illness and substance use disorder.

As a result of the Task Force, the Burlington County Board of Commissioners passed a resolution to become a Stigma Free County in September of 2021. The townships in Burlington County also followed suit

with currently 30 of the 40 townships also passing a resolution to be stigma free, with the remaining townships in the works of becoming stigma free. Through an initiative led by the County Association of School Administrators, the schools also held their own stigma free initiative and declaring themselves stigma free as well, from the elementary level all the way through to Rowan College of Burlington County.

Special Population Focus Groups:

Through the Regional Learning Collaborative, we participated in an in-person focus group with Sober Living House Managers who provided valuable insights regarding the needs of those in recovery. Burlington County joined neighboring counties for this initiative.

Planning Committee with Sub-Committees:

The LACADA broad range of experiences was instrumental in providing guidance to the CCP. In the future, in addition to a countywide town hall, we would recommend doing more regional and local town halls.

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

<p>a. Offenders - The Burlington County Human Services, Division of Behavioral Health and Youth Services continue to participate in discussions on the continuum of care of inmates upon release.</p>	<p>b. Intoxicated Drivers - The Burlington County Department of Human Services is home to the Intoxicated Driver Resource Center and utilizes New Hope Integrated Behavioral Health Care in Marlboro for the operation of a 48-hour IDRC. The IDRC Director attends both LACADA and PACADA meetings and brings local insight and data to these groups to meet their planning needs.</p>	<p>c. Women – In order to address barriers women face accessing services, the 2019 HSAC Needs Assessment focused on one of CADCA's 7 Strategies to affect Community Change. Enhancing Access/reducing Barriers – Improving systems and process to increase the ease, ability and opportunity to utilize these systems and services (e.g., children, transportation, safety, special needs, kindness services and cultural and language sensitivity).</p>	<p>d. Youth - Youth continue to be identified as a priority population during this planning process with special emphasis on the dangers of marijuana use and other substances in our public schools. A majority of our juvenile arrest were for drug and alcohol offenses.</p>	<p>e. Disabled - This population was not identified as a priority population in this planning process. However, all contracted agencies to the county are required to comply with ADA.</p>	<p>f. Workforce - Shared planning with the County Workforce Development Board.</p>
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Mental Health First Aid which is skills-based training course that will teach community members about mental health and substance use issues: <https://www.mentalhealthfirstaid.org/>

For the 2024-2027 Prevention Plan, the county will continue to direct funds towards prevention efforts that affect youth for all ages from the elementary school level through students at Rowan College at Burlington County. The goal is to change both youth and adult perception and attitude on the dangers of marijuana use, even more so with the legalization of recreational marijuana. These evidence-based prevention programs will include:

INSTRUCTIONS: In a few short paragraphs of 5 to 7 sentences each, describe your county's plan for the use of its AERF 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.

C. PREVENTION AND EARLY INTERVENTION

Burlington County has a long history of strong collaborative relationships throughout the county, with community partners, faith-based organizations, stakeholders in the community and offices of government. All those organizations were invited to participate in the planning process. Through the Department of Human Services, and grants obtained required diverse stakeholder involvement, Overdose Fatality Review Team (OFRT), Hope One Expansion that offers critical support for youth regarding substance use, mental health, and suicide prevention, through education on such issues with the objective of preventing substance use, drug overdoses, and suicides, FY2022 First Responders-Comprehensive Addiction and Recovery Act Grant, and FY2021 Comprehensive Opioid, Stimulant, and substance Abuse Program (COSSUP – Burlington County Prosecutor's Office), brought the aforementioned groups together to assure the funds secured are addressing the needs identified through the planning process.

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.

g. Seniors - This population (12.1% per NJSAMs) was not considered to be an area of focus during this planning process. However, the Regional Coalition offers the WISE program and Chronic Disease Self-Management, the Sheriff's Department along with the Burlington County Board of County Commissioners host an annual Senior Expo, and through the ARCH grant, the Mental Health Worker provides Strategies to Improve Mental Health for Seniors.

h. Co-occurring - The County, in communication with vendors, consistently hears that this population has suffered increased mental health issues that were exacerbated by COVID restrictions. Accordingly, this population is considered a priority.

Life Skills Training is based on an evidence-based prevention approach that has been extensively tested and proven effective and can positively impact the lives of youth in elementary, middle, and high school. <https://www.lifeskillstraining.com/>

All Stars is a continuum of prevention programs, for grades 4-12, designed to delay the onset of risky behaviors with adolescents. With over 30 years of proven results, All Stars is listed on the National Registry of Evidence-based Programs and Practices and shown to have the highest positive results among prevention programs <https://www.allstarsprevention.com/>

For the 2024-2027 Early Intervention Plan, the county will include the continuation of the Double Trouble in Recovery (NREPP) in the Burlington County Jail and Motivational Interviewing (MI) an evidence-based best practice in the treatment of substance use disorders at the Atlantic County Justice Facility for Burlington County women. The county will continue to work closely with the contracted providers to ensure that those identified as high-risk receive a minimum access to community services upon release as jail terms for some are too short to provide meaningful intervention.

The Hope One Van will also continue to provide residents access to services in real time that include but are not limited to; Certified Peer Recovery Specialist (CPRS); health screenings information and referral for individuals and families, free Narcan kits with trainings. The van will travel out into the community, meeting individuals where they are at, at times when they are in most needs of the services.

The County will also provide Certified Peer Recovery Specialist support at our Emergency Shelter. The CPRS will assist those who are homeless and have mental health/substance use disorder diagnosis seeking inpatient or outpatient services while residing in the shelter.

SUMMARY OF PREVENTION PLUS, COUNTY REGIONAL PREVENTION COALITION IMPLEMENTATION PLAN

1. Overall Coalition Goals
 - a. Increase community collaboration
 - b. Become an active participant in Burlington County sponsored community events
 - c. Reduce substance use among Burlington County youth through education and prevention
2. Underage Drinking
 - a. Conduct media campaign to address alcohol access from parents (e.g., *Parents Who Host Lose the Most*, etc.)
 - b. Conduct Alcohol Awareness Month activities for the community (April)
 - c. Implement *Sticker Shock Campaign* in locations identified by law enforcement as trouble spots
 - d. Educate municipal officials on current drug and alcohol trends to raise awareness
3. Illegal Substances
 - a. Implement a media campaign to inform the public of the health and legal consequences of illicit drug use
4. Prescription Drug Misuse

2. Alliance Participation in a Stigma Free Burlington County

- a. Reduce substance use among Burlington County youth through education and prevention.
- b. Increase partnership with community entities to further spread knowledge of the Municipal Alliance Program and its benefits to the community, while also furthering prevention education.
- c. Collaborate with Prevention Plus, the Health Department and the Sheriff's Department for Project Prom, to remind juniors and seniors attending prom and during graduation to have a safe and sober prom/graduation season.
- d. Implement a media campaign to inform the public of the health and legal consequences of illicit drug use.
- e. Advertise and encourage participation in the Prescription Drug Take Back Events/Permanent Rx Drop Boxes.
- f. Collaborate with the Health Department to maintain a list of Safe Disposal boxes for Burlington County residents.
- g. Collaborate with Prevention Plus to host Red Ribbon Week, where youth of Burlington County create a poster to show how they remain above the influence of drugs and alcohol, and how they plan to live a healthy drug free life.

1. Overall Alliance Prevention Goals

During this time of heightened public awareness, the Council is positively positioned to raise awareness and provide education about alcoholism and drug abuse through use of community partnerships, public awareness campaigns, technical assistance, and collaboration with state agencies and stakeholders.

Burlington County Municipal Alliance program works using DEDR funding through the Governor's Council on Alcoholism and Drug Abuse (GCADA). The strategic vision for Municipal Alliances is to plan, coordinate, and conduct alcohol, tobacco, and other drug abuse prevention activities to benefit communities. There are 16 alliances serving 23 communities in Burlington County. The alliances provide input, support, and offer volunteer opportunities for adults and groups of supervised teens.

SUMMARY OF THE BURLINGTON COUNTY ANNUAL MUNICIPAL ALLIANCE PLAN FOR THE EXPENDITURE OF FUNDS DERIVED FROM THE "DRUG ENFORCEMENT AND DEMAND REDUCTION FUND."

- a. Regularly review the quantitative and qualitative data to determine the new and emerging drug trends, including populations most affected
 - b. Increase the capacity of the Coalition to include those who are aware of the current drug trends
 - c. Monitor drug trends to assess the need for future intervention and provide recent trend information to key stakeholders
- 5. New and Emerging Drugs**
- a. Advertise and encourage participation in the Prescription Drug Take Back Events/Permanent Rx Drop BoxesProvide information to appropriate staff, such as school resource officers and other law enforcement groups, in the detection of illicit use of prescription medications
 - b. Utilize CADCA, Johnson & Johnson's *Over-the-Counter Medicine Safety Guide* to "educate communities of the dangers of over-the-counter medicine misuse and help youth make responsible, informed, and healthy choices when taking common household medications"

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 need-capacity "gap" in the County's prevention system of care is the limited number of active Municipal Alliances compared to the number of townships in the county. There are approximately 23,000 youths between the ages of 5-14 years old in the 17 non-participating municipalities not receiving evidence-based and community level prevention strategies through the Alliance Program.
2. What social costs or community problem(s) does this "gap" impose on your county?

The social costs and community problems this gap may impose on Burlington County includes increases in alcohol attributable arrest rates, crimes related to the use of drugs and alcohol, and relapses. An additional cost among the youth includes increases in supervised house arrests and sexually reactive youth, as well as weapons possessions (which has already increased according to current data).

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.

D. THE PREVENTION LOGIC MODEL NARRATIVE

- a. The main purpose for these activities is to increase our impact throughout the County. This includes alerting residents about the Municipal Alliance Program, educating residents on substance misuse, and creating awareness of the County's stigma-free drug trends.
 - i. Hosting QPR (Question, Persuade, Refer) to save lives and reduce suicidal behaviors by providing innovative, practical, and proven suicide prevention training. This is premised on the belief that quality education empowers all people, regardless of their background, to make a positive difference in the life of someone they know.
 - ii. Hosting *Mental Health First Aid (MHFA)*, an innovative public education model that is addressing this pervasive and persistent challenge in communities across the United States, especially for adolescents. MHFA is an evidence-based training program with the proven ability to teach individuals how to recognize and respond to the warning signs of mental and substance use disorders, and link people with appropriate treatment. MHFA increases the understanding that mental illnesses are real, common, and treatable.
 - iii. Collaborating with the Nicky Green Foundation when it hosts its annual *Nicky's Run* to raise awareness of suicide and provide resources and information to those in attendance.
 - iv. Hosting a World Suicide Prevention Day where Families will learn at a community-wide forum what they can do to help prevent their children from being at risk. The County will also provide an opportunity for families to talk with prevention and treatment professionals who will provide information about resources available.

Between 2016 and 2018, Burlington County schools experienced a 12.8% increase in violence incidents, according to New Jersey Department of Education data. In this period, reported cases increased from 632 in 2016 to 713 in 2018. School-based incidences of violence represented 68.7% of reported cases in 2018. The following quantitative data reflected shows a need to get more municipalities engaged in the Municipal Alliance program. The Municipal Alliances can provide much needed prevention programs in the community addressing the dangers of drug and alcohol issues.

During the same period, school-based substance abuse incidents increased by 6.0% from 168 to 178 cases, according to the 2018 Uniformed Crime Report. Substance-based incidents represented 17.1% of reported cases in 2018. The data cited shows a need for prevention programs in addressing drug and alcohol issues with at risk youth. The gap of limited number of Municipal Alliance programs imposes a significant hardship in communities where no Municipal Alliance programs are in place.

When reviewing drug and alcohol offenses in 2018, Burlington County had 202 juvenile arrests. This number accounted for 26.6% of all juvenile arrests in Burlington County according to the Uniform Crime Report (UCR). Drug and alcohol offenses ranked number one in arrests by offense category. Historically, drug and alcohol arrests are ranked number one in the offense category in previous UCR annual reports. With the trend of juvenile drug and alcohol arrests being ranked number one, there are major services gap, with no drug and alcohol prevention programs in at least half of Burlington municipalities.

In Fiscal Year 2019, Burlington County received \$470,711 (\$257,551 subtotal directly to municipalities) in Municipal Alliance funding. Due to the reduced Drug Enforcement Demand Reduction Fund (DEDRF) or collections, the County funding was reduced to \$204,453 (\$124,231 subtotal directly to municipalities) or 56.6% in FY2021. The reduction in funding per Municipal Alliances meant fewer evidenced-based prevention programs offered to at risk youth. The reduction is another service gap in the County's prevention system of care.

Beginning in late 2021 and continuing into 2022, the County has seen an increase in juvenile arrests in weapons, aggravated assault, and special needs offenses such as sex offenses. From a qualitative analysis, juveniles were almost always based inside their homes in 2020 and much of 2021 due to COVID-19. For example, the County had 63 youth placed on a GPS/SHA detention alternative in 2021. Through October 2022, 112 youth were placed on a GPS/SHA detention alternative, a 77% percent increase. These numbers reflect a need to target our younger at-risk population with prevention programming.

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

NJSAMS admissions from January 2020 through August 2022 showed admissions of 10,656 for substance use disorder. Of those, 8.52% were for those age 24 and younger. The data shows a consistent decrease among that age group for admission. In 2018, those in the 24 and under category represented 13.6% of total admissions for Burlington County. In 2019 that number dropped to 11.2%, then to 9.4% in 2020, 8.6% in 2021, and 7.6% for the first three quarters of 2022.

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

Expand the geographic reach of program delivery to the entirety of Burlington County.

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.

2024 – The roll out of the Hope One Expansion to non-participating municipalities. To incorporate a mental health component to substance use prevention programming.

2025 – Increase the outreach to non-participating municipalities by 10%

2026 – Increase the outreach to non-participating municipalities by 15%

2027 – Increase the outreach to non-participating municipalities by 20%

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

The Hope One Expansion and the Municipal Alliance Program will offer programming, such as Mental Health First Aid, Adverse Childhood Experiences, Life Skills Training, and the All-Star Curriculum, to youth ages 5 to 24 in non-participating municipalities.

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

Burlington County will invest a minimum of 11.77% of the awarded AEREF (Chapter 51) funds.

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

Currently, 23 municipalities receive evidence-based and innovative programs. Burlington County Plans to serve 1,000 individuals struggling from addiction.

2025 – Increase the number of stops and connection with individuals struggling from mental health and addiction by 5% from 2024 resulting in a total of 1,050 individuals receiving access to services and treatment facilities.

2026 – Increase the number of stops and connection with individuals struggling from mental health and addiction by 10% from 2025 resulting in a total of 1,155 individuals receiving access to services and treatment facilities.

2027 – Increase the number of stops and connection with individuals struggling from mental health and addiction by 15% from 2026 resulting in a total of 1,328 individuals receiving access to services and treatment facilities.

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

The annual outcome or community benefits of this strategy will be a decrease in the prevalence of alcohol and substance use among our youth and young adults. The social cost-offset of Mental Health First Aid training will be an increase of community awareness of mental health crisis, early identification of mental health and community knowledge of local community resources. Also, another social cost-offset will be keeping more juvenile offenders in their homes with the use of electronic monitoring devices. This will reduce the number of youths requiring out of home and out of county placement facility, thus keeping youth in the community with their families.

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

Burlington County will utilize credentialled prevention providers to deliver evidence-based programming to youth and young adults with the support of the Hope One Expansion, Municipal Alliance Program, Regional Coalition, and school districts in all 40 municipalities.

2024 – 2027 Evidence-Based Programs, Prevention

Answer the following questions for each evidence-based program you will be supporting with the county's AEREF dollars.

Name: Prevention and Education for both Youth and Young Adults (ages 4 to 24)

Description: The programs will provide prevention and education services to both youth in the County and young adults who attend Rowan College of Burlington County, focusing on townships that do not have an active Alliance.

Objectives: To reduce the prevalence of alcohol, marijuana, e-cigarettes, and vaping in past 30 days and first-time use among youth in Burlington County.

Location or Setting for its Delivery: Prevention programs will take place at various public and private schools, houses of worship, community groups such as the Boys Scouts and Girl Scouts, community fairs and events throughout Burlington County and Rowan College of Burlington County.

Expected Number of People to Be Served: A minimum of 1,000 will be served annually.

Cost of Program: At a minimum, 11.77% of the awarded AEREF (Chapter 51) funds. The LACADA will re-evaluate on a yearly basis, with recommendations made accordingly.

Evaluation Plan: The program will be evaluated using monthly activity reports and annual monitoring site visits and be discussed at LACADA meetings.

E. THE EARLY INTERVENTION LOGIC MODEL NARRATIVES #1

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.

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.

One of the gaps in the County's substance abuse system of care is providing consistent mental health and substance use education and treatment while the offenders are in a safe secure environment.

2. **What social costs or community problem(s) does this "gap" impose on your county?**
 The social cost to the community is potentially having individuals released from jail and relapsing. If they are unaware of the resources available, it could result in an increase in criminal activity, homelessness, and emergency room visits.
3. **What quantitative and qualitative evidence did you find that helped you to identify this gap and evaluate its significance?**
 According to NJ-SAMS, between 2020 through the third quarter of 2022, 19% of treatment admissions were referred by the criminal justice system. Out of 10,656 total admissions for treatment, 2,029 were offenders through the criminal justice system.
4. **Please restate this "gap" and related community problem as a treatment goal to be achieved during the 2024-2027 CCP.**
 Reduce the number of drug and alcohol related crimes and death in Burlington County.
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.**
 In 2024, provide evidence-based programs on a consistent basis for Burlington County incarcerated men and women.
 In 2025 – 2027, increase the number of Burlington County incarcerated men and women who receive early intervention services.
6. **What strategy will the county employ to achieve each annual objective?**
 The County will issue an RFP and will have these services in place January 1 of each year to ensure continuity.
7. **How much will it cost each year to meet the annual objectives?**
 The County will continue to allocate \$40,000 of AEREF (Chapter 51) funds for group and individual services for inmates at the respective jails for men and woman. The County will increase the allocation as the number of participants increase.
8. **If successful, what do you think will be the annual outputs of the strategy?**
 The output will be an increase of five individuals (or 2% annually for each program).
9. **What will be the annual outcomes, or community benefits, of the strategy? Please estimate the social cost-offsets for the community.**
 Reduce recidivism and improve reunification with families. Provide familiarity with County services available upon release and how to obtain these services.
10. **Who is taking responsibility to execute the strategy or any of its parts?**

The Burlington County Jail, the Atlantic County Jail, Jail Mental Health Provider, and contracted vendor providing services in the respective jails.

2024-2027 Evidence-Based Programs, Early Intervention

Answer the following questions for each evidence-based program you will be supporting with the county's AEREF dollars.

1. Name: Recovery Support Education for Incarcerated Men

Description: *Double Trouble in Recovery*, listed in the National Registry of Evidence-Based Programs and Practices (NREPP), provides a dual focus on 12-step help principles for substance use recovery, with an additional focus on mental health functioning. The 12-step model assists inmates in finding a higher power and is not focused on any particular religion, instead helping individuals to find their own meaning. Our goal is to provide inmates a safe forum to discuss their triggers, barriers, self-worth, and self-esteem while addressing relapse prevention.

Objectives: To Provide evidence based programs in a secure environment throughout the year on an annual basis. The period of incarceration provides an opportunity to connect resources to an often hard-to-reach and under-served population while in a relatively stable setting.

Location or Setting for its Delivery: Burlington County Jail

Expected Number of People to Be Served: 25 incarcerated men.

Cost of Program: \$20,000

Evaluation Plan: Review of monthly Level of Service and Expenditure reports; site visits annually with provider

2. Name: Recovery Support Education for Incarcerated Women

Description: Both NREPP and the National Quality Forum identify Motivational Interviewing as an evidence-based practice for the treatment of substance use disorders. Burlington County females who are willing to engage are provided individual psychoeducational sessions for substance use related challenges and provided referrals and preparation support for when they re-engage in the community.

Objectives: To Provide evidence based programs in a secure environment throughout the year on an annual basis. The period of incarceration provides an opportunity to connect resources to an often hard-to-reach and under-served population while in a relatively stable setting. The engagements will provide them with support for their substance use related challenges and encourage change through altering cognitive dissonance and providing positive reinforcements.

Location or Setting for its Delivery: Burlington County women who are housed at the Atlantic County Justice Facility.

Expected Number of People to Be Served: 25 incarcerated women.

Cost of the Program: \$20,000 or

Evaluation Plan: Review of monthly Level of Service, Expenditure Reports; site visits annually with provider.

E. THE EARLY INTERVENTION LOGIC MODEL NARRATIVES #2

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.

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.

Due to large geographical area of Burlington County transportation is a sizable barrier in accessing services. Early intervention services can assist the individual when they are still surrounded by healthier environments.

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

Those suffering from substance use disorders and their families may not know where to turn for help. If they are not aware of the resources available to them, it could result in increased homelessness, chronic and acute physical health problems, and justice system related issues.

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

According to the 2019 Human Services Advisory Council (HSAC) Needs Assessment data, transportation was reported as a barrier to treatment services. Key informant interviews and focus groups also identified transportation as a barrier to accessing services.

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

Reach people who need help in high-risk areas and where transportation is a barrier.

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.

2024 – Mobile Outreach Van will continue to go out every Tuesday, 10am – 2pm to high-risk areas in the county and during special events, with a total of 100 stops and connecting with 1,000 individuals suffering from addiction.

2025 – Increase the number of stops and connection with individuals suffering from mental health and addiction by 5% from 2024 resulting in a total of 1,050 individuals receiving access to services and treatment facilities.

2026 – Increase the number of stops and connection with individuals suffering from mental health and addiction by 10% from 2025 resulting in a total of 1,155 individuals receiving access to services and treatment facilities.

2027 – Increase the number of stops and connection with individuals suffering from mental health and addiction by 15% from 2026 resulting in a total of 1,328 individuals receiving access to services and treatment facilities.

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

The County Sheriff's Department is the point agency, and they provide a plainclothes sheriff officer to operate the van. The County will continue to staff the van with a Certified Senior Addictive Disease counselor (CADC) and a Certified Peer Recovery Specialist (CPRS) through a Request for Proposal (RFP) process. The Burlington County Health Department will continue to provide services of the Access to Reproductive Care and HIV Services (ARCH) Nurse.

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

The Burlington County Sheriff's Department continues to pledge their support for this initiative and oversees the maintenance of the van. The COSSUP grant also provides \$1,000.00 per year to support special events.

The projected annual cost for staffing the van with a Certified Senior Addictive Disease counselor and Certified Peer Recovery Specialist is \$43,646 AEREF (Chapter 51) funds. The LACADA will re-evaluate on a yearly basis, with recommendations made accordingly.

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

Burlington County Hope One mobile outreach initiative launched in 2019 by the Burlington County Sheriff's Department, Department of Human Services and Health Department. In 2021, The Burlington County Sheriff's Office Hope One encountered 832 contacts, provided close to 1,900 services, a 200% increase from the 397 contacts in 2020. The staff also provided 861 lifesaving Narcan kits and training to family members of individuals with substance abuse. In 2022, The Burlington County Sheriff's Office Hope One encountered 2537 contacts, a 205% increase from the 832 contacts in 2020.

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

Substance abuse is among the most costly health problems in the County, and effective early intervention programs like the Hope One Van can reduce health care cost and criminal justice cost. SAMHSA reports the national cost of substance use disorder to be \$510.8 billion.

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

Burlington County Sheriff's Department, Department of Human Services and Health Department, contracted vendors, Volunteers of America, Silent Epidemic, and Rap Room all share in the responsibility of . Partnerships have grown since 2019, as community treatment agencies and community partners assist on a weekly basis.

2024-2027 Evidence-Based Programs, Early Intervention

Answer the following questions for each evidence-based program you will be supporting with the county's AEREF dollars.

Name: Mobile One Outreach

Description: Burlington County Sheriff's Department, in partnership with the County Department of Human Services and Health Department operates a Hope One Mobile Van that offers critical support for persons and their families struggling with mental health and addiction, including hard-to-reach populations. The van is staff with Certified Senior Addictive Disease counselor (CADC) and a Certified Peer Recovery Specialist (CPRS), Health Nurse (ARCH Program), and plainclothes Sheriff Officer. The Hope One services include community training), on-site photo ids provided for treatment and/or housing, resources for homeless (toiletty kits, photo identification, warm kits), linkage for resources for families struggling to help a loved one with addiction, and communicable disease testing (rapid HIV and Hepatitis C Testing).

Objective: To provide access to services, education, and resources directly into the communities where people live and work. (Changed on the appendix 4)

Location or Setting for its Delivery: Mobile One Outreach will go every Tuesday, 10am – 2pm to high-risk areas in the county. The van also travels to public transit stations, Department of Human Services' offices, shopping malls, public parks, health fairs, libraries, food pantries and other areas where people who may need services are located.

Expected Number of People to Be Served: Approximately over 1,000 will be served annually through the Hope One Van.

Cost of Program: The cost to staff this program annually is approximately \$49,610

Evaluation Plan: Review of monthly Level of Services and Expenditure Reports; site visits annually with provider and discussed quarterly PACADA meetings.

F. THE TREATMENT LOGIC MODEL NARRATIVE

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.

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.

Burlington County will continue to face challenges in 2024-2027 to access treatment services for residents whose income falls below the 350% federal poverty level index, are ineligible for Medicaid, are uninsured, or services needed are not covered by other funding streams. The lack of access to treatment services, such as, transportation, the quality of care from short periods of stay or the inability to access the next level of care significantly impacts the overall health and wellbeing of Burlington County residents, delays the recovery process and one in too many cases the unfortunate circumstances that lead to death via overdose or suicide. This gap in the system of care not only affects the Burlington County residents; it affects their families, friends and community at large.

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

This gap results in escalations in health care costs, emergency room visits, hospital stays, mental health screenings, and total medical cost. The community cost includes higher rates of homelessness, arrests in the community, and the increase of Narcan deployments by First Responders due to overdoses.

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

Transportation is discussed at LACADA and PACADA meetings and is often identified as a barrier for residents not gaining access to services. The Human Services Advisory Council (HSAC) 2019 Needs Assessment provided quantitative data indicating 85% of focus groups and interviewees ranked housing as a top priority. Transportation was ranked second among survey respondents and third during focus groups and key informant interviews as among the most serious barriers.

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

The goal is for increase the access to treatment services and transportation.

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.

2024 - 2027: Fund each of the following continuums of care modalities: withdrawal management (inpatient), short-term residential (rehab), outpatient/intensive outpatient services, and halfway houses (men and women), enhancements not covered by Medicaid, and sober living move-in assistance. Reallocation of AERFF (Chapter 51) funds identified as in need and/or RFP identified needed services, if appropriate

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

Trends in treatment needs will be reviewed before issuing the RFP. The % of investment in each level of care will be estimated and the dollar amount will be determined by the award received. The county will increase transportation allocation in the 2024 Request for Proposal (RFP).

Location or Settings for its Delivery: DMHAS licensed treatment agencies in Burlington County and counties throughout the state.

Objectives: To continue providing move-in and 2 week's rent at Oxford and Licensed Sober Living for adults who have completed withdrawal management and short-term residential treatment. To provide Burlington County residents access to treatment services whose income falls below the 350% federal poverty level and are ineligible for Medicaid or uninsured.

Goal: To reduce the incidence of relapse of county resident caught in the cycle of addiction which results in readmission to treatment more than 30 days from discharge from the previous treatment

Description: A DMHAS licensed subcontracted agency will provide substance use, co-occurring disorder access to inpatient withdrawal management.

1. Name: Inpatient Withdrawal Management (ASAM PPC-2, Level 3.7D) Includes Medically Enhanced Detox Services

Answer the following questions for each evidence-based program you will be supporting with the county's AERFF dollars.

2024-2027 Evidence-Based Programs, Treatment Access

The County will publish a Request for Proposal (RFP) to solicit a continuum of substance abuse treatment from providers licensed by the New Jersey Division of Mental Health and Addiction Services (DMHAS).

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

Results will include a decrease in relapse and a reduction in overdose cases.

cost-offsets for the community.

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

emergencies. More residents with substance use disorder would have the opportunity to receive inpatient and outpatient resources. In addition, there would be a decrease in homelessness and mental health

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

The county will reallocate funding as needed throughout the 2024-2027 planning cycle.

(Transportation, enhancements, and MAT are included)

For CY2022, Withdrawal management \$40,000; Residential \$200,000; Halfway House \$30,000; Outpatient \$197,177; Residential Adolescent \$10,000; Early Intervention Incarcerated males and females \$40,000; School and community substance use disorder Prevention \$66,000; and Recovery Support \$50,000.

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

Expected Number of People to be Served: Unknown at this time. Many variables will determine this number.

Cost of Program: The projected annual cost for this program is \$50,000 of AEREF (Chapter 51) funds.

Evaluation Plan: The programs will be evaluated by use of Monthly Activity Reports, annual monitoring site visits and Agency updates at PACADA meetings.

2. Name: Inpatient Short-Term Residential (ASAM Level 3.7)

Description: A DMHAS licensed subcontracted agency will provide substance use and co-occurring disorder access to short-term residential care. Services will also include enhancements not covered under Medicaid while in treatment including peer support, transportation, and MAT.

Goal: To reduce the incidence of relapse of county resident caught in the cycle of addiction which results in readmission to treatment more than 30 days from discharge from the previous treatment

Objectives: To continue providing move-in and 2 week's rent at an Oxford and Licensed Sober Living for adults who have completed withdrawal management and short-term residential treatment. To provide Burlington County residents access to treatment services who's income falls below the 350% federal poverty level and are ineligible for Medicaid or uninsured.

Location or Settings for its Delivery: DMHAS licensed treatment agencies in Burlington County and counties throughout the state.

Expected Number of People to be Served: Approximately 350.

Cost of Program: The projected annual cost for this program is \$230,000 of AEREF (Chapter 51) funds.

Evaluation Plan: The programs will be evaluated by use of Monthly Activity Reports, annual monitoring site visits and Agency updates at PACADA meetings.

3. Name: Halfway House (ASAM Level 3.1) for Men and Women

Description: A DMHAS licensed subcontracted agency will provide residents with substance use and co-occurring disorder access to halfway house following withdrawal management and short-term residential services.

Objective: To provide Burlington County residents access to treatment services whose income falls below the 350% federal poverty level and are ineligible for Medicaid or uninsured.

Location or Settings for its Delivery: DMHAS licensed treatment agencies in Burlington County and counties throughout the state.

Expected Number of People to be Served: Unknown at this time. Many variables will determine this number.

Cost of Program: The projected annual cost for this program is \$20,000 of AEREF (Chapter 51) funds.
 Evaluation Plan: The programs will be evaluated by use of Monthly Activity Reports, annual monitoring site visits and Agency updates at PACADA meetings.

4. Name: Outpatient (ASAM Level 1 and 2.1)

Description: A DMHAS licensed subcontracted agency will provide residents with a substance use and co-occurring disorder access to outpatient or intensive outpatient services.

Objective: To provide Burlington County residents access to treatment services who's income falls below the 350% federal poverty level and are ineligible for Medicaid or uninsured.

Location or Settings for its Delivery: DMHAS licensed agencies in Burlington County and counties throughout the state.

Expected Number of People to be Served: Unknown at this time. Many variables will determine this number.

Cost of Program: The projected annual cost for this program is \$200,000 of AEREF (Chapter 51) funds.

Evaluation Plan: The programs will be evaluated by use of Monthly Activity Reports, annual monitoring site visits and Agency updates at PACADA meetings.

G. THE RECOVERY SUPPORT 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.

1. Describe a treatment 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 recurring themes in the nightmare of relapse from alcohol and drug use are helplessness and the inability to connect with a safe, supportive, and alcohol and drug-free environment to sustained recovery. When people are caught in the cycle of addiction, their families are also caught in the same cycle of helplessness and hopelessness, and they are powerless over it. Families are driving to refuse their sons and daughters suffering from a substance use disorder the privilege of living at home. We know that even after completion of withdrawal management and treatment, if an individual is discharged without stable housing, they are likely to relapse, return to the streets and the cycle of addiction will begin again.

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

Some of the immediate effects of the "gap" that exists for recovery support services after completion of withdrawal management and short-term treatment are the expensive revolving door of substance abuse withdrawal management and treatment services, the disintegration of the family life and community well-being and increased homelessness and criminal behavior.

Transportation is discussed at LACADA and PACADA meetings and is often identified as a barrier for residents not gaining access to services. The Human Services Advisory Council (HSAC) 2019 Needs Assessment provided quantitative data indicating 85% of focus groups and interviewees ranked housing as a top priority. Transportation was ranked second among survey respondents and third during focus groups and key informant interviews as among the most serious barriers.

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

In 2021 Burlington County Point In Time Count, 37% of the chronic homeless counted had a substance use disorder. From January 1, 2022 through December 31, 2022, there were 4026 total admissions, whereas 2322 of them were unduplicated (NJSAMIS 2022). As noted above, without proper support throughout their journey, the possibility of relapse occurs, and the cycle of addiction will begin again.

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

To reduce the incidence of relapse of Burlington County individuals caught in the cycle of addiction with results in re-admission to treatment more than 30 days from discharge from the previous treatment and to increase the access to treatment services and transportation.

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.

2024 – 2027 – Burlington County will continue Oxford and Sober Living funding for our clients and adjust funding accordingly. The Drug and Alcohol Coordinator obtains up-to-date listing of licensed Sober Living throughout the State from the NJ Department of Community Affairs (DCA) and continues to research sober living houses that allow MAT.

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

There is a high demand for assistance with move-in and 2 weeks rent for Oxford Houses and Sober Living. The County will increase funding and administrative fee in the next Request for Proposal (RFP), in hopes to receive more proposals from both inpatient and outpatient vendors throughout the state for sober living.

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

The projected annual cost for this program is \$80,000 of AEREF (Chapter 51) funds.

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

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

The number of clients that will benefit from the recovery support service will depend on the required move-in and 2 weeks rent set by the Oxford House and Sober Living home.

10. Who is taking responsibility to execute the strategy or any of its parts?
Oxford House and Sober Living homes are vital in maintaining sobriety and helping one maintain their recovery journey. Helps reduce the risk of relapse because possible triggers do not surround people the way they would if they would returned home immediately following treatment.
Contracted vendors, and Oxford Houses and Sober Living. LACADA will determine the annual allocations and/or reallocations to the agency based upon expenditure and outcome.

2024 – 2027 Evidence-Based Programs

Answer the following questions for each evidence-based program you will be supporting with the county's AEREF dollars.

Name: Oxford and Licensed Sober Living

Description: Oxford and Licensed Sober Living offers an in-between recovery option that allows one to reinforce the lessons learned in short-term residential.

Objectives: To continue providing move-in and 2 weeks rent at an Oxford and Licensed Sober Living for adults who have completed withdrawal management and short-term residential treatment.

Location or Setting for its Delivery: Oxford or Sober Living throughout the State of New Jersey.

Expected Number of People to Be Served: Approximately 100 people will be served.

Cost of Program: The projected annual cost for this program is \$80,000 for 2024. LACADA will determine funding amounts on a yearly basis. In 2022 \$60,000 was spend on sober living funding.

Evaluation Plan: The program will be evaluated by use on monthly activity reports, annual monitoring site visits and discussed at PACADA meetings.

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 that 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 needs. Typically, an assessment will also describe needs 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 needs 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 a 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. The portion that seeks and obtains treatment is called "Met demand;" 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 ("supply"), a "gap" in services may be identified. In the first instance, a gap is the arithmetic difference between a projected service need and the existing capacity of providers to meet the need. But a gap may also arise because of access issues called "barriers," such as a lack of insurance, transportation, or child care.

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

the targeted problem was indeed "solved," in what time frame, to what degree, at what cost to the community and for what benefit (outcome or payoff) 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

New Jersey Cares
<https://www.njoag.gov/programs/nj-cares/nj-cares-data-by-county/>

Office of the Burlington County Prosecutor – Operation Helping Hand
<https://burlipros.org/bcpro-operation-helping-hand-providers-24-7-substance-use-support-during-covid-19-pandemic/>

Office of the Burlington County Prosecutor – Straight to Treatment
<https://burlipros.org/community-outreach/opioid-treatment/>

New Jersey Substance Abuse Monitoring System (NJSAMS)
<https://njsams.rutgers.edu/njsams/Reports/SummaryReport/StateSummaryReportMenu.aspx>

Governor's Council on Mental Health Stigma
<https://nj.gov/mhstigmacouncil/about/basics/index.html>

Commissioners Declare Burlington County 'Stigma Free'
<https://patch.com/new-jersey/cinnaminson/commissioners-declare-burlington-county-stigma-free>

Burlington County Website
<https://co.burlington.nj.us/507/Municipalities>

Office of the Chief State Medical Examiner
<https://ocsmc.nj.gov/>

National Institute on Drug Abuse
<https://nida.nih.gov/about-nida/noras-blog/2020/04/addressing-stigma-surrounds-addiction>

Center for Family Services
<https://www.centerffs.org/our-services/community-connections>

NJ Health
<https://www.nj.gov/health/populationhealth/opioid/>

Overdose Detection Mapping Application Program (ODMAP)
<https://odmap.hidta.org/Account/Login?ReturnUrl=%2F>

Substance Abuse and Mental Health Services Administration (SAMHSA)
<https://www.samhsa.gov/resource/ebp/recovery-housing-best-practices-suggested-guidelines>
<https://www.samhsa.gov/sites/default/files/cost-benefits-prevention.pdf>

ReachNJ
<https://nj.gov/humanservices/reachnj/families/>

Centers for Disease Control
https://wwwn.cdc.gov/OSH_Pub_Catalog/SearchResults.aspx

CFG Health Network
<https://cfghealthnetwork.com/>

Oxford House
<http://www.oxfordhouse.org/vacancies/>

US Department of Health and Human Services
<https://www.hhs.gov/overdose-prevention>

The New England Journal of Medicine
<https://www.nejm.org/doi/full/10.1056/NEJMp1917360>

APPENDIX 3: LIST OF PARTICIPANTS IN THE PLANNING PROCESS

LACADA		RESIDENT (Y/N)	NAME	AFFILIATION
1.			Melissa O'Mara	LACADA Chairperson voting member/Prosecutor's office
2.			Donald Weinbaum	LACADA Co-Chair voting member
3.			Gino Battersby	LACADA voting member
4.			Ron Ritter	LACADA voting member/Prevention Plus
5.			Kim Mattson	LACADA voting member/Health Department
6.			Joan Treske	LACADA voting member
7.			Harriette Cohen	LACADA voting member
8.			Todd Wirth	LACADA voting member/Commissioner Liaison
9.			Jim Melvin	LACADA voting member/IDRC
10.			Eileen Thendinga	LACADA member
11.			John Gaffney	LACADA member/Judiciary
12.			Shayne Davis	Burlington County Department of Finance
PACADA				
LACADA		RESIDENT (Y/N)	NAME	AFFILIATION

RESIDENT (Y/N)	NAME	AFFILIATION
1.	Michael Mandale	PACADA Chairperson/Solstice
2.	Michael Pente	PACADA Member/Legacy Treatment Services
3.	Kendria McWilliams	PACADA member/Maryville
4.	Dave Roden	PACADA member/New Hope
5.	Lt. Lou Fisher	PACADA member/NJTIP
6.	Kristina Bloodgood	PACADA member/New Hope
7.	Keri Basler	Legacy Treatment Services
8.	Linda Hermansky	NJTIP
9.	Rich Alexander	CARES Prevention is Key
10.	Ashley Broecker	CARES Prevention is Key
11.	Lori Sonenblum	Burlington Comprehensive Counseling
12.	Harry Lieberman	Maryville
STIGMA FREE TASK FORCE		
1.	Ann Marie Green	Hampton Behavioral Health
2.	Carlyn Barnes	National Alliance on Mental Illness
3.	Renee Carrillo	Oaks Integrated Care
4.	Dr. Maryam Suluki	Community Member
5.	Efrida Francis	Department of Human Services
6.	Geraldine Barbour	Community Member
7.	Jaime Trabbold	Community Member
8.	Jennifer Wright	Department of Human Services
9.	Joseph Harbor	Legacy Treatment Services
10.	Kaitlyn Varanyak	Legacy Treatment Services
11.	Lisa Marie Tedesco	Community Member
12.	Michael Wiltsey	County Prosecutors Office
13.	Nicole Duncan	Burlington City High School
14.	Samantha Kunz	Legacy Treatment Services
15.	Shirla Simpson	Department of Human Services

16.	Rachel Morgan	Department of Human Services
17.	Simone Jarvis	CASA of Mercer County
18.	Dr. Carol Birnbohm	Superintendent Lenape School District

COMMUNITY		
RESIDENT (Y/N)	NAME	AFFILIATION
1.	Libby Majewski	Prevention Plus of Burlington County
2.	Ron Ritter	Burlico Prev Plus/ Regional Coalition
3.	Kelsey Moss	Burlico Prev Plus/ Regional Coalition
4.	Joe Conlin	Evesham Municipal Alliance
6.	Judge Peter C. Lange	Municipal Court
7.	Lyssa Coleman	NJ Courts
8.	Juliana Heck	Constituent Advocate for Congressman Andy Kim
9.	Daniel Rosenberg	Rosenberg/Perry & Associates
10.	Stacey Smith	Division of Vocational Rehabilitation Services
11.	Jody Classen	Division of Vocational Rehabilitation Services
12.	Lindsey Aquino	Division of Vocational Rehabilitation Services
13.	Lauren Goldner	Occupational Training Center
14.	Patricia Fraher	National Council on Alcoholism & Drug Dependence
15.	Landon Hacker	Recovery Resource Center Advisory Board Member
16.	Dr. Bryana Carrea	Nu Yu Radiance
17.	James Monk	CARES Prevention is Key
18.	Queenie Reda	Rutgers Robert Wood Johnson Medical School
19.	Jennifer Hicks	Urban Treatment Associates
20.	Jesus Arestirado	Burlington County American Job Center
21.	Amanda Mackie	Volunteers of America and Youth Pastor
22.	Megan Reeves	Recovery Center of America
23.	Josie Wilson	ReConnections
24.	Shauna Kane	Taylor Care

25.	Delia Burgos	Marville
26.	Shawn Sheekey	Joseph's House
27.	Lori Singley	Educare
28.	Claudine Archer	The Beloved Project
29.	Trish Baum	Hand N Heart
30.	Alisa Baron	Britney's Justice 4 Overdose Awareness
31.	Christopher Spallina	The Phoenix
32.	Chris Macomber	The Hope All Day RC
33.	Elena Pendino	Snap Outreach
34.	Claudine Archer	The Beloved Project
35.	Jillian Allen	CONTACT of Burlington County
36.	Debra Rumbos	Parent-to-Parent

Local Advisory Council on Alcoholism and Drug Abuse Membership List

NAME	AFFILIATION	POSITION	EMAIL
1	Prosecutors	Co-Chair LACADA	momara@co.burlington.nj.us
2	Private organization	Chairperson LACADA member/voting	dweinbaum@aol.com
3	Community	LACADA member	eileenaapublicinfo@gmail.com
4	Judiciary	LACADA member	john.gaffney@njcourts.gov
5	Community	LACADA member/voting	battgino@comcast.net
6	Commissioner	LACADA member/voting	twith@co.burlington.nj.us
7	Prevention Plus	LACADA member/voting	ronritter@prevplus.org
8	Health Department	LACADA member/voting	kmattson@co.burlington.nj.us
9	IDRC Director	LACADA member/voting	jmelvin@co.burlington.nj.us
10	Education	LACADA member/voting	Basketladv88@yahoo.com
11	PACADA Chair	LACADA non-voting	Michael@solsticcare.com
12.	Community	LACADA member/voting	grammywalks@comcast.net

County Alliance Steering Subcommittee Membership List

13	Sherie Atkinson	Oaks Integrated	LACADA member	sherie.atkinson@oaksintcare.org
14	Efrida Francis	Behavioral Health	LACADA member/ non-voting	efrancis@co.burlington.nj.us
15	Heather Cooper	Community	LACADA member/voting	myheath3@gmail.com

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1.	Samantha Martine	Prev Plus of Burl Co.	smartine@prevplus.org
2.	Kristen Papenberg	Ranocas Valley Regional High School	kpapenberg@rvrhs.com
3.	Shayne Davis	Burlington County	sdavis@co.burlington.nj.us
4.	Maryann Furphy	DCF	Maryann.furphy@dct.nj.gov
5.	Cynthia Pappatera	Burlington County - Drug & Alcohol Coordinator	cpappatera@co.burlington.nj.us
6.	Jim Groff	Burlington County - YSAC	jgroff@co.burlington.nj.us
7.	Jennifer Wright	Burlington County - Municipal Alliance	jwright@co.burlington.nj.us
8.	Landon Hacker	Community Member	landonhacker@gmail.com
9.	Efrida Francis	Behavioral Health Division Head	efrancis@co.burlington.nj.us
10.	Monique Davis	Burlington County Health Dept.	mcDavis@co.burlington.nj.us
12.	Louise Bateman	Crossroads	louise@crossroadsprograms.org
13.	Deborah Kennedy	Family Support Organization	dkennedy@fsoburco.org
14.	Lynn Arneri	Burlington County - Juvenile Detention Unit	larneri@co.burlington.nj.us

LOGIC MODEL: PREVENTION

APPENDIX 4: LOGIC MODELS

<p>Need-capacity gap and associated community problem (A)</p>	<p>Need-capacity Gap: Limited number of active Municipal Alliances compared to the number of Townships in the County.</p>
<p>Evidence of problem and its significance for the county (B)</p>	<p>NJSAM admissions from January 2020 through 2022 programs and evidence-based reach of evidence-based intervene prior to the onset of admissions showed of 10,656 for or a substance use disorder. substance use disorder. Of those, 8.5% were for those age</p>
<p>Goal For 2024-2027 (C)</p>	<p>To: Expand the geographic reach of evidence-based programs and intervene prior to the onset of prevention programs throughout the County, including Mental Health First Aid, ACEs, and Life Skills Training.</p>
<p>Objectives Targets Per Annum (D)</p>	<p>2024: To Increase the number of evidence- based prevention programs throughout the County, including Mental Health First Aid, ACEs, and Life Skills Training.</p>
<p>Strategy To Achieve Objective (E)</p>	<p>2024: The roll out of the Hope One Expansion to reach youth as early as possible from the non- participating townships.</p>
<p>Inputs Financial or Other Resources (F)</p>	<p>County: \$0.00 At a minimum 11.77%</p>
<p>Outputs Expected product (G)</p>	<p>The annual outcome will be a decrease in the prevalence of alcohol and substance use among our youth and delay the average age of first use in Burlington County.</p>
<p>Outcomes Expected Community Benefits (H)</p>	<p>Short Term: Enhance students' problem solving and decision- making skills to reduce their use.</p>
<p>Agency Responsible (I)</p>	<p>Burlington County Human Services and contracted vendors awarded through RFP.</p>

<p>Burlington County Human Services and contracted vendors awarded through RFP.</p> <p>Long Term: Continue to enhance students' problem solving and decision-making skills to reduce their substance use issues in schools.</p>	<p>Burlington County Human Services and contracted vendors awarded through RFP.</p> <p>Middle Term: Continue to enhance students' problem solving and decision-making skills to reduce their use.</p>	<p>Burlington County Human Services and contracted vendors awarded through RFP.</p> <p>Middle Term: Continue to enhance students' problem solving and decision-making skills to reduce their use.</p>
<p>Increase outreach by 5% annually</p>	<p>Increase outreach by 5% annually.</p>	<p>Increase outreach by 5% annually.</p>
<p>County: \$0.00 AEREF/State At a minimum 11.77%</p>	<p>County: \$0.00 AEREF/State At a minimum 11.77%</p>	<p>County: \$0.00 AEREF/State At a minimum 11.77%</p>
<p>2027: The roll out of the Hope One Expansion to reach youth as early as possible from the non-participating townships.</p>	<p>2026: The roll out of the Hope One Expansion to reach youth as early as possible from the non-participating townships.</p>	<p>2025: The roll out of the Hope One Expansion to reach youth as early as possible from the non-participating townships.</p>
<p>2027: To Increase the number of evidence-based prevention programs throughout the County, including Mental Health First Aid, ACEs, and Life Skills Training.</p>	<p>2026: To Increase the number of evidence-based prevention programs throughout the County, including Mental Health First Aid, ACEs, and Life Skills Training.</p>	<p>2025: To Increase the number of evidence-based prevention programs throughout the County, including Mental Health First Aid, ACEs, and Life Skills Training.</p>
<p>24 and younger.</p>	<p>Associated Community Problem:</p>	<p>The social costs and community problems this gap impose is increase in alcohol attributable arrest rates, crimes related to the use of drug and alcohol, and releases.</p>

LOGIC MODEL: EARLY INTERVENTION #1 INCARCERATED MEN/WOMEN - GOAL RATE #2

(A) Need-capacity gap and associated community problem	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: Providing consistent mental health and substance use education and treatment while the offenders are in a safe secure environment	In 2020, 48% of Burlington County who identified crimes and deaths in Burlington County had legal involvements (12% of which were on probation or parole)	To: Reduce the number of drug and alcohol related crimes and deaths in Burlington County	2024: To Provide evidence-based programs in a secure environment throughout the year on an annual basis	2024: County will issue an RFP on an annual basis or as needed	County: \$0.00 AEREF/State: \$40,000	25 Incarcerated men women	Short Term: Linkage to services once released	Providers addressing both mental health and substance use disorder
Associated Community Problem: Lack of proper reentry assistance results in relapsing in the community, homelessness, and increase number of ER visits			2025: To Provide evidence-based programs in a secure environment throughout the year on an annual basis	2025: Promote program with jails and deliver services annually	County: \$0.00 AEREF/State: \$40,000	25 Incarcerated men women	Middle Term: Reduction of recidivism and reunification on with families	Providers addressing both mental health and substance use disorder
Associated Community Problem: Lack of proper reentry assistance results in relapsing in the community, homelessness, and increase number of ER visits			2026: To Provide evidence-based programs in a secure environment throughout the year on an annual basis	2026: Promote program with jails and deliver services annually	County: \$0.00 AEREF/State: \$40,000	25 Incarcerated men women	Middle Term: Reduction of recidivism and reunification on with families	Providers addressing both mental health and substance use disorder

2027: To provide evidence-based programs in a secure environment throughout the year on an annual basis.	program and deliver services annually.	\$0.00 AREF/State: \$40,000	incarcerated men 25 incarcerated women	Reduction of recidivism and improve reunification on with families	Providers addressing both mental health and substance use disorder
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LOGIC MODEL: EARLY INTERVENTION #2 HOPE ONE VAN – GOAL RATE #1

Need-capacity associated with community problem (A)	Need-capacity gap and associated community problem (A)	Burlington County is geographically the largest of New Jersey's 21 counties, with boundaries that touch the Delaware River to the west and the Atlantic Ocean to the east, making transportation a sizeable barrier in accessing services.	Total of overdose deaths in 2019: 156; 2020: 131 and 2021: 130 Total Naloxone deployments in 2020: 672; 2021: 588 and 2022 (1st-3rd Qtr.): 406	To: Expand the geographic reach of education, and services, and access to provide To: provide communities where people live and work. Hope One Van Abuse Site-based Program (COSSUP) will continue to go out every Tuesday to high-risk areas in the county and during special events.	2024: Funds have been allocated through the Comprehensive Opioid, Stimulant, and Substance Abuse Site-based Program (COSSUP) with increasing the number of days the Hope One Van goes out in the county.	2025: To increase the number of stops and connection with individuals by 5%.	2025: Funds have been allocated through the Comprehensive Opioid, Stimulant, and Substance Abuse Site-based Program (COSSUP) with increasing the number of days the Hope One Van goes out in the county.	2025: AREF/State: \$49,610	Increase the number of stops and contacts by 5%. resulting in a total of 1,050 individuals receiving services and treatment facilities. Increase Narcan trainings and	Continued increase in Hope One stops, Narcan trainings and free kits into the hands of individuals struggling with addiction and family	Department, Sheriff's Department, Human Services and Health Department.	Department, Sheriff's Department, Human Services and Health Department.
Evidence of problem and its significance for the county (B)	Goal For 2024-2027 (C)	Targets Per Annum (D)	Objectives (E)	Strategy (F)	Inputs (G)	Outputs (H)	Expected Community Benefits (I)	Responsible Agency (J)	Expected Outcomes (K)	Responsible Agency (L)		

Agency Responsibility (i)	Need-capacity gap and associated community problem (A)	Evidence of problem and its significance for the county (B)	According to NJ Cares, from January 1, 2019 to December 31, 2021, there were 475 county residents with a substance use or co-occurring disorder whose income falls below the 350% federal poverty level, are ineligible for Medicaid, are uninsured, or services needed are not covered by other funding streams.
Expected Outcomes (H)	Short Term: Access to treatment providers that will be named as a result of an RFP.	To: Ensure that Burlington County residents will be able to access the appropriate level of services they need especially those who are caught in the cycle of the Burlington County addition but are unable to access due to lack of insurance or transportation.	2025: To Continue providing Burlington County residents access to treatment services whose income falls below the 350% federal poverty level and are ineligible for Medicaid or uninsured.
Expected product (G)	Number of Burlington County residents served by AEREF through each modality.	To: Provide Burlington County sub-contract with licensed treatment agencies that will be named as result of an RFP for withdrawal of 350% federal management, intensive outpatient and services and half-way houses for men and women. The LACADA AEREF funds will reallocate when needed.	2025: To Continue providing Burlington County residents access to treatment services whose income falls below the 350% federal poverty level and are ineligible for Medicaid or uninsured.
Financial or Other Resources (F)	Inputs: County: \$10,000 AEREF/Stat \$290,000 Total: \$300,000	To: Provide Burlington County sub-contract with licensed treatment agencies that will be named as result of an RFP for withdrawal of 350% federal management, intensive outpatient and services and half-way houses for men and women. The LACADA AEREF funds will reallocate when needed.	2025: To Continue providing Burlington County residents access to treatment services whose income falls below the 350% federal poverty level and are ineligible for Medicaid or uninsured.
To Achieve Objective (E)	Strategy: The county will sub-contract with licensed treatment agencies that will be named as result of an RFP for withdrawal of 350% federal management, intensive outpatient and services and half-way houses for men and women. The LACADA AEREF funds will reallocate when needed.	To: Provide Burlington County sub-contract with licensed treatment agencies that will be named as result of an RFP for withdrawal of 350% federal management, intensive outpatient and services and half-way houses for men and women. The LACADA AEREF funds will reallocate when needed.	2025: To Continue providing Burlington County residents access to treatment services whose income falls below the 350% federal poverty level and are ineligible for Medicaid or uninsured.
Expected product (G)	Number of Burlington County residents served by AEREF through each modality.	To: Provide Burlington County sub-contract with licensed treatment agencies that will be named as result of an RFP for withdrawal of 350% federal management, intensive outpatient and services and half-way houses for men and women. The LACADA AEREF funds will reallocate when needed.	2025: To Continue providing Burlington County residents access to treatment services whose income falls below the 350% federal poverty level and are ineligible for Medicaid or uninsured.
Financial or Other Resources (F)	Inputs: County: \$10,000 AEREF/Stat \$290,000 Total: \$300,000	To: Provide Burlington County sub-contract with licensed treatment agencies that will be named as result of an RFP for withdrawal of 350% federal management, intensive outpatient and services and half-way houses for men and women. The LACADA AEREF funds will reallocate when needed.	2025: To Continue providing Burlington County residents access to treatment services whose income falls below the 350% federal poverty level and are ineligible for Medicaid or uninsured.
To Achieve Objective (E)	Strategy: The county will sub-contract with licensed treatment agencies that will be named as result of an RFP for withdrawal of 350% federal management, intensive outpatient and services and half-way houses for men and women. The LACADA AEREF funds will reallocate when needed.	To: Provide Burlington County sub-contract with licensed treatment agencies that will be named as result of an RFP for withdrawal of 350% federal management, intensive outpatient and services and half-way houses for men and women. The LACADA AEREF funds will reallocate when needed.	2025: To Continue providing Burlington County residents access to treatment services whose income falls below the 350% federal poverty level and are ineligible for Medicaid or uninsured.
Expected product (G)	Number of Burlington County residents served by AEREF through each modality.	To: Provide Burlington County sub-contract with licensed treatment agencies that will be named as result of an RFP for withdrawal of 350% federal management, intensive outpatient and services and half-way houses for men and women. The LACADA AEREF funds will reallocate when needed.	2025: To Continue providing Burlington County residents access to treatment services whose income falls below the 350% federal poverty level and are ineligible for Medicaid or uninsured.
Financial or Other Resources (F)	Inputs: County: \$10,000 AEREF/Stat \$290,000 Total: \$300,000	To: Provide Burlington County sub-contract with licensed treatment agencies that will be named as result of an RFP for withdrawal of 350% federal management, intensive outpatient and services and half-way houses for men and women. The LACADA AEREF funds will reallocate when needed.	2025: To Continue providing Burlington County residents access to treatment services whose income falls below the 350% federal poverty level and are ineligible for Medicaid or uninsured.
To Achieve Objective (E)	Strategy: The county will sub-contract with licensed treatment agencies that will be named as result of an RFP for withdrawal of 350% federal management, intensive outpatient and services and half-way houses for men and women. The LACADA AEREF funds will reallocate when needed.	To: Provide Burlington County sub-contract with licensed treatment agencies that will be named as result of an RFP for withdrawal of 350% federal management, intensive outpatient and services and half-way houses for men and women. The LACADA AEREF funds will reallocate when needed.	2025: To Continue providing Burlington County residents access to treatment services whose income falls below the 350% federal poverty level and are ineligible for Medicaid or uninsured.

<p>Associated Community Problem:</p> <p>Escalations in health care costs, emergency room visits, hospital stays and total medical cost.</p>	<p>2026: To</p> <p>Continue providing Burlington County residents access to treatment services whose income falls below the 350% federal poverty level and are ineligible for Medicaid or uninsured.</p>	<p>2027: To</p> <p>Continue providing Burlington County residents access to treatment services whose income falls below the 350% federal poverty level and are ineligible for Medicaid or uninsured.</p>	<p>County: \$10,000 AEREF/stat \$290,000 Total: \$300,000</p>	<p>County: \$10,000 AEREF/stat \$290,000 Total: \$300,000</p>	<p>Number of Burlington County residents served by AEREF funds by 15%</p>	<p>DMHAS Licensed treatment providers.</p> <p>Term: Decrease relapse and reduction in the number of overdose cases.</p>	<p>DMHAS Licensed treatment providers.</p> <p>Term: Long Decrease relapse and reduction in the number of overdose cases.</p>
<p>DMHAS Licensed treatment providers.</p> <p>Term: Middle Decrease relapse and reduction in the number of overdose cases.</p>	<p>2026: To</p> <p>Continue providing Burlington County residents access to treatment services whose income falls below the 350% federal poverty level and are ineligible for Medicaid or uninsured.</p>	<p>2027: To</p> <p>Continue providing Burlington County residents access to treatment services whose income falls below the 350% federal poverty level and are ineligible for Medicaid or uninsured.</p>	<p>County: \$10,000 AEREF/stat \$290,000 Total: \$300,000</p>	<p>County: \$10,000 AEREF/stat \$290,000 Total: \$300,000</p>	<p>Increase the number of Burlington County residents served by AEREF funds by 10%.</p>	<p>DMHAS Licensed treatment providers.</p> <p>Term: Decrease relapse and reduction in the number of overdose cases.</p>	<p>DMHAS Licensed treatment providers.</p> <p>Term: Long Decrease relapse and reduction in the number of overdose cases.</p>

LOGIC MODEL: RECOVERY SUPPORT SERVICES

Need-capacity gap and associated community problem (A)	Need-capacity Gap: Due to large geographical area of county, transportation is a sizable barrier in accessing services.	Focus groups identified transportation as a barrier to accessing services, and the 2019 HSAC Needs Assessment showed transportation as a priority issue.	From the previous treatment.	2025: To Continue providing move-in and withdrawal management and short-term residential treatment.	2025: Increase funding according to demand.	2025: Increase funding according to demand.	2026: To Continue providing move-in and withdrawal management and short-term residential treatment.	2026: To Continue providing move-in and withdrawal management and short-term residential treatment.	Associated Community Problem: Homelessness Relapse and lack of recovery capital
Evidence of problem and its significance (B)									
Goal (C)	For 2024-2027 Per Annum Targets	Reduce the incidence of relapse of county resident caught in the cycle of addiction which results in re-admission to treatment more than 30 days from discharge from the previous treatment.							
Objectives (D)	Per Annum Targets	To continue providing move-in and withdrawal management and short-term residential treatment.							
Strategy (E)	To Achieve Objective	The County will provide move-in and withdrawal management and short-term residential treatment.							
Inputs (F)	Financial or Other Resources	County: \$0.00 AERF/State: \$80,000	County: \$0.00 AERF/State: \$80,000	County: \$0.00 AERF/State: \$80,000	County: \$0.00 AERF/State: \$80,000	County: \$0.00 AERF/State: \$80,000	County: \$0.00 AERF/State: \$80,000	County: \$0.00 AERF/State: \$80,000	County: \$0.00 AERF/State: \$80,000
Outputs (G)	Expected product	Increase the number of residents served.	Increase the number of residents served.	Increase the number of residents served.	Increase the number of residents served.	Increase the number of residents served.	Increase the number of residents served.	Increase the number of residents served.	Increase the number of residents served.
Outcomes (H)	Expected Community Benefits	Short Term: Access to recovery support services across the continuum of care for Burlington County residents.	Middle Term: Continued access to recovery support services across the continuum of care for Burlington County residents.	Middle Term: Continued access to recovery support services across the continuum of care for Burlington County residents.	Middle Term: Continued access to recovery support services across the continuum of care for Burlington County residents.	Middle Term: Continued access to recovery support services across the continuum of care for Burlington County residents.	Middle Term: Continued access to recovery support services across the continuum of care for Burlington County residents.	Middle Term: Continued access to recovery support services across the continuum of care for Burlington County residents.	Middle Term: Continued access to recovery support services across the continuum of care for Burlington County residents.
Agency Responsible (I)	Request for Proposals (RFP) from providers and community agencies.	Request for Proposals (RFP) from providers and community agencies.	Request for Proposals (RFP) from providers and community agencies.	Request for Proposals (RFP) from providers and community agencies.	Request for Proposals (RFP) from providers and community agencies.	Request for Proposals (RFP) from providers and community agencies.	Request for Proposals (RFP) from providers and community agencies.	Request for Proposals (RFP) from providers and community agencies.	Request for Proposals (RFP) from providers and community agencies.

LOGIC MODEL: EARLY INTERVENTION #2 HOPE ONE VAN – GOAL RATE #1

Need-capacity gap and associated community problem (A)	Need-capacity Gap: Burlington County is geographically the largest of New Jersey's 21 counties, with boundaries that touch the Delaware River to the west and the Atlantic Ocean to the east, making transportation a sizeable barrier in accessing services.
Evidence of problem and its significance for the county (B)	Total overdose deaths in 2019: 156; 2020: 131 and 2021: 130 Total Naloxone deployments in 2020: 672; 2021: 588 and 2022 (1 st -3 rd Qtr.): 406
Goal For 2024-2027 (C)	To: Expand the geographic reach of program delivery.
Objectives Targets Per Annum (D)	To: Hope One Van will continue to go out every Tuesday to high-risk areas in the county and during special events.
Strategy To Achieve Objective (E)	2024: Funds have been allocated through the Opioid, Stimulant, and Substance Abuse Site-based Program (COSSUP) with increasing the number of One Van goes out in the county.
Inputs Financial or Other Resources (F)	2025: Funds have been allocated through the Comprehensive Opioid, Stimulant, and Substance Abuse Site-based Program (COSSUP) with increasing the number of One Van goes out in the county.
Outputs Expected product (G)	2025: Increase the number of stops and contacts by Narcan trainings and provide free kits.
Outcomes Expected Community Benefits (H)	2025: Increase in Continued Hope One Narcan trainings and stops, Narcan trainings and free kits into the hands of individuals struggling with addiction and family and friends. Increase access to treatment services and
Agency Responsible (I)	Department of Health and Human Services, Sheriff's Department, Department of Health and Human Services, Sheriff's Department, Department of Health and Human Services, Sheriff's Department

<p>transportati on</p>	<p>transportati services and treatment access to Increase and friends and family addition with struggling individuals hands of kits into the and free trainings; Narcan stops, Hope One increase in Continued Term: Middle</p>	<p>Sheriff's Departm ent, Departm ent of Human Services and Health Departm ent,</p>	<p>Long Term: To be consistent in neighborho ods where there is a high prevalence in Narcan deployment and lack of transportati on.</p>	<p>Increase the number of stops and contacts by 15%. Increase Narcan trainings and provide free kits.</p>	<p>Increase the number of stops and contacts by 10%. Increase Narcan trainings and provide free kits.</p>	<p>County: \$35,000 AEREF/State \$49,610</p>	<p>County: \$35,000 AEREF/State \$49,610</p>	<p>County: \$35,000 AEREF/State \$49,610</p>	<p>2027: To Increase the number of stops and connection with individuals by 15%.</p>	<p>2026: To Increase the number of stops and connection with individuals by 10%.</p>	<p>2026: Funds have been allocated through the Comprehensive Opioid, Stimulant, and Substance Abuse Site- based Program (COSSUP) with increasing the number of days the Hope One Van goes out in the county.</p>	<p>2027: Funds have been allocated through the Comprehensive Opioid, Stimulant, and Substance Abuse Site- based Program (COSSUP) with increasing the number of days the Hope One Van goes out in the county.</p>	<p>2026: Funds have been allocated through the Comprehensive Opioid, Stimulant, and Substance Abuse Site- based Program (COSSUP) with increasing the number of days the Hope One Van goes out in the county.</p>	<p>2026: Funds have been allocated through the Comprehensive Opioid, Stimulant, and Substance Abuse Site- based Program (COSSUP) with increasing the number of days the Hope One Van goes out in the county.</p>	<p>2026: Funds have been allocated through the Comprehensive Opioid, Stimulant, and Substance Abuse Site- based Program (COSSUP) with increasing the number of days the Hope One Van goes out in the county.</p>	<p>2026: Funds have been allocated through the Comprehensive Opioid, Stimulant, and Substance Abuse Site- based Program (COSSUP) with increasing the number of days the Hope One Van goes out in the county.</p>	<p>2026: Funds have been allocated through the Comprehensive Opioid, Stimulant, and Substance Abuse Site- based Program (COSSUP) with increasing the number of days the Hope One Van goes out in the county.</p>	<p>2026: Funds have been allocated through the Comprehensive Opioid, Stimulant, and Substance Abuse Site- based Program (COSSUP) with increasing the number of days the Hope One 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with increasing the number of days the Hope One Van goes out in the county.</p>	<p>2026: Funds have been allocated through the Comprehensive Opioid, Stimulant, and Substance Abuse Site- based Program (COSSUP) with increasing the number of days the Hope One Van goes out in the county.</p>	<p>2026: Funds have been allocated through the Comprehensive Opioid, Stimulant, and Substance Abuse Site- based Program (COSSUP) with increasing the number of days the Hope One Van goes out in the county.</p>	<p>2026: Funds have been allocated through the Comprehensive Opioid, Stimulant, and Substance Abuse Site- based Program (COSSUP) with increasing the number of days the Hope One Van goes out in the county.</p>	<p>2026: Funds have been allocated through the Comprehensive Opioid, Stimulant, and Substance Abuse Site- based Program (COSSUP) with increasing the number of days the Hope One Van goes out in the county.</p>	<p>2026: Funds have been allocated through the Comprehensive Opioid, Stimulant, and Substance Abuse Site- based Program (COSSUP) with increasing the number of days the Hope One Van goes out in the county.</p>	<p>2026: Funds have been allocated through the Comprehensive Opioid, Stimulant, and Substance Abuse Site- based Program (COSSUP) with increasing the number of days the Hope One Van goes out in the county.</p>	<p>2026: Funds have been allocated through the Comprehensive Opioid, Stimulant, and Substance Abuse Site- based Program (COSSUP) with increasing the number of days the Hope One Van goes out in the county.</p>	<p>2026: Funds have been allocated through the Comprehensive Opioid, Stimulant, and Substance Abuse Site- based Program (COSSUP) with increasing the number of days the Hope One Van goes out in the county.</p>	<p>2026: Funds have been allocated through the Comprehensive Opioid, Stimulant, and Substance Abuse Site- based Program (COSSUP) with increasing the number of days the Hope One Van goes out in the county.</p>	<p>2026: Funds have been allocated through the Comprehensive Opioid, Stimulant, and Substance Abuse Site- based Program (COSSUP) with increasing the number of days the Hope One Van goes out in the county.</p>	<p>2026: Funds have been allocated through the Comprehensive Opioid, Stimulant, and Substance Abuse Site- based Program (COSSUP) with increasing the number of days the Hope One Van goes out in the county.</p>	<p>2026: Funds have been allocated through the Comprehensive Opioid, Stimulant, and Substance Abuse Site- based Program (COSSUP) with increasing the number of days the Hope One Van goes out in the county.</p>	<p>Associated Community Problem: Homelessness Increase crimes related to the use of drugs and alcohol. Recidivism</p>
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