



Ocean County
Opioid Advisory Council
Plan
2023-2026

Table of Contents

Ocean County Opioid Advisory Council Overview	3
Executive Summary	6
Methodology	8
Ocean County Data and Trends	10
Substance Use and Opioid Use Disorders	11
Access to Treatment	12
Drug Related Deaths	15
Pregnant and Parenting Women and Their Families	17
Justice Involved Individuals	18
Public Forum Feedback	20
Needs Assessment Survey Results	21
Priority Uses	22
Funding Recommendations	25
Continuum of Care	26
References	29
<i>Appendix A: Public Forum Feedback Summary</i>	
<i>Appendix B: Needs Assessment Survey Results Report</i>	
<i>Appendix C: Ocean County Board of Commissioners resolution</i>	

Ocean County Opioid Advisory Council Overview

Ocean County elected to join the nationwide settlement agreements to resolve all opioid litigation brought by States and local governmental entities against distributors of opioid pharmaceutical products and pharmaceutical manufacturers. Ocean County is eligible for a direct share and will receive direct distributions from the applicable National Opioid Litigation Resolution.

The Ocean County Opioid Advisory Council was established pursuant to the Memorandum of Agreement between the State of New Jersey and Local Governments on Opioid Litigation Recoveries dated 2022, which establishes binding terms for the distribution and spending of funds from any National Opioid Litigation Resolution that is a settlement agreement or bankruptcy plan. The Council is responsible to the Ocean County Board of Commissioners. Commissioner Barbara Jo Crea serves as liaison to the Department of Human Services and the Council. The Council's role is to provide input, advice, and recommendations to the County of Ocean and participating municipalities regarding the use of these funds.

The Council is comprised of required membership representing a person with lived experience with substance use and addiction issues, expertise in substance use disorder treatment or prevention, and a provider of behavioral health or substance use disorder treatment in the community. Individuals are also named by title to the Council, including the County Prosecutor, the County Alcoholism and Drug Abuse Director, the County Mental Health Administrator, the Chief Financial Officer of the County of Ocean, County Administrator, and Director of the Department of Management and Budget. Pursuant to the bylaws of the County that were adopted by the Board of Commissioners on March 15, 2023, Council members serve a three year term at the pleasure of the Board.

Opioid Advisory Council members

Bradley D. Billhimer, County Prosecutor

Alternate: Renee White Esq., FNP-BC, PNHNP-BC, FN-CSA

Tara Chalakani, PsyD, LPC, RN, ACS, CEO of Preferred Behavioral Health Group

Alternate: Laura Messina, MSW, LCSW, LCADC, CCS

Tristin J. Collins, County Director of Management and Budget

Michael J. Fiure, County Administrator

Tracy Maksel, PhD, County Mental Health Administrator

Alternate: Lori Enquist-Schmidt, MA, LPC

Kimberly Reilly, MA, LPC, County Alcohol and Drug Abuse Director

Alternate: Daniel Regenye, MHA

Julie N. Tarrant, County Appropriation of Funds Officer

Kimberly Veith, MSW, MBA, LCSW, LCADC, CEO of Bright Harbor Healthcare

Stephen Willis, Esq., Person with Lived Experience and Co-Founder of Hope Sheds Light

Alternate: Pamela Capaci, CADC

Funds will be distributed to the County of Ocean over an 18 year period. Settlements were reached with Janssen and distributors Cardinal, McKesson, and AmerisourceBergen. Recently, new settlements have been reached with Teva, Allergan, CVS, Walgreens, and Walmart. The County of Ocean has opted into the additional settlements. As of this writing, distributions are not yet known.

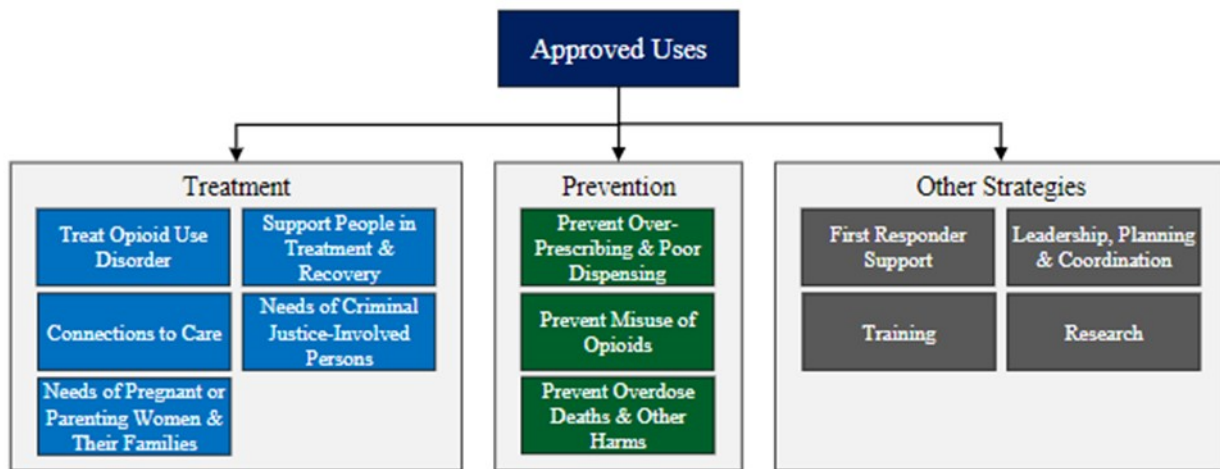
Funds must be used for evidence-based services and programs to remediate the opioid epidemic. The 113 enumerated uses focus on treatment of opioid use disorder, prevention of opioid use disorder and drug related deaths, and other strategies to combat the opioid epidemic, which are outlined in Exhibit E Approved Uses.

Opioid Settlement – Approved Uses



All Approved Uses

There are three (3) overarching approved-use categories and twelve (12) approved-use subcategories pursuant to Schedule B of the national settlements with the Settling Distributors and J&J.¹



Schedule A of the exhibit lists core opioid remediation uses. Priority should be given to the following core strategies.

Naloxone or other FDA Approved Drug to Reverse Opioid Overdoses: expand training on the use of naloxone throughout the community and increase distribution to uninsured or underinsured individuals.

Medication-Assisted Treatment (MAT) Distribution and Other opioid-Related Treatment: provide treatment and recovery support services that allow/integrate MAT, increase MAT access for uninsured/ underinsured individuals, provide education and raise awareness of MAT among healthcare and first responders, and provide education to youth to discourage or prevent misuse.

Pregnant and Postpartum Women: expand screening for substance use disorders for pregnant women and expand comprehensive evidence-based treatment, recovery supports, and wraparound services, including MAT, for pregnant and parenting women.

Expanding Treatment for Neonatal Abstinence Syndrome (NAS): expand comprehensive evidence-based treatment and recovery support for babies with NAS, long term treatment and services, and expand the continuum of care accessible to infant-need dyad.

Expansion of Warm Hand-off Programs and Recovery Services: expand navigators, on-call teams to begin MAT, warm handoff transition services, recovery services to include co-occurring disorders, and comprehensive wraparound services to individuals in recovery, as well as hire behavioral health workers to facilitate expansions.

Treatment for Incarcerated Population: provide comprehensive evidence-based treatment and recovery supports, including MAT, for people within and transitioning out of the criminal justice system.

Prevention Programs: conduct media campaigns to prevent opioid use, evidence-based prevention programs, medical provider education on prescribing practices, community drug disposal programs, train first responders to participate in diversion or response programs that connect at risk individuals with services.

Expanding Syringe Service Programs: provide comprehensive syringe services programs with more wrap-around services, including linkage to treatment, access to sterile syringes and linkage to care and treatment of infectious diseases.

Evidence-Based Data Collection and Research Analyzing the Effectiveness of the Abatement Strategies within the State

The Council shall review and make recommendations to the County Board of Commissioners pertaining to projects to be funded by any National Opioid Litigation Resolution, consistent with the current Plan and prioritized Approved Uses, in accordance with applicable contracting laws. The Council shall monitor the service delivery and administration of all programs under the Council's jurisdiction. The Council is required to report to the State on the use of funds in the County and participating municipalities within it, on a fiscal year cycle (for the period of July 1 to June 30).

Pursuant to the Council bylaws adopted by the Board of Commissioners on March 15, 2023, the Council will engage in a community needs assessment and planning process on a three year basis. The Council may initiate plan updates to respond to environmental changes, significant events, and other circumstances in the interim. Each planning process will incorporate opportunities for public feedback.

Executive Summary

The Ocean County Opioid Advisory Council (OCOAC) is a county-based planning, advisory and coordinating council dedicated to helping the community by providing input, advice, and recommendations to the County of Ocean and participating municipalities regarding the use of national opioid settlement funds. Staff of the Ocean County Department of Human Services (OCDHS) and the Ocean County Department of Management and Budget provide oversight to the Council, which consists of nine members and five alternate members serving three-year terms. Appointment to the OCOAC is regulated through the national opioid settlement which requires members to be appointed by title of County Prosecutor, County Mental Health Administrator, County Alcohol and Drug Abuse Director, County Appropriation of Funds Officer, person with lived experience with substance use and addiction issues, expertise in substance use disorder treatment or prevention, and a provider of behavioral health or substance use disorder treatment in the community.

It is the intention of the OCOAC to facilitate and enhance the delivery of Opioid Use Disorder (OUD), and subsequently Substance Use Disorder, services through collaborative relationships in the community and between local, county, state and federal agencies. The OCOAC seeks to utilize these relationships to identify high priority needs and improve access for target populations through its planning, coordinating, enhancing and implementation of initiatives at the county level. Ocean County's functional network of agencies and organizations are dedicated to delivering strong programs and services to the community and its most vulnerable residents. For 2022, Ocean County had 186 suspected overdose deaths and 748 Naloxone administrations. The high rates of opioid use in Ocean County continue to significantly affect individuals with substance use disorder, families, friends, businesses, and Ocean County as a whole.

The purpose of the 2023-2026 Plan discussed herein is to document current local needs and gain a better understanding of the community's perception of the services available within the county. The intended goal of the findings is to inform action steps toward appropriately utilizing the national opioid settlement funds, reducing identified barriers or enhancing current programs and services.

Priorities for funding identified by the Council are:

1. Public Awareness and Education
2. Care Management and Comprehensive Wraparound Services for Individuals with Substance Use Disorder and their Families
3. Preventing Substance Use and Early Intervention
4. Workforce Development

All four areas reflect core abatement strategies listed in Schedule A.

The Council intends to collaborate with the Ocean County Health Department on public health education efforts and to expand prevention programming. The Health Department recently completed a National Association of County and City Health Officials (NACCHO) grant program entitled Implementing Overdose Preven-

tion Strategies at the Local Level (IOPSL). OCHD developed an overdose monitoring system and collaborative response plan. Settlement funds will extend and expand this initiative with outreach and education to law enforcement and local businesses in an effort to mitigate misuse and overdose. OCHD also has a robust health education unit that works with an array of community partners and schools to facilitate presentations on a variety of topics that enhance physical and behavioral health literacy. Settlement funds will be earmarked towards an evidence-based primary or universal prevention program, to be delivered across a grade level consistently throughout the settlement timeline. Primary prevention aims to prevent substance use disorder before it occurs. A small portion of the funds will be available for data collection and analysis on the longitudinal outcomes of the program. Long term projects like this are best accomplished through intergovernmental partnership.

In compliance with the open and competitive contracting processes that govern units of local government including the County, community partner(s) will be sought to provide Care Management for individuals with substance use disorder. The scope of work will include resource navigation, assessment and care planning, peer support, and comprehensive wraparound supports and recovery services, with a strong family engagement and support component. The program scope will also incorporate deliverables regarding raising public awareness of substance use disorders and harm reduction tools and strategies, and outreach and education to law enforcement, criminal justice partners, first responders, and healthcare professionals. Aligned with the nationally recognized best practices, Care Management will be designed to meet people where they're at, helping to ensure services are comprehensive, individualized, available when they want them, and promote harm reduction principles.

To effectuate the workforce development priority, best practices will be employed that are sensitive to the staffing challenges behavioral healthcare organizations are experiencing. These include the adoption of fair rates that consider local cost of living and infrastructure, extending the workforce by encouraging innovation, realignment of existing programs, reduced administrative burden, and incentivizing participation through value-based or benchmark payment structures that promote positive consumer outcomes.

Behavioral Health Workforce Has Reached a Tipping Point

Access to behavioral health services is a complex topic impacted by systemic factors such as federal and state policy, payment, provider capacity, social determinants of health, historical disparities and an individual's capacity to engage in services. Limited funding streams for behavioral health contribute to non-competitive salaries for the nation's behavioral health workforce. This forms the foundation of the workforce shortages that have developed over time and are now at a crisis point. The reality is that individuals with mental health and substance use needs are facing challenges accessing adequate, timely and affordable care in every state in the country—and this can lead to dire consequences such as worsening symptoms, the need for acute care services, subsequent engagement in the criminal justice system and, in some cases, suicide or overdose.

-Health Management Associates

The Council encourages participating municipalities to consider mechanisms by which settlement funds may enhance naloxone training and distribution and other harm reduction strategies like syringe access programs in their respective communities.

Specific funding recommendations per priority area will be determined when all settlement distributions to Ocean County are finalized. No funds have been spent as of the writing of this Plan.

Methodology

A wealth of information, data, and feedback were gathered in the development of this Plan. A comprehensive community needs assessment was undertaken to identify needed services and target groups, existing services and service availability, and priorities for resource development and funding.

Needs Assessment Survey

An online needs assessment survey was developed to seek broad input on the importance of the Approved Uses of settlement funds for the residents of Ocean County. Survey respondents were prompted to anonymously rate each category of Approved Uses and individual Approved Uses with respect to their opinion of its importance to be developed or expanded in Ocean County. Importance refers to the need for funding in Ocean County. The list of uses were moderately abbreviated for clarity and to focus on County and local level strategies.

Respondents were asked to identify their municipality of residence and the interest group(s) they represent, including but not limited to consumer/ peer/ person with opioid use disorder, family member, service provider, education, faith-based organization, law enforcement, and/or government. This information was used to describe the sample who participated in the survey and evaluate the breadth of representation. In order to keep the survey brief, no other demographic information was collected.

A total of 168 survey responses were received during the period of February 16 through March 15. A report of the results, highlighting the most highly rated uses based on a weighted average generated by the web-based survey software, was shared with the Council in preparation for its executive planning session.

Public Forums

A series of forums were held to facilitate public participation in the planning process. A session was held at 2pm on Monday, March 6 at the Ocean County Library, Toms River. A session was held virtually on Monday, March 6 at 5pm. A session was held in the Southern Service Center in Manahawkin at 3pm on Tuesday, March 7. Each session began with a brief overview of the settlement, the Council, and the purpose of the forum given by the County's operations team tasked with staffing the Council. All attendees were given the opportunity to speak. Attendees were also invited to complete the survey and submit written testimony.

A report and thematic analysis of the feedback gathered through the public forums and a list of participants was shared with the Council in preparation for its executive planning session.

Written Testimony

Written testimony was invited from the public alongside the announcements regarding the survey and public forums. A dedicated email address was created to receive the feedback: OCOAC@co.ocean.nj.us. A qualitative, thematic analysis of the feedback was shared with the Council in preparation for its executive planning session.

Data Analysis

To inform the Council and provide context for the Plan, pertinent data points and trends, such as opioid use disorder treatment access, drug related deaths, drug related arrests, incidence of neonatal abstinence syndrome, and so forth were gathered. This background information was presented alongside the identified gaps, priorities for funding, and recommendations identified in other related plans and planning bodies, such as the Comprehensive Alco-

hol and Drug Abuse Services Plan and annual report of the Opioid Fatality Review Team. Information was cross referenced with the Approved Uses, needs assessment survey results, and forum feedback on funding priorities. All information is included in this Plan document; see *Ocean County Data and Trends*.

Opioid Advisory Council Executive Planning Session

The members of the Opioid Advisory Council convened for executive planning sessions on March 23, 2023 and April 27, 2023. A summary of the feedback received at the public forums, written testimony, and survey results had been provided to Council members in advance of the March 23 meeting. An overview of the comments at the three public forums that were held on March 6 and 7 was given to the Council, reflecting a need for education and outreach, improved availability of treatment, comprehensive wraparound supports and recovery services, and reducing stigma. A detailed summary of comments and written testimony was provided. An overview of the needs assessment survey results was given to the Council. After lengthy discussion, the Council selected four funding priorities.

The Council convened on April 27, 2023 to further refine the funding priorities. Discussion ensued regarding current programs, services, and initiatives in Ocean County geared towards preventing substance use disorders, helping individuals access services and supports, providing treatment, and preventing overdose deaths and strategies to build upon the strengths and address gaps. The Council members built consensus around programs to be developed or expanded in order to achieve the identified funding priorities. It was decided that funding appropriations will be determined when settlement distributions to Ocean County are finalized.

Public Comment Period on the Plan

A draft of the Plan was shared with the advance notice of the Council's open public meeting scheduled for May 25, 2023. At the meeting, an overview of the Plan was given and public comment on the plan was invited. The Council approved the Plan with additions to the *Continuum of Care* section.

Adoption by the Board of Commissioners

The Plan herein was adopted by the Board of Commissioners at its meeting of August 2, 2023.

Ocean County Data and Trends

“Ocean County is located within the Atlantic Coastal Plain of central New Jersey. In terms of size, the County is the second largest in the State and one of four New Jersey counties which border the Atlantic Ocean. Toms River Township, formerly Dover Township, serves as the County Seat and is centrally located within Ocean County. The County is in close proximity to two of the Nation's largest metropolitan centers, New York City, approximately 60 miles to the north and Philadelphia, roughly 50 miles to the west. In addition, Atlantic City is located approximately 50 miles to the south of the County Seat. These metropolitan areas are easily accessible to Ocean County via several major highways.”¹

Ocean County has 33 municipalities ranging in size from less than one square mile (Seaside Heights Borough) to over 100 square miles (Jackson Township). Lakewood, Toms River, and Brick Townships are the largest municipalities in population size. Ocean County has an extensive stretch of shoreline along the Atlantic Ocean and several beaches that are frequented by tourists and locals each year.

Ocean County households earn an estimated median income of \$76,644. The median income of households with children is \$99,603. The median property value is \$298,800. Compared to the state medians, Ocean County ranks below average among counties. The highest median property values for owner-occupied housing units are located in Mantoloking Borough while the lowest are in Manchester Township.

With 648,998 residents in 2021 according to the US Census Bureau, narrowly surpassing the population of neighboring Monmouth County, Ocean continues to grow. Ocean has been the second fastest growing county since 2009. From 2010 to 2022, the population of Ocean County grew 12.6%, contributing nearly 10% of New Jersey's total growth in that period of time. Half of the towns with the largest population gains statewide are located in Ocean: Lakewood (1), Toms River (2), Brick (3), Jackson (6), and Stafford (9).

Special Populations

Seniors. Ocean County is known for its plethora of retirement communities; nearly 100 in all. As of 2021, almost 150,000 residents are aged 65 years or older, representing 22.4% of the population of the County. This is significantly higher than New Jersey as a whole, where 16.9% of residents are seniors.

Children and Youth. The US Census estimates that 24.8% of Ocean County's population is comprised of children under the age of 18. This is higher than New Jersey at 21.8%. The population of youth in Ocean County will continue to increase in the coming years, as 7.2% of the total population is under five years of age; compared to 5.6% in NJ. Children in Ocean County are more likely to live in poverty than those across the state (18.7% versus 15.3%). This is especially true for very young children under 5 (23.0% versus 17.3%).

Veterans. There are 33,551 veterans residing in Ocean County according to the US Census; 7.0% of the adult population. The majority of veterans are seniors (61-68%, depending on source). In the last decade, the number of veterans in Ocean County has decreased, but remains the greatest concentration of all New Jersey counties.

Low Income. Ten percent of the population of Ocean County lives in poverty, comparable to the proportion in New Jersey as a whole. The median household income and per capita income are each about 15% lower than the statewide average.

“Substance use disorders (SUDs) are characterized by impairment caused by the recurrent use of alcohol or other drugs (or both), including health problems, disability, and failure to meet major responsibilities at work, school, or home.”

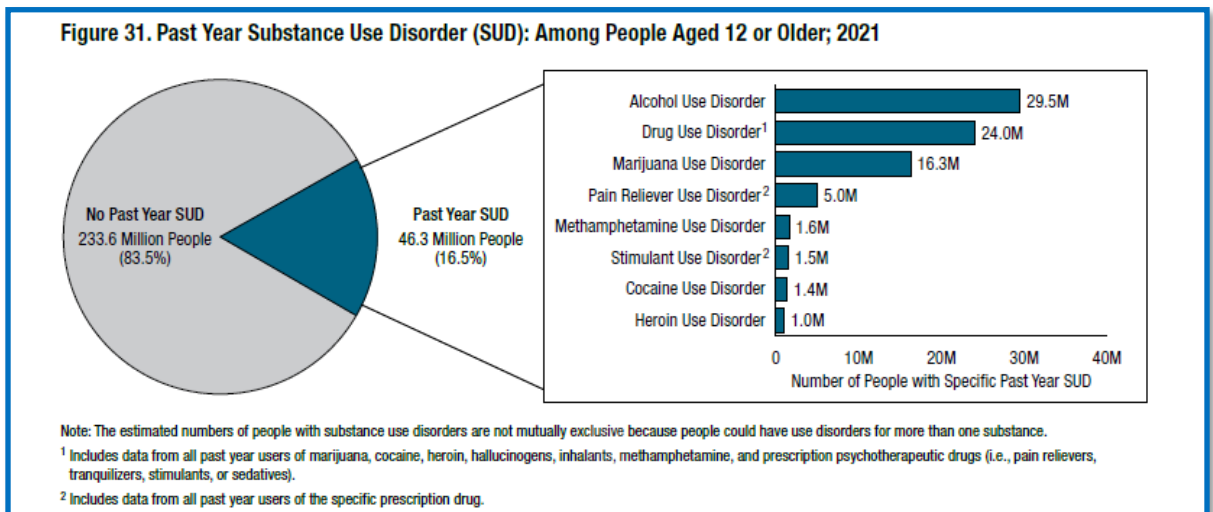
Substance Use and Opioid Use Disorders

According to the National Survey on Drug Use and Health (NSDUH 2021), 16.5% of people aged 12 or older exhibited a substance use disorder (SUD) in the past year. This estimate is based on a nationwide sample in 2021. Young adults are most frequently impacted by SUD; 25.6% of adults 18-25 years. Based on this estimate, there may be more than 80,000 residents of Ocean County experiencing an SUD. SUDs are considered brain disorders, as the use of drugs leads to long lasting changes in the structure and function of the brain.

Opioid Use Disorder (OUD) is described as problematic and recurrent use of opioids that leads to problems fulfilling obligations at work, school, or home and other distress such as tolerance, unsuccessful efforts to control or reduce use, continued use in physically hazardous situations and despite social, physical, or psychological problems caused by use. Opioids include the illegal drug heroin, as well as prescription opioid analgesics, which are a class of medications such as hydrocodone, oxycodone, morphine, and methadone used to treat both acute and chronic pain. There is a higher risk of substance dependence with opioids. Opioids can lead to physical dependence within as little as four to eight weeks of use. Abruptly stopping after a period of chronic opioid use leads to withdrawal symptoms that can last several days: generalized pain, chills, cramps, restlessness, anxiety, intense cravings, among others.

The Centers for Disease Control and Prevention (CDC) explains that the opioid epidemic has had three distinct waves, starting in 1990s when there was a marked increase in prescribing of opioids. In 2010, increases in drug related deaths involving heroin were recorded. Around 2013, a 39% increase in overdose deaths was seen across the US, many involving synthetic opioids such as fentanyl. From 1999 to 2013, the rate of drug poisoning deaths involving opioids nearly quadrupled.

Two percent (or 5.6 million people) reported an OUD in the past year in response to the NSDUH. The percentage of adults aged 26 or older (2.2 percent or 4.9 million people) with an OUD was higher than the percentages of adolescents aged 12 to 17 (1.0 percent or 259,000 people) or young adults aged 18 to 25 (1.3 percent or 438,000 people). In Ocean County, this would equate to about 10,000 residents living with OUD.



Access to Treatment

American Society of Addiction Medicine (ASAM) defines levels of substance use disorder (SUD) treatment on a continuum, ranging from lowest to highest intensity (pictured at right). A directory of treatment providers is included in this plan [Continuum of Care, page 25]. Access to treatment is an ongoing concern in the behavioral health field. This is partly due to coverage (e.g. individuals having adequate health insurance and financial resources to pay for treatment) and partly due to availability (e.g. adequate number of qualified providers of all levels, that accept coverage).

Residents can access SUD treatment in a variety of ways: direct outreach to a provider, inquiry through a health insurer, or utilizing one of many access and referral sources. Statewide, the Interim Managing Entity will provide a screening over the phone and linkage to treatment.

In Ocean County, 68% of the population have private insurance. The Mental Health Parity and Addiction Equity Act (MHPAEA) of 2008 requires health insurers to provide the same level of benefits for mental and/or substance use treatment and services that they do for medical/surgical care. Individuals who have private insurance should be able to access treatment through practitioners and provider agencies in their plan’s network. Private insurance plans vary widely as to specific benefits and services covered, costs (premiums, deductibles, and copays for services), and provider networks.

In 2021, it is estimated that 4.4% of Ocean residents are uninsured. To service individuals who are uninsured and low income, Alcohol Education, Rehabilitation and Enforcement Fund (AEREF) and other State discretionary funds for treatment are administered by the Ocean County Health Department. A range of clinical and recovery support services are contracted by the OCHD, driven by a triennial Comprehensive Plan and community needs assessment.

The State Division of Mental Health and Addiction Services also funds a network of licensed SUD treatment providers through fee-for-service funding initiatives for special populations, including recipients of WFNJ and individuals charged with driving under the influence or on parole. Ocean County adolescents aged 13—18 years old may be eligible for funding for treatment through the South Jersey Initiative (SJI).

Medicaid is the single largest payer for SUD treatment nationwide. New Jersey expanded Medicaid eligibility in accordance with the Affordable Care Act (ACA) starting in 2014. In addition to the aged, blind, and disabled, the following groups are eligible for Medicaid:

- Adults under age 65 a part of households with incomes up to 138% of the federal poverty line (FPL)
- Children with household incomes up to 350% of FPL. In 2023, eligibility is regardless of immigration status.
- Pregnant women with incomes up to 200% of FPL. Coverage continues for 12 months after the baby is born.

In Ocean County, more than 150,000 people or 23.7% of the population receive Medicaid coverage. Starting in 2018, New Jersey Medicaid plans cover a full continuum of SUD treatment, including long term residential. Trained behavioral health providers can establish presumptive eligibility for Medicaid for individuals seeking care who are otherwise uninsured.

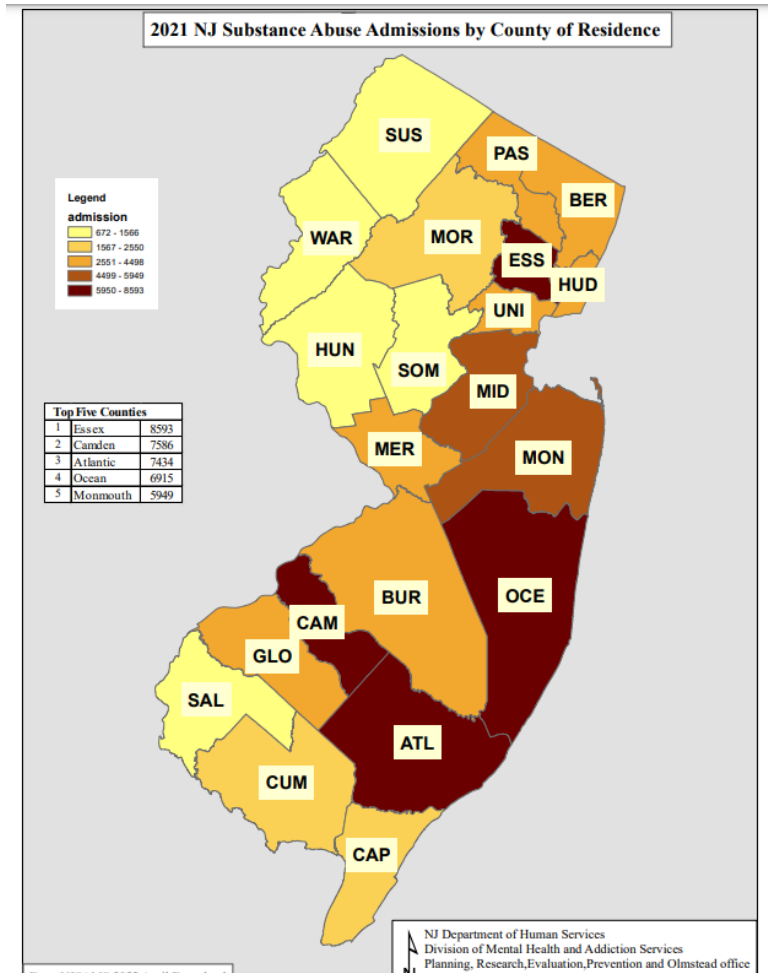


Publically funded treatment providers are required to enter de-identified information about individuals receiving care in NJ SAMS. The NJ Division of Mental Health and Addiction Services (DMHAS) makes available County level statistical reports from this data. While it is only reflective of a segment of individuals seeking treatment and a segment of providers, it gives important insight into trends and needs in Ocean County.

In 2021, there were 6,915 admissions to publicly funded substance use treatment by 3,815 unique residents of Ocean County. The table at right shows demographic data for the admissions from Ocean County residents.

Ocean County represents about 8% of treatment utilization statewide; an elevated rate in relation to the County’s proportion of the population (6.7%). Ocean ranks 4th among counties for treatment admissions (see map).

Historically, there has been an average of 7,200 admissions to care by Ocean County residents each year. There was a 20% decrease in treatment utilization in 2020, sustained into 2021, statewide as well as locally; negatively correlated with a rise in overdose deaths.



Sex

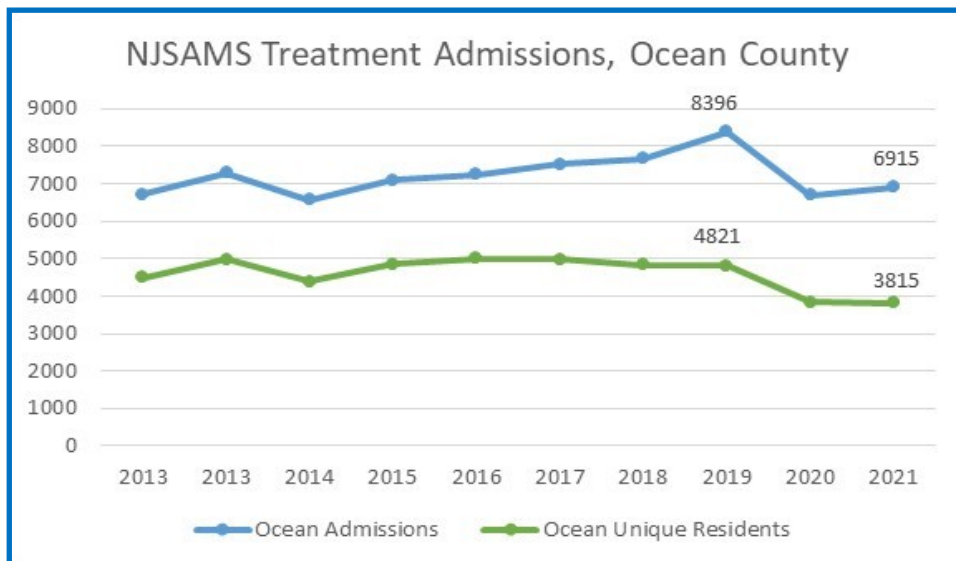
Male	4,554	66%	Female	2,356	34%
------	-------	-----	--------	-------	-----

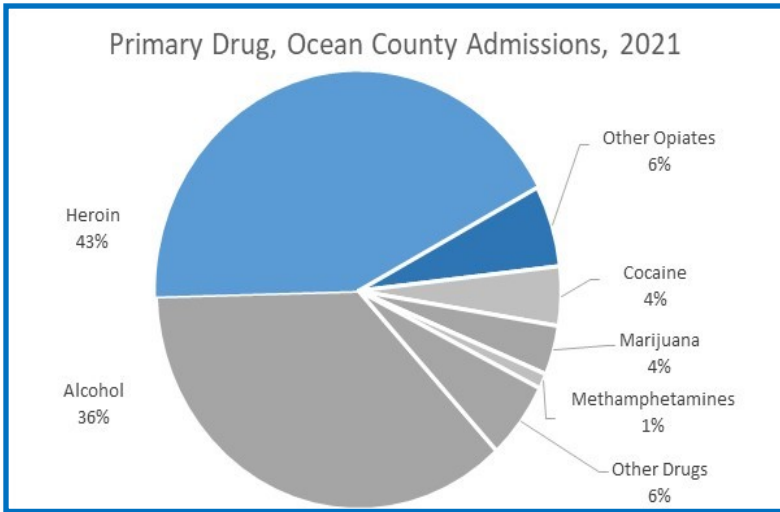
Race/Ethnicity

White (non-Hispanic)	6,029	87%
Black (non-Hispanic)	376	5%
Hispanic Origin	477	7%
Other	33	0%

Age

Under 18	12	0%	30-34	1,353	20%
18-21	153	2%	35-44	1,971	29%
22-24	319	5%	45-54	1,164	17%
25-29	1,107	16%	55 and over	836	12%





The majority of admissions to addiction treatment of Ocean County residents are due to heroin or other opiate use. Ocean contributed the most admissions and, specifically, the most admissions due to opioids among counties in New Jersey from 2012 to 2017. In 2021, 43% indicated the primary drug was heroin, which is the most common among all individuals seeking care, in addition to 6% other opiates. 38% of the individuals reported intravenous drug use. The services utilized most often are outpatient (23%), intensive outpatient (21%), and detox residential

(20%).

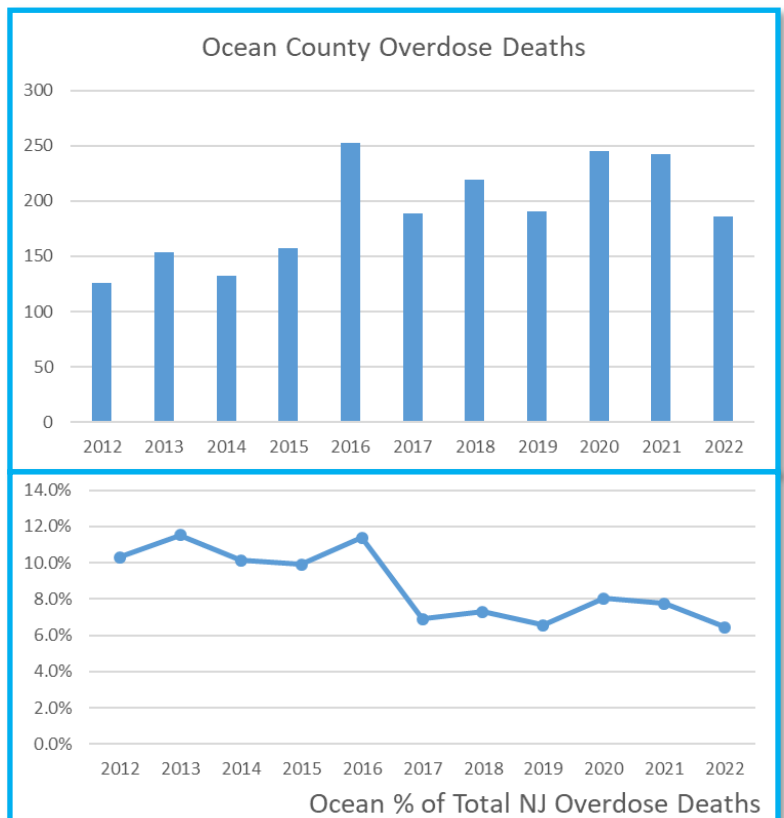
In 2021, 49% of Ocean County residents received care out of county. Statewide, 50% of residents receive treatment outside of their home county. Publicly funded detox and residential levels of care are not located in Ocean County.

Drug Related Deaths

Opioid use disorder (OUD) is of particular import due to the heightened risk of overdose and death associated with use of opioids. Opioids were found in almost 75% of all drug related deaths in 2020 nationwide, according to the CDC.

The impact of the overdose epidemic in Ocean County is a true public health issue. Compared to other counties in New Jersey, an unprecedented number of overdose deaths were reported in Ocean County beginning in 2016. The number of drug related deaths had been slowly declining, attributed to public focus on the issue and availability of naloxone to police, first responders, and the public. As seen nationwide, overdoses increased again in 2020 due to the COVID-19 pandemic, isolation, anxiety, stress, and decreased access to natural and clinical supports.

In 2022, there were 186 suspected overdose deaths in Ocean County as well as 748 reported administrations of naloxone. More than 300,000 prescriptions of opioids were dispensed that year, heightening the risk of misuse.

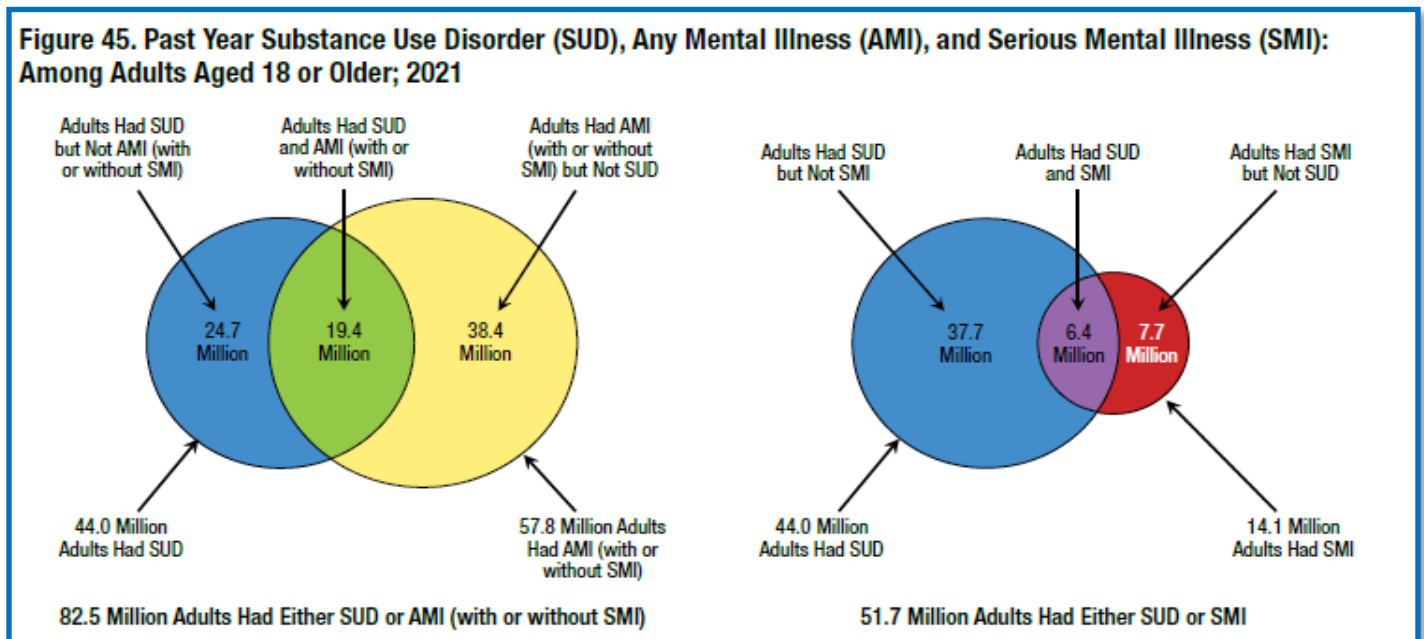


Correlates and Risk Factors

The underlying causes of substance use disorders (SUD) are varied and complex. Risk factors refer to circumstances among youth that are associated with an increased likelihood of SUD later on. The presence of a risk factor doesn't mean that a particular young person will develop an SUD, and there may be individuals with SUD that have few or no risk factors. Some risk factors include:

Availability of drugs and alcohol	Risk taking and impulsivity	Adverse childhood experiences
Community poverty	Early antisocial or aggressive behavior	Friends who use drugs/ alcohol
Low neighborhood attachment and community disorganization	Poor social skills	Early first use
Discrimination	Chronic pain or physical illness	Lack of parental supervision
Genetic predisposition	Positive attitude toward substance use	Transition and mobility: moving homes and changing schools often
	Academic failure or difficulty at school	Family conflict

Untreated psychiatric disorders are considered a risk factor for developing an SUD, along with many other genetic and environmental factors. In the 2021 NSDUH, 44% of adults with SUD also experience a mental illness. A smaller cohort of 15% experience a co-occurring serious mental illness. Of the Ocean County residents receiving publicly funded treatment in 2021, 66% were identified as experiencing a co-occurring mental illness. Based on the national estimates, there may be 12,000 adults in Ocean County living with co-occurring substance use and serious mental health disorders.



Estimates of trauma exposure among individuals with substance use disorder (SUD) are particularly high, ranging from 50 to 90% depending on the source. The self-medication hypothesis of substance use posits that people use drugs and alcohol and develop substance use problems in an attempt to manage distress associated with the effects of trauma exposure and traumatic stress symptoms. Some research suggests that opioids may be the preferred type of drug used by individuals with histories of childhood trauma because opioids have the potential to numb both physical and psychological pain. In turn, traumatic stress may make it more difficult for individuals to stop using, as exposure to reminders of the traumatic event have been shown to increase drug cravings in people with co-occurring trauma and substance abuse. On the other hand, substance use is also a risk factor for trauma, where using drugs and alcohol is commonly correlated with risky behaviors such as hitchhiking and walking in unsafe neighborhoods, and experiencing trauma and witnessing violence.

A recent CDC study showed that the odds of opioid misuse increased as the number of adverse childhood experiences (ACEs) increased. Students experiencing five or more ACEs were 15 times more likely to report opioid misuse than those experiencing no ACEs. Losing a loved one to overdose or suicide during childhood can increase the risk of overdose or suicide. Experiencing trauma before age 18 is associated with increased odds of opioid misuse; the odds of opioid misuse are approximately three times higher among adults with four or more different experiences of trauma.

The Ocean County Overdose Fatality Review program has been in place since 2018, bringing together a multidisciplinary group to analyze the circumstances around drug related deaths in an effort to inform planning and resource development. The goal is to identify programmatic fissures in public systems and social services that, if strengthened, could prevent future deaths. Over four years, 186 cases have been reviewed, which is a sample of around 20% of all overdose deaths. The Ocean County program was recognized as a model practice by the National Association of County and City Health Officials (NACCHO) in 2019 and serves as a technical advisor to other counties.

Common circumstances include:

- 90% of overdoses happened at home
- 72% had a known criminal history; one quarter were convicted of driving under the influence
- 62% had been linked to substance use treatment at some point
- 51% had been diagnosed or linked to mental health treatment
- 51% were reported to have fair or poor health
- 53% were employed and 45% did not graduate from high school
- Trauma was identified in 17% of cases

These findings further evidence the need for connections to treatment, both SUD and mental health and the importance of collaboration with justice system and healthcare partners. The low instance of trauma underscores a gap in screening for and reporting traumatic experiences.

Pregnant and Parenting Women and Their Families

The settlement agreement Exhibit E, Schedule A lists core abatement strategies that participating areas are encouraged to prioritize. Of the 25 core strategies, several address the needs of pregnant or parenting women with opioid use disorder and any co-occurring substance use and mental health conditions, and the needs of their families, including babies with neonatal abstinence syndrome (NAS). The State funds two initiatives for this population.

The **Pregnant Women/Women With Dependent Children Initiative** provides a network of specialized substance abuse treatment services, including methadone maintenance, residential, halfway house, and outpatient. Programs address clinical treatment, clinical support, and community support services. Specialized services includes primary medical care for women, referrals for prenatal care; primary pediatric care; trauma informed and trauma specific substance abuse treatment; therapeutic interventions for children in custody of women in treatment; case management, transportation and child care to ensure that women and their children have access to these services. Additional services include aftercare, linkages, assistance with housing, and recovery management.

The **Maternal Wrap Around Program** provides intensive case management and recovery support services for opioid dependent pregnant and postpartum women, during pregnancy and up to one year after the birth event. Intensive case management focuses on developing a single, coordinated care plan for pregnant/postpartum women, their infants and families. Recovery Support Specialists provide non-clinical assistance and recovery supports while maintaining follow-up. The overall goal of the MWRAP is to alleviate barriers to services through comprehensive care coordination and reduce potential harm of prenatal substance exposure pre-pregnancy, prenatal, at birth, neonatal and early childhood.

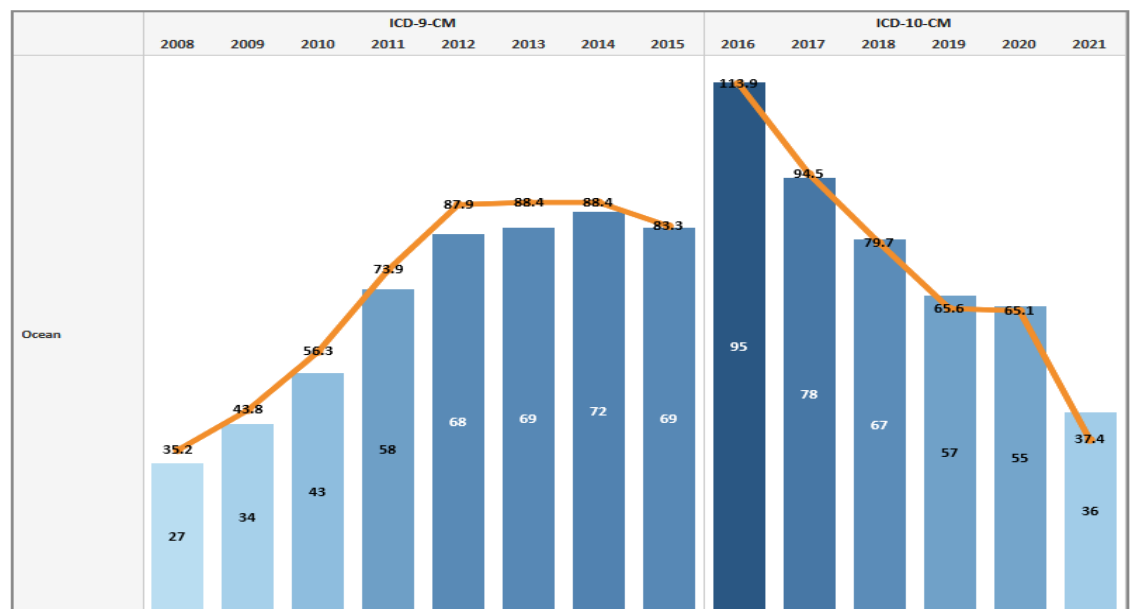
The general fertility rate in Ocean County is substantially higher than the statewide rate; at 93.7 live births per 1,000 women age 15 to 44 years old, compared to 59.3 in NJ and 58.3 nationwide.

There has been a significant decline in the number of cases of Neonatal Abstinence Syndrome (NAS) in Ocean. In 2021, there were 36 NAS cases, for a rate of 37.4 per 10,000 live births. At the height of 2016, there were 89 cases of NAS, for a rate of 1 per 129.1 per 10,000 births.

The majority of incidences of NAS are to births by Caucasian women. Between 40-75% of the births were covered by Medicaid. 10-20% of the women had private health insurance. Around 3-10% were uninsured.

In 2021, 1% of the treatment admissions were to pregnant women (55 total).

NAS Cases and Rates per 10,000 Births *



Justice Involved Individuals

Another set of core abatement strategies center around treatment for the incarcerated population and individuals transitioning into the community from the criminal justice system. Specifically, the identified priority is evidence-based treatment and recovery support, including medication assisted treatment (MAT) for persons with opioid use disorders (OUDs) and co-occurring substance use and mental health disorders, within and transitioning out of the criminal justice system.

Individuals who use drugs are more likely to become involved in the criminal justice system. The majority of people in jails (53%), state prisons (56%), or federal prisons (50%) met DSM-IV criteria for a substance use disorder (SUD) at the most recent national surveys. While the exact rates of inmates with SUDs is difficult to measure, some research shows that an estimated 65% percent of the United States prison population has an active SUD. Another 20% percent did not meet the official criteria for an SUD, but were under the influence of drugs or alcohol at the time of their crime.

Numerous studies have documented greatly elevated risk of death when people are released from jail or prison with the leading cause of death being drug overdose. In the first two weeks after release, the risk of opioid overdose is 40 times higher for those who were incarcerated compared to the general population.

Formerly incarcerated individuals with SUDs or substance-related criminal charges are more likely to be re-incarcerated than those without substance involvement.

Existing Initiatives

Behavioral health and justice partnerships are a strength in Ocean County. Existing initiatives to ensure access to treatment and prevent overdose deaths include:

Blue Hope—offers SUD screenings at local police departments, and referral and linkage to the needed level of care. Any person who voluntarily enters one of the participating departments on the scheduled day and time will be immediately screening and offered appropriate resources.

Driving Under the Influence Initiative (DUII) - supports treatment of financially indigent residents who have been convicted or recently arrested for a DUI charge. Funds cover the full range of the continuum of care.

Recovery Court—Since 2002, more than 30,000 individuals have participated in Recovery Court (formerly known as Drug Court). Recovery Court allows individuals to receive treatment, counseling, guidance, and close supervision to address non-violent crime related to drug and alcohol dependency.

Mutual Agreement Program (MAP) - Collaboration between DMHAS and DOC to support a fee-for-service network of licensed community-based substance use treatment programs for State prison inmates pending or on parole.

Justice Involved Services— Designed to assist persons with serious and persistent mental illness who become entangled with the criminal justice system, Justice Involved Services helps to avoid or reduce incarceration among this population and/or assist with reentry to their communities in order to receive the appropriate treatment. Individuals with co-occurring mental illness and SUD may be served. Several municipal courts in Ocean County are engaged in a Justice Involved Services pilot.

On Point—The On POINT program embeds a social worker into local police departments to address the high

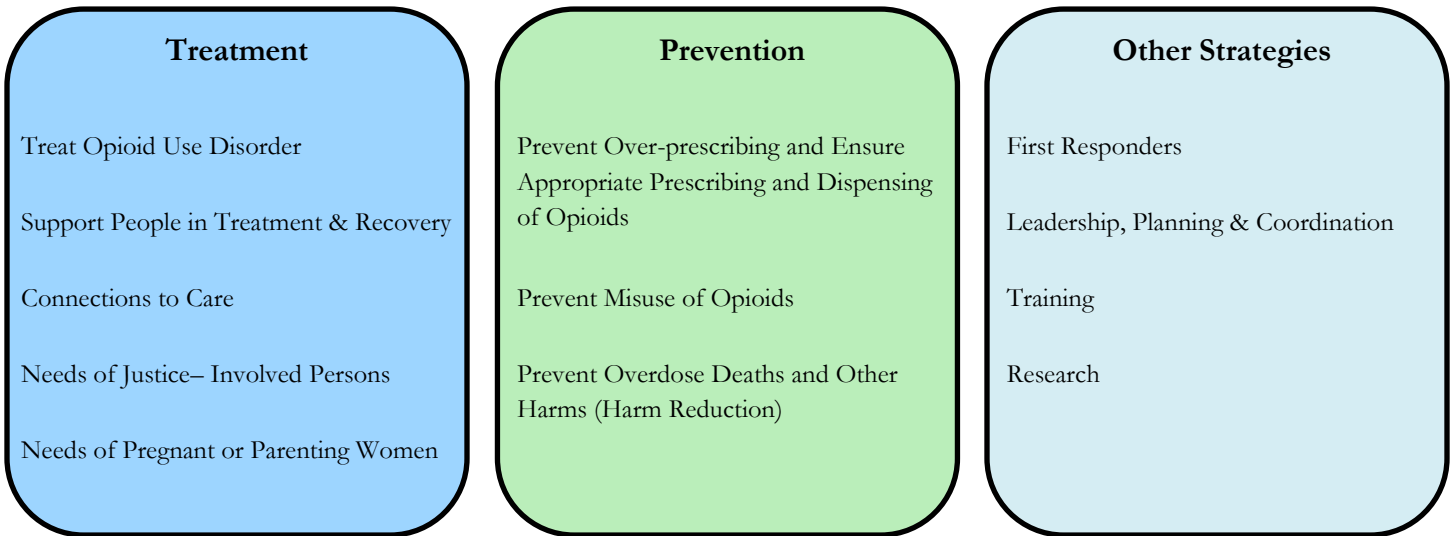
volume of mental health, substance abuse, and social service related calls and incidents that utilize a considerable volume of police and emergency resources. The social worker follows up and facilitates linkages to treatment and other resources.

Operation Helping Hand—Through funding from the Attorney General’s Office, the Ocean County Prosecutor’s Office facilitates community outreach and education regarding SUDs; peer support, guidance, and recovery opportunities for individuals who have overdosed and surviving family members; and diversion into addiction treatment rather than continue with traditional prosecution of pending municipal court charges.

Arrive Together—Through funding from the Attorney General’s Office, a mental health clinician will be available to law enforcement officers in Beachwood, Berkeley, Ocean Gate, and Pine Beach to respond to 9-1-1 calls for service relating to mental or behavioral health crises, including but not limited to SUD. Program set to begin 2023.

Law Enforcement Assisted Diversion—Brick Township is one of six sites statewide where LEAD will be implemented in 2023. LEAD give officers discretion to forego criminal charges against individuals repeatedly engaged in low-level crimes driven by underlying issues of addiction, poverty, and/or mental health, and instead redirect them to community-based programs and services to address those issues.

12 Categories of Approved Uses



Public Forum Feedback

The Ocean County Opioid Advisory Council held three open forums allowing public input to assist the Council in determining priority uses:

Monday, March 6 at 2:00pm – Ocean County Library – Toms River Branch

Monday, March 6 at 5:00pm – Virtual – Via Webex

Tuesday, March 7 at 3:00pm – Ocean County Southern Service Center

The forums were advertised through the mailing lists and social media of the Ocean County Department of Human Services.

The input from the first public forum surrounded education and early intervention. It was noted that reducing stigma, among youth specifically, is an important topic. In conversation about the adult population, it was stated that the court system is difficult to navigate for agencies/ providers/ peer recovery specialists assisting individuals with opioid use disorder. The Council was asked to utilize funding toward additional supportive services for parents/families.

A focal point of the conversation was also to expand or operationalize services in the southern Ocean County area. Additionally, increasing outreach to the community about the availability of services was a topic of conversation at the table. Community members that attended the virtual forum also stated outreach to be an important funding opportunity. It was also expressed that the youth and young adult population are underserved. The undocumented/immigrant population was also mentioned as an underserved community.

A number of individuals spoke about the lack of transportation within Ocean County. It was stated that transitional services like housing, transportation or employment are important steps within an individual's recovery timeline.

The third forum brought up similar points. It was stated that southern Ocean County abundantly lacks resources for individuals experiencing opioid use disorder. It was also explained that a majority of services are located in Toms River and individuals who live outside of that with no transportation, have difficulty getting to appoint-

ments. Some individuals at the forum did feel that evidence-based treatment and harm reduction strategies that are currently implemented within the county are working well. It was also stated that having detox units within hospital emergency departments could be beneficial to improve access. The conversation mostly focused on expanding case management and long-term recovery services. The need for transitional services after clinical treatment – housing, transportation, etc. – were mentioned as important areas to commit funding. It was also suggested to have peer recovery specialists in hospitals. A few felt as though supportive services for pregnant and parenting women were not currently available within the county.

Members of the New Jersey Organizing Project shared the principles of their “Not One More” campaign: affordable, accessible treatment including facilities, supportive housing, and harm reduction programs in under resourced areas; evidence-based compassionate care by peers and case managers as well as trained healthcare personnel; recovery community organizations and supports in schools; and transparency, accountability, and oversight measures of the Council and settlement dollars.

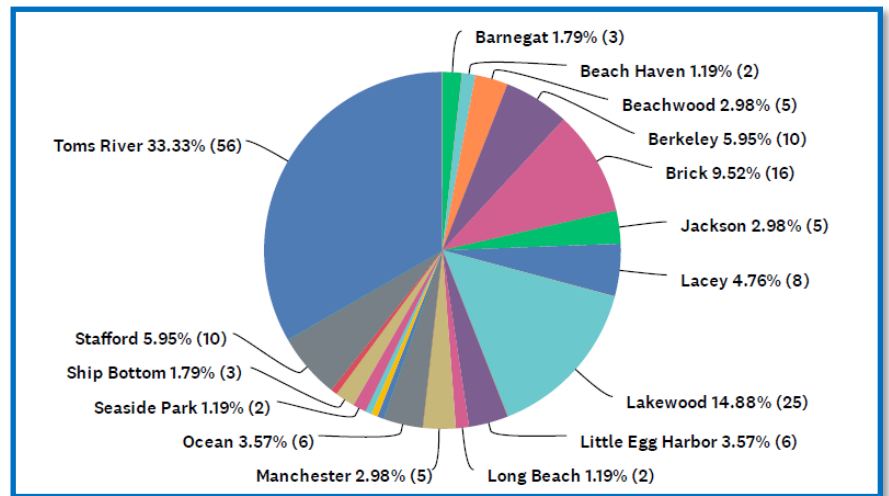
Needs Assessment Survey Results

168 responses to the survey were received. The largest representation of municipality was Toms River at 33%. Nineteen percent of the respondents indicated they reside or work in Southern Ocean County, defined as Waretown or below.

Behavioral health services providers represented 37% of the survey respondents. One quarter indicated they are a family member of a person with opioid use disorder. Eight percent identified as a person with opioid use disorder. Survey respondents could indicate that they represent more than one interest group.

Of the 12 categories of approved uses, the four ranked most important were:

- Supporting individuals in treatment and recovery (weighted average of 1.2)
- Prevention of overdose deaths and other harms (1.24)
- Treatment of Opioid Use Disorder (1.26)
- Connections to Care (1.31)



Use of Funds Category: Priority 1
Supporting Individuals in Treatment & Recovery

81% <i>MOST IMPORTANT</i>	19% <i>IMPORTANT</i>	0% <i>OTHER</i>
-------------------------------------	--------------------------------	---------------------------

Use of Funds Category: Priority 2
Prevention of Overdose Deaths and Other Harms

78% <i>MOST IMPORTANT</i>	20% <i>IMPORTANT</i>	2% <i>OTHER</i>
-------------------------------------	--------------------------------	---------------------------

Use of Funds Category: Priority 3
Treatment of Opioid Use Disorder

75% <i>MOST IMPORTANT</i>	24% <i>IMPORTANT</i>	1% <i>OTHER</i>
-------------------------------------	--------------------------------	---------------------------

Use of Funds Category: Priority 4
Connections to Care

71% <i>MOST IMPORTANT</i>	28% <i>IMPORTANT</i>	1% <i>OTHER</i>
-------------------------------------	--------------------------------	---------------------------

Three of the four categories fall within the treatment strategies. Research (1.83), needs of justice-involved persons (1.74) and Leadership planning and coordination (1.7) were ranked least important. Very few members of the sample represented justice system partners (1.79%).

Of the individual approved uses, the highest rated were:

Use	Category	Weighted Average
Availability of treatment*	Treatment of OUD	3.77
Continuum of care for treatment and recovery (supportive housing, per support services, case management.)*	Supporting individuals in treatment & recovery	3.62
Counseling, peer support, recovery case management., and residential treatment with access to medications*		3.57
Comprehensive wraparound services (housing, transportation, education, job placement training, childcare)*		3.55
Screening of individuals with opioid use disorder for a history of trauma	Treatment of OUD	3.33
Evidence-based withdrawal management services*	Treatment of OUD	3.31
Transportation to treatment or recovery services	Supporting individuals in treatment & recovery	3.30
Recruitment & retention of behavioral health professionals to support existing services		3.26
Community support services (e.g. social and legal)		3.25
Mental health programs for at risk youth	Prevent misuse of opioids	3.25

* indicates core abatement strategies highlighted in the settlement agreement

Priority Uses

1. Public Awareness and Education

Public awareness and community education was identified as a top priority for settlement funds. Specifically, public awareness on the availability of treatment, resources, and naloxone; information and education to support law enforcement with resources and naloxone; education for families on the chronic nature of substance use disorder and family support resources; education and consultation for local businesses on environmental strategies to mitigate use and overdose; and prevention education for youth and families.

Difficulty navigating treatment can be addressed, in part, by greater knowledge of the continuum of care for the general public and visibility of the recovery community. There are many wonderful programs, services, and initiatives in Ocean County. Law enforcement and other first responders are often on the front lines of the opioid epidemic, responding to overdoses and interacting with individuals with substance use disorders and family members. First responders are key agents of information.

Another aspect of public awareness that was prioritized was around the chronic nature of substance use disorder. Substance use disorders involve recurrent cycles of relapse and recovery. The traditional acute care approach has encouraged people to suppose that patients entering treatment should be cured and able to maintain lifelong abstinence following a single episode of specialized treatment. However, longitudinal studies have shown that, on average, people reach sustained abstinence only after three to four episodes of different kinds of treatment over a number of years. There are long-term and cyclical dynamics of the disorder.

Community education about naloxone, how to use it, and where to obtain it is a paramount harm reduction strategy. Over the last several years, distribution of naloxone has exponentially increased. All law enforcement and first responders are equipped with kits to address overdose as well as kits to leave behind with the individual and/or

family after a nonfatal overdose has occurred. The Health Department and Urban Treatment Associates offer free kits and training on how to use them to community groups and interested members of the public. In early 2023, the Governor announced the Naloxone 365 initiative. Pharmacies who chose to participate will distribute naloxone free and anonymously to the public, 14 years or older, upon request. The Department of Human Services is also seeking to partner with two- and four-year colleges and universities to make naloxone available on campuses. In April 2023, the FDA approved nasal spray naloxone as an over-the-counter medication available without a prescription, further advancing harm reduction efforts.

2. Care Management with Comprehensive Wraparound Services

To address the key issues identified in the needs assessment survey and public forums, the Council has prioritized Care Management with comprehensive wraparound services. Care management is a coordinated, individualized approach that links individuals with substance use disorder with appropriate services to address their specific needs and help them achieve their stated goals. Care management would assist with navigating the existing continuum of care and various funding streams, and foster continuity of care during transitions between clinical levels and service providers. An important component would be support for the family. Care management has been recognized as a resource gap by the Overdose Fatality Review team. Ideally, in accordance with best practices, care management would apply a peer model.

Transitions between levels of care are associated with a high risk of relapse. Better outcomes are realized when there are active, warm handoffs from one program to the next discharge recommendation. This area is another priority for resource development identified by the Overdose Fatality Review. Outside care management could serve as a bridge between programs and providers for individuals with substance use disorders, and help to negotiate school support, compliance with conditions of pretrial release and probation, and other services to support recovery. Care management could also provide ongoing monitoring and early re-intervention.

Wraparound services are integral to achieving and maintaining recovery. The Care Management program will assist individuals with substance use disorders obtaining required documents, coordinate with the existing workforce development and job training system, and provide or facilitate housing, transportation, child care, clothing, food, and basic needs.

Another key deliverable for the Care Management program will be outreach and community education, aligned with the first priority. The community partner(s) operating Care Management will be expected to enhance the visibility of services and resources in the community, provide community education on substance use disorders, and collaborate with police, first responders, healthcare, justice system, and maternal child health partners.

3. Preventing Substance Use and Early Intervention

The Council recognized the importance of preventing substance use by youth and young adults, and cultivating mechanisms to intervention early when risk factors or early use are detected. Some 90 percent of all individuals with dependence started using before the age of 18, and half started before the age of 15. The earlier an individual begins use, the longer the length of use, which leads to poorer overall health outcomes and reduces the likelihood of recovery.

Beginning treatment earlier is associated with fewer years of use before achieving recovery. In one study, individuals who began treatment within 10 years of their initial drug use achieved a year or more of abstinence after an av-

erage of 15 years, compared with 35 or more years among those who entered treatment after 20 or more years of use.

The Council prioritized an evidence-based primary prevention initiative. Primary prevention is designed for youth before they are exposed to substances or start experimenting. A model will be chosen that addresses risk and protective factors for substance use and demonstrates outcomes to reduce the likelihood of misusing opioids and developing opioid use disorder will be chosen. Ideally, the program would be offered universally throughout a grade level. It will be accompanied by a longitudinal outcome study.

4. Workforce Development

A primary issue impacting the existing providers' ability to offer responsive, quality care is difficulty recruiting and retaining staff. There has been significant staff attrition in behavioral health care, especially nonprofit organizations, consistent with the trends that have been seen throughout health care and many other industries since the pandemic. It is paramount to support the infrastructure of existing programs and services, to keep them fully staffed with qualified and experienced practitioners. Retention efforts such as professional development opportunities, benefits, etc. are another challenge.

Additional Local Considerations

The Council encourages participating municipalities to consider mechanisms by which settlement funds may enhance naloxone training and distribution and develop harm reduction centers, if the local area desires to make those services more accessible to their respective communities. State law allows physicians to prescribe naloxone and pharmacies to dispense it to anyone in a position to assist others during an overdose. Local leadership is uniquely positioned to raise awareness of these options to their residents. While the Syringe Access Bill (S3009/A4847) removed the municipal ordinance requirement for syringe access programs in January 2022, local leadership remains instrumental in bringing harm reduction centers to their communities.

Funding Recommendations

Settling Distributors Agreement, Janssen Agreement, and Mallinckrodt Bankruptcy		
Payment Name	Payment Year	Ocean County Allotment
		4.9497293624%
Settling Distributors Agreement Total	2022-2038	12,240,051.92
Janssen Agreement Total	2022-2038	2,813,359.66
Mallinckrodt Bankruptcy Total*	2022-2038	104,324.39
Total National Opioid Settlement & Bankruptcy Proceedings	2022-2038	15,157,735.97

Distributions to the County of Ocean from the settlements with Janssen and distributors Cardinal, McKesson, and AmerisourceBergen will total more than \$15 million over the 18 year period (see chart above). The 12 municipalities in Ocean County that are participating in the settlement will receive additional, direct distributions (see chart below).

Anticipated payments to Ocean County will vary from year to year throughout the settlement period. The amount of funds from the settlement to Ocean County averages \$842,096.44 per year. In an effort to provide a consistent level of care throughout the settlement timeline, Ocean County plans to create annual budgets based on the average annual allotment, rather than the payment schedule.

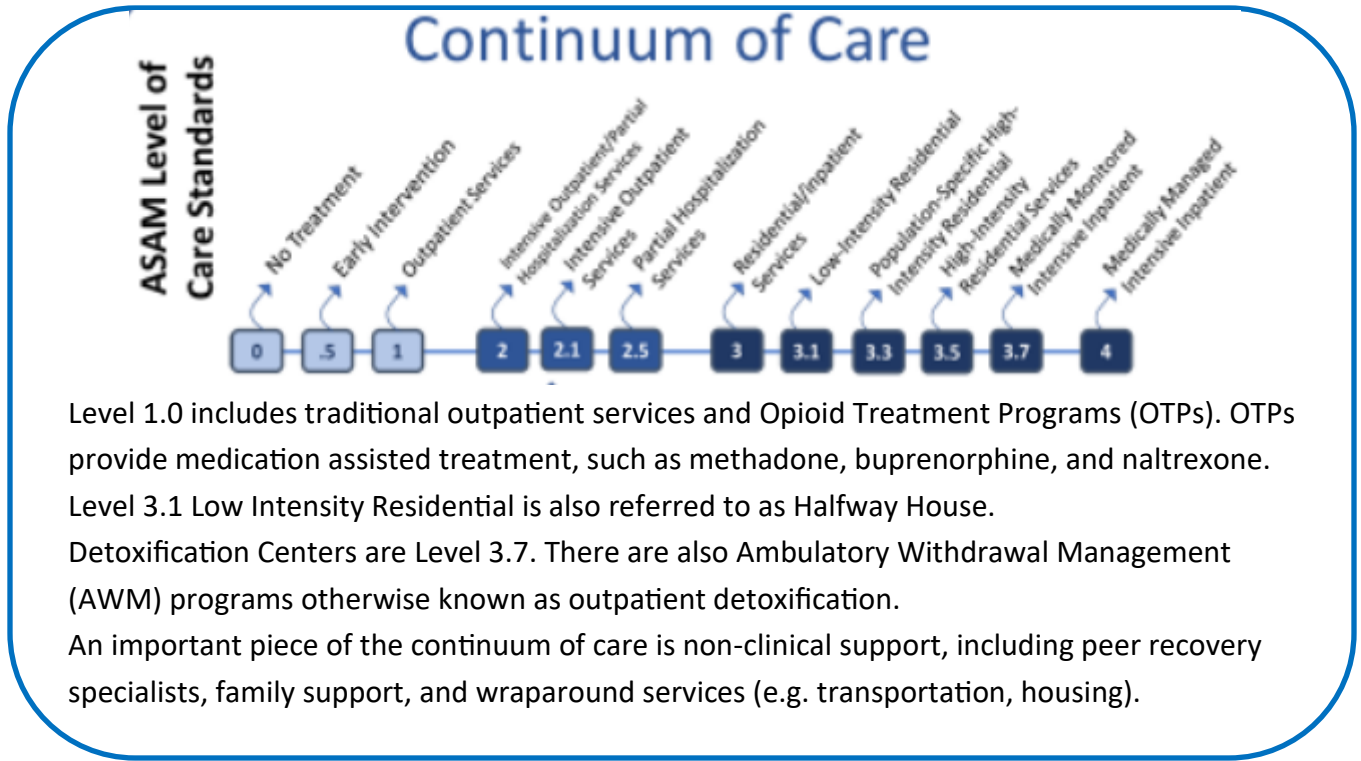
Distribution from the additional settlement with CVS, Walmart, Walgreens, Allergan, and Teva is unknown as of the writing of this Plan. Therefore, specific funding recommendations per priority area will be developed by the Council as a Plan addendum.

As of the writing of the Plan, none of the settlement funds to Ocean County have been spent.

Total Opioid Payment Schedule by Year	
Payment Year ¹	Ocean County Allotment
2022	\$1,637,429.14
2023	925,613.96
2024	1,190,717.10
2025	1,250,512.72
2026	748,192.76
2027	748,192.76
2028	945,250.93
2029	975,062.08
2030	975,062.08
2031	841,784.92
2032	702,845.36
2033	702,845.36
2034	702,845.36
2035	702,845.36
2036	702,845.36
2037	702,845.36
2038	702,845.36
Total	\$15,157,735.97

Settling Distributors Agreement, Janssen Agreement, and Mallinckrodt Bankruptcy							
Payment Name	Payment Year	Barnegat Township	Beachwood Borough	Berkeley Township	Brick Township	Jackson Township	Lacey Township
		0.1626638814%	0.0492329228%	0.2619731788%	0.5908193174%	0.2670097394%	0.1502291236%
Settling Distributors Agreement Total	2022-2038	402,247.11	121,746.76	647,826.39	1,461,021.12	660,281.17	371,497.54
Janssen Agreement Total	2022-2038	92,455.96	27,983.33	148,902.03	335,813.76	151,764.75	85,388.22
Mallinckrodt Bankruptcy Total*	2022-2038	3,428.43	1,037.67	5,521.55	12,452.57	5,627.71	3,166.35
Total National Opioid Settlement & Bankruptcy Proceedings	2022-2038	498,131.51	150,767.77	802,249.98	1,809,287.45	817,673.62	460,052.10

Payment Name	Payment Year	Lakewood Township	Little Egg Harbor Township	Manchester Township	Point Pleasant Borough	Stafford Township	Toms River Township
		0.7730028665%	0.1465902816%	0.2136801182%	0.1109970141%	0.2155115906%	0.5620940829%
Settling Distributors Agreement Total	2022-2038	1,911,537.89	362,499.14	528,403.79	274,481.52	532,932.79	1,389,987.26
Janssen Agreement Total	2022-2038	439,364.44	83,319.95	121,452.91	63,089.21	122,493.89	319,486.72
Mallinckrodt Bankruptcy Total*	2022-2038	16,292.42	3,089.65	4,503.69	2,339.46	4,542.29	11,847.14
Total National Opioid Settlement & Bankruptcy Proceedings	2022-2038	2,367,194.75	448,908.74	654,360.39	339,910.19	659,968.97	1,721,321.12



Continuum of Care Resources

The Department of Substance Abuse, Addiction, and Opioid Dependency in the Ocean County Health Department publishes a resource directory. The directory lists hotlines, self help groups, prevention, early intervention, treatment, and support services located in Ocean County and serving Ocean County residents.

Licensed substance use treatment providers are listed in the Rutgers Addiction Services Treatment Directory to assist in locating treatment and related services in the State for adolescents and adults. The treatment directory can be viewed alphabetically or searched by name of treatment agency, by county, by municipality, by type of treatment services, type of care, special populations, type of funding and special initiatives.

The State of New Jersey is one of ten states that contracts with Shatterproof to utilize its Addiction Treatment Locator, Assessment, and Standards Platform (ATLAS). ATLAS helps people search for and compare addiction treatment facilities to find high-quality care for themselves or their loved ones. Shatterproof also identified National Principles of Care, which are key elements of effective addiction treatment that have been shown to improve the health and wellbeing of individuals with substance use disorder (see figure at right). Treatment facilities are encouraged to submit validated quality data to ATLAS that demonstrate their fidelity to the principles. Search results can be filtered to only facilities with quality data. ATLAS does not include a listing of organizations that provide recovery support only.

ATLAS National Principles of Care for Addiction Treatment Facilities

- ◇ Fast Access to Treatment
- ◇ Personalized Evaluation and Treatment Plan
- ◇ Access to Medications for Opioid or Alcohol Use Disorders
- ◇ Effective Behavioral Therapies for Addiction
- ◇ Long Term Treatment and Follow Up
- ◇ Coordinated Care for Mental and Physical Health
- ◇ Additional Services to Support Recovery

Providers in Ocean County

<u>Agency</u>	<u>Location</u>	<u>Levels of Care</u>
Acenda Recovery	Manahawkin	1.0, 2.1
Agape Counseling Services	Lanoka Harbor	1.0, 2.1
Bright Harbor Healthcare	Bayville	1.0, 2.1, AWM, Recovery Supports
Counseling Center	Toms River	1.0, 2.1
Creative Change Counseling	Lakewood	1.0, 2.1
Crossroads of New Jersey	Toms River	1.0 Opioid Treatment Program
Evolve Recovery Center	Toms River	
GenPsych*	Brick	1.0, AWM
Harbor MAT	Brick	1.0 Opioid Treatment Program
Hope Sheds Light	Toms River	Recovery Supports
Iron Wellness	Brick, Toms River	1.0, 2.1
Integrity, Inc.	Toms River	1.0, 2.1, Recovery Supports
Mental Health Association	Toms River	Recovery Supports
Ocean Medical Services	Toms River	1.0 Opioid Treatment Program
Ocean Monmouth Care	Brick	1.0 Opioid Treatment Program
Preferred Behavioral Health	Barnegat, Toms River Lakewood	1.0, 2.1, AWM, Recovery Supports
Preferred Children’s Services	Toms River	0.5
Quantum Behavioral Health*	South Toms River	1.0, 2.1
RWJBarnabas Behavioral Health	Toms River	2.1
Saint Francis Community Center	Beach Haven	Recovery Supports
SeaChange RCO	Beach Haven	Recovery Supports
Sunrise Detox	Toms River	3.7
Taylor Care	Tuckerton	1.0, 2.1
The Center at Advanced Behavioral	Lakewood	2.1

* Facilities did not provide quality data to ATLAS

Providers Serving Ocean County

<u>Agency</u>	<u>Location</u>	<u>Levels of Care</u>
Anderson House	Whitehouse Station	3.1
Blake Recovery Center	Belle Mead	3.5, 3.7
Discovery Institute	Marlboro	3.5, 3.7
Epiphany House	Asbury, Long Branch	3.1
Hansen House	Egg Harbor City	3.1
Hendricks House	Vineland	3.1
Integrity House	Newark	3.1, 3.5
Maryville	Pemberton	3.5, 3.7
New Bridge	Paramus	3.5, 3.7
New Hope IBHC	Marlboro	3.5, 3.7
Philip House	Long Branch	3.1
Turning Point	Paterson	3.5, 3.7

References

Centers for Disease Control and Prevention, Adverse Childhood Experiences, Overdose, and Suicide

<https://www.cdc.gov/injury/priority/index.html>

Centers for Disease Control and Prevention, Understanding the Opioid Overdose Epidemic

<https://www.cdc.gov/opioids/basics/epidemic.html>

Chamberlain, A., Nyamu, S., Aminawung, J. et al. (2019) Illicit substance use after release from prison among formerly incarcerated primary care patients: a cross-sectional study. *Addict Sci Clin Pract* 14, 7 <https://doi.org/10.1186/s13722-019-0136-6>

<https://ascjournal.biomedcentral.com/articles/10.1186/s13722-019-0136-6>

Dennis M, Scott CK. (2007) Managing addiction as a chronic condition. *Addict Sci Clin Pract.* 4(1):45-55. doi: 10.1151/ascp074145.

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2797101/>

Health Management Associates and National Council for Mental Wellbeing, Behavioral Health Workforce is a National Crisis: Immediate Policy Actions for States (2021)

<https://www.healthmanagement.com/insights/briefs-reports/national-council-for-mental-wellbeing-and-hma-have-partnered-to-create-a-three-part-series-that-examines-behavioral-health-workforce-crisis/>

National Association of Counties (NACo), Opioid Solutions: Approved Strategies and Strategy Briefs

<https://www.naco.org/resources/opioid-solutions/approved-strategies>

National Institute of Health, National Institute on Drug Abuse, Criminal Justice Drug Facts

<https://nida.nih.gov/publications/drugfacts/criminal-justice>

National Opioid Settlement

<https://nationalopioidsettlement.com/>

NJ Attorney General's Office, NJ CARES Opioid Related Data Dashboard

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

NJ Department of Health, Neonatal Abstinence Syndrome

https://www.nj.gov/health/populationhealth/opioid/opioid_nas.shtml

NJ Department of Human Services, Division of Mental Health and Addiction Services, Risk & Protective Factors

https://www.state.nj.us/humanservices/dmhas/resources/services/prevention/risk_factors.html

NJ Department of Human Services, Division of Mental Health and Addiction Services, Statistical Reports

<https://www.nj.gov/humanservices/dmhas/publications/statistical/>

Ocean County Data Book 21 ed. Ocean County Department of Planning.

https://www.co.ocean.nj.us//WebContentFiles//00_OC_DATABOOK_web.pdf

Ocean County Department of Human Services, Mental Health Plan Update 2023-2026

https://drive.google.com/file/d/1hHI71Darcv4zGAR5qBncUSbaajzm5Jfd/view?usp=share_link

Ocean County Department of Human Services, Ocean County Needs Assessment 2020

https://drive.google.com/file/d/12PIY9trvPqfpw3WN58D0P335wCuexg3_/view?usp=share_link

Ocean County Health Department, Alcohol and Drug Abuse Resource Directory

<https://www.ochd.org/alcohol-and-drug-services/>

Ocean County Health Department, 2020-2023 County Comprehensive Plan

<https://www.ochd.org/wp-content/uploads/2019/09/Ocean-County-Alcohol-and-Drug-Comprehensive-Plan-2020-2023.pdf>

Ocean County Health Department, Ocean County Overdose Fatality Review Program 2022 Annual Report

Ocean County Overdose Fatality Review Program: A Social Autopsy of Overdose Decedents 2019-2020

<https://www.naccho.org/uploads/downloadable-resources/OC-OFRP-Overview-2019-2020.docx>

Ocean County Public Health Profile Report, General Fertility Rate: Number of Live Births per 1,000 Women Age 15-44, 2019

<https://www-doh.state.nj.us/doh-shad/community/highlight/profile/GenFertRate.County/GeoCnty/15.html>

Rutgers University, Addiction Treatment Directory

<https://njsams.rutgers.edu/TreatmentDirectory/License>

Rutgers University, Center for State Health Policy, The NJ FamilyCare Section 1115 Opioid and Substance Use Disorder Demonstration Program: Midpoint Assessment (January 2022)

<https://www.medicaid.gov/medicaid/section-1115-demonstrations/downloads/nj-familycare-comp-demo-sud-mid-assmnt-8052022.pdf>

Shatterproof Treatment ATLAS

<https://treatmentatlas.org/help>

Ocean County Opioid Advisory Council Summary of Public Comment

Forum Dates

Monday, March 6 at 2:00pm – Ocean County Library – Toms River Branch

Monday, March 6 at 5:00pm – Virtual – Via Webex

Tuesday, March 7 at 3:00pm – Ocean County Southern Service Center

The Ocean County Opioid Advisory Council held three open forums allowing public input to assist the Council in determining priority uses based on those outlined in the National Opioid Litigation Settlement, whereas funds are to be dispersed to participating counties and municipalities toward a range of Opioid Use Disorder (OUD) related services. There are 12 subcategories of the settlement's principal approved uses:

- Treatment of Opioid Use Disorder
- Supporting Individuals in Treatment and Recovery
- Connections to care
- Needs of Pregnant or Parenting Women and their Families
- Needs of Justice Involved Persons
- Prevention of Over-Prescribing and Poor Dispensing
- Prevention of the Misuses of Opioids
- Prevention of Overdose Deaths and other harms
- First Responder Support
- Leadership, Planning and Coordination
- Training
- Research

The input from the first public forum surrounded education and early intervention. It was noted that reducing stigma, among youth specifically, is an important topic. In conversation about the adult population, it was stated that the court system is difficult to navigate for agencies/ providers/ peer recovery specialists assisting individuals with OUD. The Council was asked to utilize funding toward additional supportive services for parents/families. A focal point of the conversation was also to expand or operationalize services in the southern Ocean County area. Additionally, increasing outreach to the community about the availability of services was a topic of conversation at the table. Community members that attended the virtual forum also stated outreach to be an important funding opportunity. It was also expressed that the youth and young adult population are underserved. The undocumented/immigrant population was also mentioned as an underserved community. A number of individuals spoke about the lack of transportation within Ocean County. It was stated that transitional services like housing, transportation or employment are important steps within an individual's recovery timeline. The third forum brought up similar points. It was stated that southern Ocean County abundantly lacks resources for individuals experiencing OUD. It was also explained that a majority of services are located in Toms River and individuals who live outside of that with no transportation, have difficulty getting to appointments. Some individuals at the forum did feel that evidence-based treatment and harm reduction strategies that are currently implemented within the county are working well.

It was also stated that having detox units within hospital emergency departments could be beneficial. The conversation mostly focused on expanding case management and long-term recovery services. The need for transitional services after clinical treatment – housing, transportation, etc. – were mentioned as important areas to commit funding. It was also suggested to have peer recovery specialists in hospitals. A few felt as though supportive services for pregnant and parenting women were not currently available within the county.

Members of the New Jersey Organizing Project shared the principals of their “Not One More” campaign: affordable, accessible treatment including facilities, supportive housing, and harm reduction programs in underresourced areas; evidence-based compassionate care by peers and case managers as well as trained healthcare personnel; recovery community organizations and supports in schools; and transparency, accountability, and oversight measures of the Council and settlement dollars.

Written Testimony

Written testimony was also collected through OCOAC@co.ocean.nj.us.

One commenter advocated for recovery specialists riding with EMS and or Law Enforcement to respond to the scene of the overdoses, with the intent for the recovery specialists to provide on-scene patient centered communication, support to those victims/family members who refuse EMS transport to hospital, and support to first responders by providing techniques of therapeutic communication, reducing stigma, addressing burnout.

A second commenter advocated for efforts to treat the chronic, progressive aspects of substance use disorder meaning “community-based strategies that improve the quality of life through education, training, housing, chronic disease self-management activities, and other... supports designed to build a person’s recovery capital.” The individual also highlighted the need for family supports, housing, services for young people, parent supports, and supports to address barriers to utilizing parent supports (i.e. childcare during meetings).

A third commenter shared her personal experience as a parent of an individual who experienced substance use disorder and the importance of family support.

A fourth commenter requested the names and bios of OAC membership.

Summary

Main themes include:

Transportation to services, mobile units, and developing service locations in Southern Ocean County	Transitional, long term, and wraparound recovery services: transportation, housing, jobs, peer support	Treatment options for youth and young adults	Community outreach about services and help navigating insurance & programs	Wellness services, recovery community organizations, sober activities, family support
Body brokering, accountability, reducing readmissions	Connections to care through peers, police/ peer partnership, peer recovery support embedded in hospitals	Long term residential services	Trauma & grief	MAT & OTPs
Expanding harm reduction efforts: naloxone vending machines, distribution, syringe access	Hospital based detox, training for ED staff	Recovery housing supportive of MAT	Same day access when & where an individual is seeking help	Navigating the legal system
Representation on the Council and transparency	Continuity of information between providers	Stigma Reduction	Culturally sensitive services for individuals who are undocumented	Services and supports for pregnant and parenting women

Needs Assessment Survey Brief

168 responses to the survey were received.

The largest representation of municipality was Toms River at 33%. Nineteen percent of the respondents indicated they reside or work in Southern Ocean County, defined as Waretown or below.

Behavioral health services providers represented 37% of the survey respondents. One quarter indicated they are a family member of a person with OUD. Eight percent identified as a person with opioid use disorder.

Of the 12 categories of approved uses, the three ranked most important were:

- Supporting individuals in treatment and recovery (weighted average of 1.2)
- Prevention of overdose deaths and other harms (1.24)
- Treatment of Opioid Use Disorder (1.26)

Research (1.83), needs of justice-involved persons (1.74) and Leadership planning and coordination (1.7) were ranked least important. Very few members of the sample represented justice system partners (1.79%).

Of the individual approved uses, the highest rated were:

Use	Category	Weighted Average
Availability of treatment	Treatment of OUD	3.77
Continuum of care for treatment and recovery (supportive housing, per support services, cs mgmt.)	Supporting individuals in treatment & recovery	3.62
Counseling, peer support, recovery cs mgmt., and residential treatment w access to medications		3.57
Comprehensive wraparound services (housing, transportation, education, job placement training, childcare)		3.55
Screening of individuals with OUD for a history of trauma	Treatment of OUD	3.33
Evidence-based withdrawal management services	Treatment of OUD	3.31
Transportation to treatment or recovery services	Supporting individuals in treatment & recovery	3.30
Recruitment & retention of bh professionals to support existing services		3.26
Community support services (e.g. social and legal)		3.25
Mental health programs for at risk youth	Prevent misuse of opioids	3.25

A cutoff point of 3.25 weighted average was used.

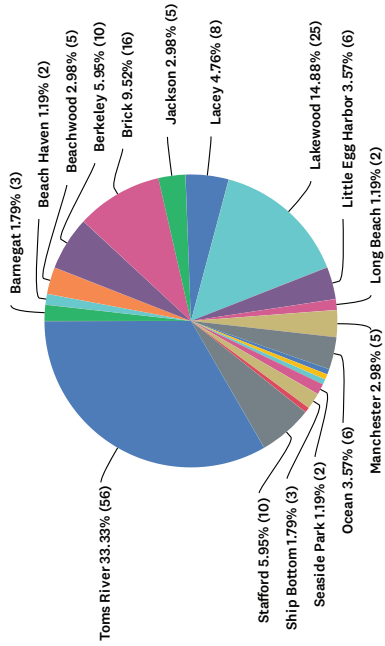
While the category of prevention of overdose deaths and other harms was rated highly, the individual uses within that category on the survey did not rise to the top of the list. The two core strategies in that eligible use category are: “Increasing availability and distribution of naloxone and other drugs that treat overdose” and “training and education” on the administration of naloxone. These two strategies were not separately listed in the survey due to the wealth of

efforts in Ocean County and New Jersey statewide to distribute and provide training on the administration of naloxone. The State has developed partnerships with first responders and commercial pharmacies to offer naloxone at no cost and without a prescription. The Ocean County Health Department offers training and kits to the public at no cost. Clearly, this is an area the survey respondents wish to support.

Other uses within the prevention of overdose deaths category pertain to training on naloxone for professionals, public education, and mobile units that provide referrals to OUD-related services.

Q1 Please select the municipality in Ocean County that you work or live:

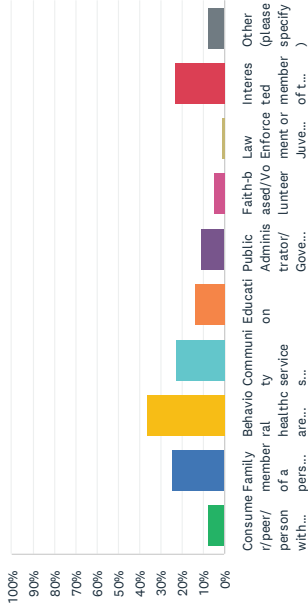
Answered: 168 Skipped: 0



ANSWER CHOICES	RESPONSES
Barnegat	1.79% 3
Barnegat Light	0.00% 0
Bay Head	0.00% 0
Beach Haven	1.19% 2
Beachwood	2.98% 5
Berkeley	5.95% 10
Brick	9.52% 16
Eagleswood	0.00% 0
Harvey Cedars	0.00% 0
Island Heights	0.00% 0
Jackson	2.98% 5
Lacey	4.76% 8
Lakehurst	0.00% 0
Lakewood	14.88% 25
Lavallette	0.00% 0
Little Egg Harbor	3.57% 6
Long Beach	1.19% 2
Manchester	2.98% 5
Mantoloking	0.00% 0
Ocean	3.57% 6
Ocean Gate	0.00% 0
Pine Beach	0.60% 1
Plumsted	0.60% 1
Point Pleasant	0.60% 1
Point Pleasant Beach	0.00% 0
Seaside Heights	0.00% 0
Seaside Park	1.19% 2
Ship Bottom	1.79% 3
South Toms River	0.60% 1
Stafford	5.95% 10
Surf City	0.00% 0
Toms River	33.33% 56

Q2 I represent the following (select multiple if applicable):

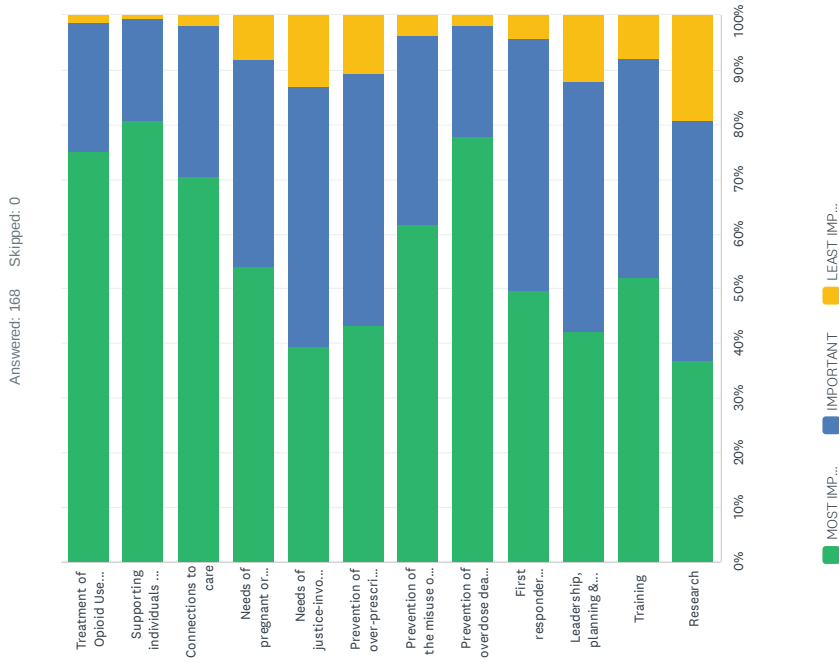
Answered: 168 Skipped: 0



#	OTHER (PLEASE SPECIFY)	DATE
1	Other sud family	3/14/2023 6:12 PM
2	Community-based volunteer	3/14/2023 12:32 PM
3	volunteer	3/10/2023 3:13 PM
4	Brother-in-law deceased from opioid use disorder	3/10/2023 1:49 PM
5	concerned person	3/9/2023 5:05 PM
6	I am the founder of a non profit recovery community Org in Southern Ocean	3/11/2023 5:44 PM
7	Peer recovery specialist	2/27/2023 3:24 PM

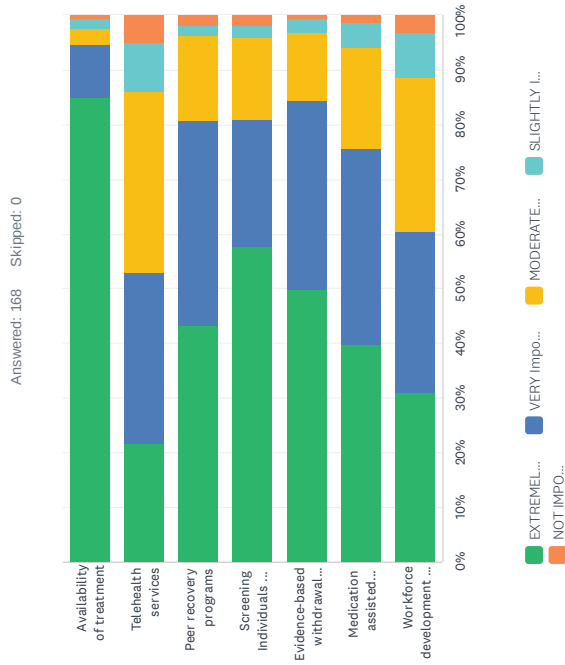
8	CERT, MRC & mental health counselor	2/24/2023 2:43 AM
9	Parent who lost child to opioid abuse	2/17/2023 5:20 PM
10	Retired Social Worker	2/17/2023 6:27 AM
11	Family member with past opioid use disorder but successfully completed treatment	2/16/2023 2:39 PM
12	Parent	2/16/2023 2:05 PM
13	Prevention Agency	2/16/2023 1:28 PM

Q3 The approved uses listed in the settlement agreement fall into 12 subcategories. In the following table, please rate each subcategory with respect to your opinion of its importance to be funded in Ocean County:



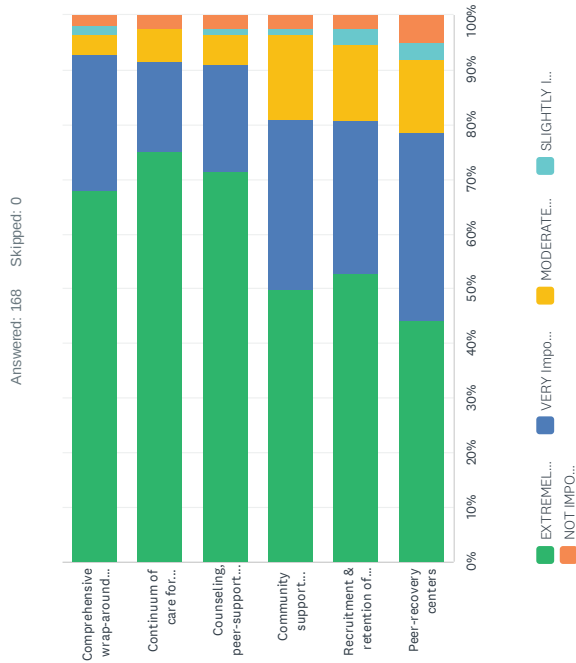
	MOST IMPORTANT	IMPORTANT	LEAST IMPORTANT	TOTAL	WEIGHTED AVERAGE
Treatment of Opioid Use Disorder	75.00% 123	23.78% 39	1.22% 2	164	1.26
Supporting individuals in treatment & recovery	80.84% 135	18.56% 31	0.60% 1	167	1.20
Connections to care	70.63% 113	27.50% 44	1.88% 3	160	1.31
Needs of pregnant or parenting women & their families	53.94% 89	38.18% 63	7.88% 13	165	1.54
Needs of justice-involved persons	39.52% 66	47.31% 79	13.17% 22	167	1.74
Prevention of over-prescribing and poor dispensing	43.45% 73	45.83% 77	10.71% 18	168	1.67
Prevention of the misuse of opioids	61.88% 103	34.73% 58	3.59% 6	167	1.42
Prevention of overdose deaths and other harms	77.84% 130	20.36% 34	1.80% 3	167	1.24
First responder support	49.70% 82	46.06% 76	4.24% 7	165	1.55
Leadership, planning & coordination	42.17% 70	45.78% 76	12.05% 20	166	1.70
Training	52.12% 86	40.00% 66	7.88% 13	165	1.56
Research	36.75% 61	43.98% 73	19.28% 32	166	1.83

Q4 The following are a potential use of funds (not listed in priority order) to support treatment of OUD and any co-occurring SUD or MH conditions. Please rate these approved uses based on its importance to be developed or expanded in Ocean County:



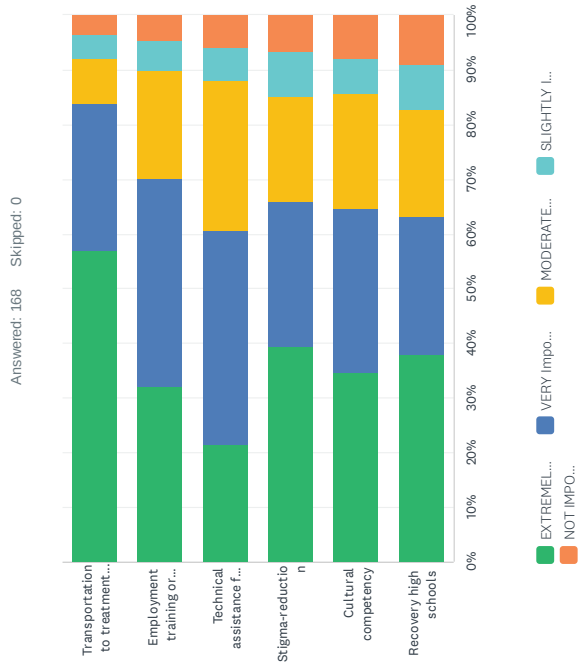
	EXTREMELY IMPORTANT	VERY IMPORTANT	MODERATELY IMPORTANT	SLIGHTLY IMPORTANT	NOT IMPORTANT AT ALL OR NO OPINION	TOTAL	WEIGHTED AVERAGE
Availability of treatment	85.03% 142	9.58% 16	2.99% 5	1.80% 3	0.60% 1	167	3.77
Telehealth services	21.69% 36	31.33% 52	33.13% 55	9.04% 15	4.82% 8	166	2.56
Peer recovery programs	43.37% 72	37.35% 62	15.66% 26	1.81% 3	1.81% 3	166	3.19
Screening individuals w/ OUD for a history of trauma (e.g. violence, sexual assault, or ACEs)	57.74% 97	23.21% 39	14.88% 25	2.38% 4	1.79% 3	168	3.33
Evidence-based withdrawal management services	50.00% 84	34.52% 58	12.50% 21	2.38% 4	0.60% 1	168	3.31
Medication assisted treatment (MAT) training for professionals	39.88% 67	35.71% 60	18.45% 31	4.76% 8	1.19% 2	168	3.08
Workforce development for professionals	31.14% 52	29.34% 49	28.14% 47	8.38% 14	2.99% 5	167	2.77

Q5 The following are a potential use of funds (not listed in priority order) to support people in recovery from OUD and any co-occurring SUD/MH conditions. Please rate these approved uses based on its importance to be developed or expanded in Ocean County:



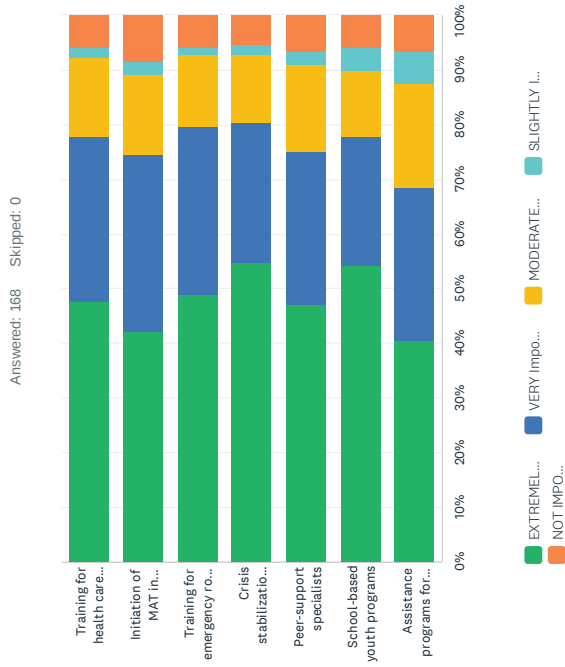
	EXTREMELY IMPORTANT	VERY IMPORTANT	MODERATELY IMPORTANT	SLIGHTLY IMPORTANT	NOT IMPORTANT AT ALL OR NO OPINION	TOTAL	WEIGHTED AVERAGE
Comprehensive wrap-around services (e.g. housing, transportation, education, job placement/training, or childcare)	67.86% 114	25.00% 42	3.57% 6	1.79% 3	1.79% 3	168	3.55
Continuum of care for treatment and recovery (e.g. supportive housing, peer support services, case management)	75.00% 126	16.67% 28	5.95% 10	0.00% 0	2.38% 4	168	3.62
Counseling, peer support, recovery case management and residential treatment with access to medications	71.43% 120	19.64% 33	5.36% 9	1.19% 2	2.38% 4	168	3.57
Community support services (e.g. social and legal services)	50.00% 84	30.95% 52	15.48% 26	1.19% 2	2.38% 4	168	3.25
Recruitment & retention of behavioral health professionals to support existing services	52.69% 88	28.14% 47	13.77% 23	2.99% 5	2.40% 4	167	3.26
Peer-recovery centers	44.17% 72	34.36% 56	13.50% 22	3.07% 5	4.91% 8	163	3.10

Q6 The following are a potential use of funds (not listed in priority order) to support people in recovery from OUD and any co-occurring SUD/MH conditions. Please rate these approved uses based on its importance to be developed or expanded in Ocean County:



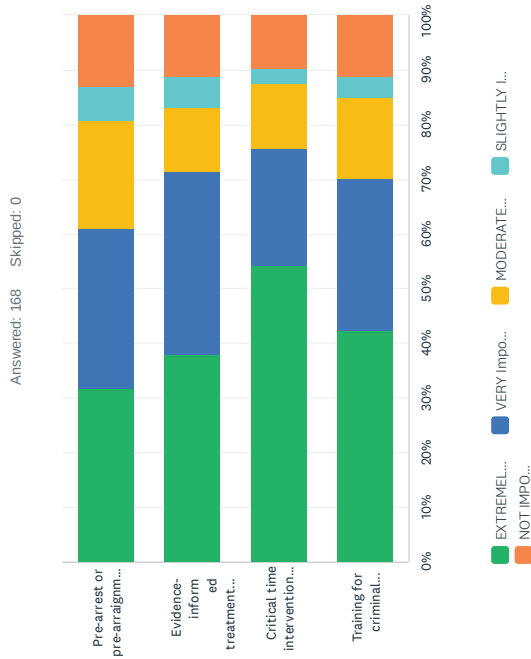
	EXTREMELY IMPORTANT	VERY IMPORTANT	MODERATELY IMPORTANT	SLIGHTLY IMPORTANT	NOT IMPORTANT AT ALL OR NO OPINION	TOTAL	WEIGHTED AVERAGE
Transportation to treatment or recovery services	57.14% 96	26.79% 45	8.33% 14	4.17% 7	3.57% 6	168	3.30
Employment training or educational services	32.14% 54	38.10% 64	19.64% 33	5.36% 9	4.76% 8	168	2.88
Technical assistance for recovery programs	21.43% 36	39.29% 66	27.38% 46	5.95% 10	5.95% 10	168	2.64
Stigma-reduction	39.52% 66	26.35% 44	19.16% 32	8.38% 14	6.59% 11	167	2.84
Cultural competency	34.73% 58	29.94% 50	20.96% 35	6.59% 11	7.76% 13	167	2.77
Recovery high schools	38.10% 64	25.00% 42	19.64% 33	8.33% 14	8.93% 15	168	2.75

Q7 The following are a potential use of funds (not listed in priority order) to provide connections to care for persons who have - or are at risk of developing - OUD and any co-occurring SUD or MH conditions. Please rate these approved uses based on its importance to be developed or expanded in Ocean County:



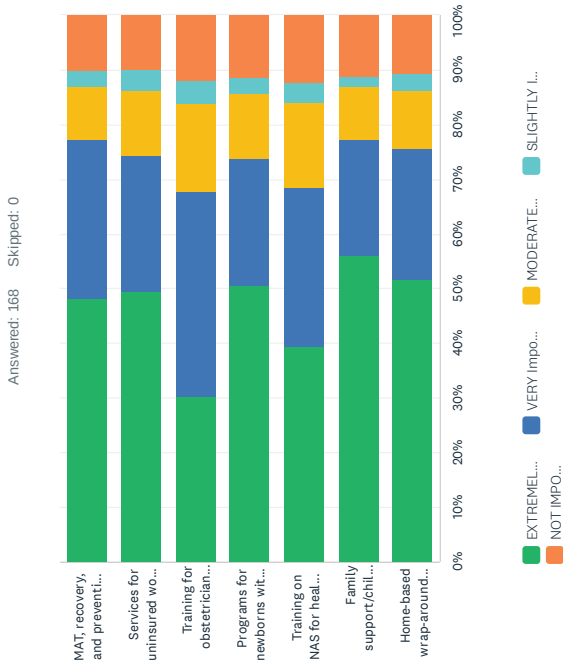
	EXTREMELY IMPORTANT	VERY IMPORTANT	MODERATELY IMPORTANT	SLIGHTLY IMPORTANT	NOT IMPORTANT AT ALL OR NO OPINION	TOTAL	WEIGHTED AVERAGE
Training for health care providers	47.62% 80	30.36% 51	14.29% 24	1.79% 3	5.95% 10	168	3.12
Initiation of MAT in emergency departments	42.17% 70	32.53% 54	14.46% 24	2.41% 4	8.43% 14	166	2.98
Training for emergency room personnel on post-discharge planning	48.81% 82	30.95% 52	13.10% 22	1.19% 2	5.95% 10	168	3.15
Crisis stabilization centers	54.76% 92	25.60% 43	12.50% 21	1.79% 3	5.36% 9	168	3.23
Peer-support specialists	47.02% 79	27.98% 47	16.07% 27	2.38% 4	6.55% 11	168	3.07
School-based youth programs	54.17% 91	23.81% 40	11.90% 20	4.17% 7	5.95% 10	168	3.16
Assistance programs for health care providers with OUD	40.48% 68	27.98% 47	19.05% 32	5.95% 10	6.55% 11	168	2.90

Q8 The following are a potential use of funds (not listed in priority order) to address the needs of persons with OUD and any co-occurring SUD or MH conditions who are involved in, are at risk of becoming involved in, or are transitioning out of the criminal justice system. Please rate these approved uses based on its importance to be developed or expanded in Ocean County:



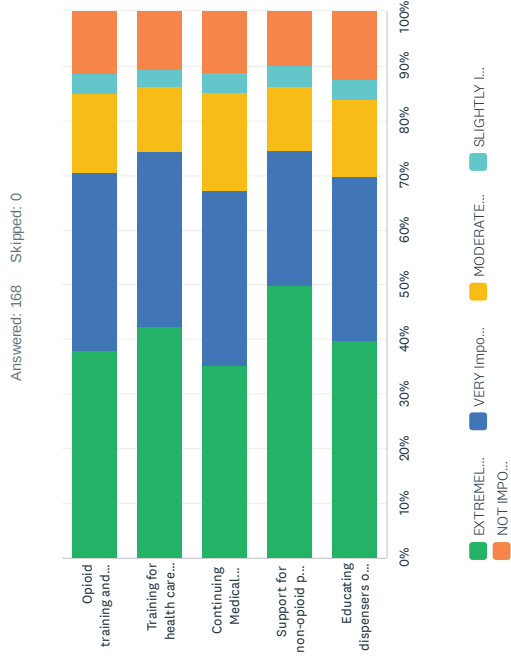
	EXTREMELY IMPORTANT	VERY IMPORTANT	MODERATELY IMPORTANT	SLIGHTLY IMPORTANT	NOT IMPORTANT AT ALL OR NO OPINION	TOTAL	WEIGHTED AVERAGE
Pre-arrest or pre-arraignment diversion	31.74% 53	29.34% 49	19.76% 33	5.99% 10	13.17% 22	167	2.60
Evidence-informed treatment for justice-involved persons	38.10% 64	33.33% 56	11.90% 20	5.36% 9	11.31% 19	168	2.82
Critical time intervention (CTI) programs, particularly for individuals living with dual-diagnosis OUD/serious mental illness	54.17% 91	21.43% 36	11.90% 20	2.98% 5	9.52% 16	168	3.08
Training for criminal justice system professionals	42.26% 71	27.98% 47	14.88% 25	3.57% 6	11.31% 19	168	2.86

Q9 The following are a potential use of funds (not listed in priority order) to address the needs of pregnant or parenting women with OUD and any co-occurring SUD or MH conditions and the needs of their families. Please rate these approved uses based on its importance to be developed or expanded in Ocean County:



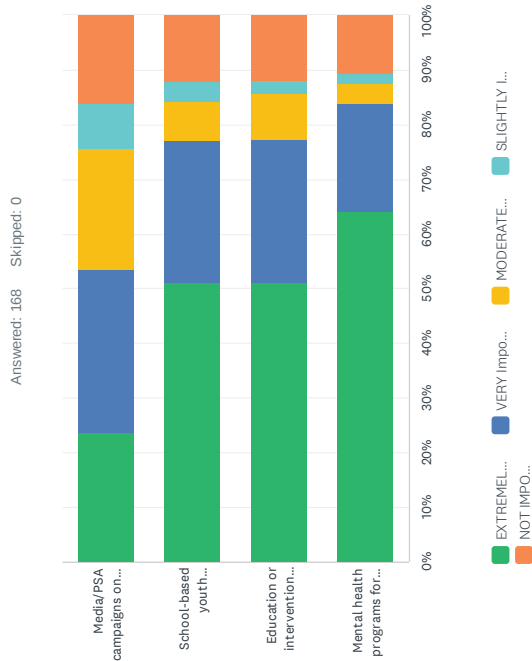
	EXTREMELY IMPORTANT	VERY IMPORTANT	MODERATELY IMPORTANT	SLIGHTLY IMPORTANT	NOT IMPORTANT AT ALL OR NO OPINION	TOTAL	WEIGHTED AVERAGE
MAT, recovery, and prevention services for pregnant women	48.21% 81	29.17% 49	9.52% 16	2.98% 5	10.12% 17	168	3.02
Services for uninsured women up to 12 months postpartum	49.40% 83	25.00% 42	11.90% 20	3.57% 6	10.12% 17	168	3.00
Training for obstetricians or other healthcare personnel	30.36% 51	37.50% 63	16.07% 27	4.17% 7	11.90% 20	168	2.70
Programs for newborns with neonatal abstinence syndrome (NAS)	50.60% 85	23.21% 39	11.90% 20	2.98% 5	11.31% 19	168	2.99
Training on NAS for health care providers	39.51% 64	29.01% 47	15.43% 25	3.70% 6	12.35% 20	162	2.80
Family support/child care services for parents with OUD	55.95% 94	21.43% 36	9.52% 16	1.79% 3	11.31% 19	168	3.09
Home-based wrap-around services (e.g. parent skills training)	51.79% 87	23.81% 40	10.71% 18	2.98% 5	10.71% 18	168	3.03

Q10 The following are a potential use of funds (not listed in priority order) to support efforts to prevent over-prescribing and ensure appropriate prescribing and dispensing of opioids. Please rate these approved uses based on its importance to be developed or expanded in Ocean County:



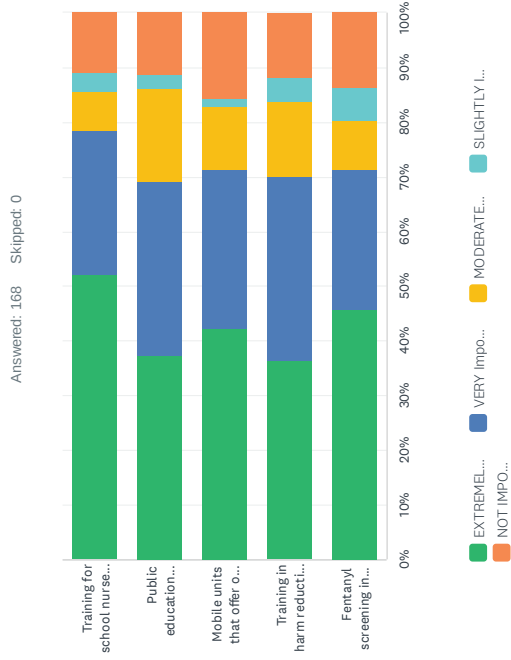
	EXTREMELY IMPORTANT	VERY IMPORTANT	MODERATELY IMPORTANT	SLIGHTLY IMPORTANT	NOT IMPORTANT AT ALL OR NO OPINION	TOTAL	WEIGHTED AVERAGE
Opioid training and education for medical providers	37.95% 63	32.53% 54	14.46% 24	3.61% 6	11.45% 19	166	2.82
Training for health care providers regarding opioid prescribing, dosing, and tapering patients off opioids	42.26% 71	32.14% 54	11.90% 20	2.98% 5	10.71% 18	168	2.92
Continuing Medical Education (CME) on appropriate prescribing of opioids	35.12% 59	32.14% 54	17.86% 30	3.57% 6	11.31% 19	168	2.76
Support for non-opioid pain treatment alternatives	50.00% 84	24.40% 41	11.90% 20	3.57% 6	10.12% 17	168	3.01
Educating dispensers on appropriate opioid dispensing	39.88% 67	29.76% 50	14.29% 24	3.57% 6	12.50% 21	168	2.81

Q11 The following are a potential use of funds (not listed in priority order) to support efforts to discourage or prevent misuse of opioids. Please rate these approved uses based on its importance to be developed or expanded in Ocean County:



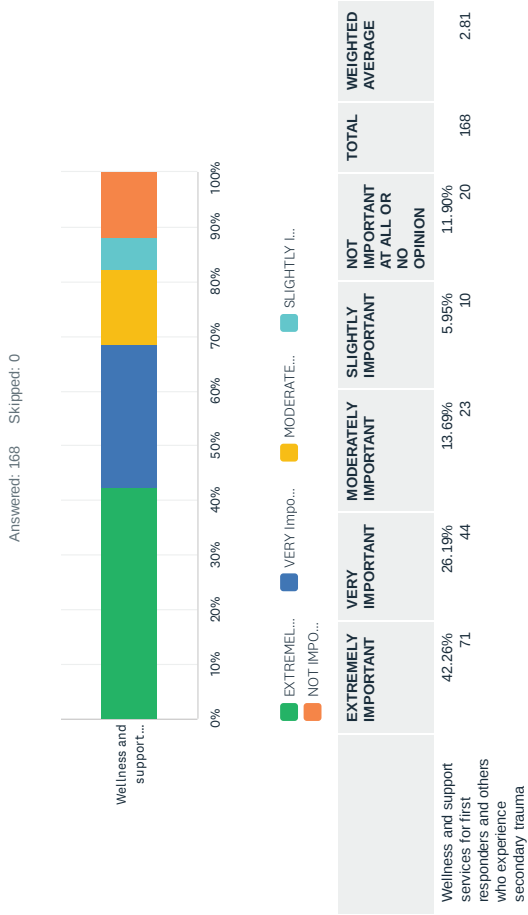
	EXTREMELY IMPORTANT	VERY IMPORTANT	MODERATELY IMPORTANT	SLIGHTLY IMPORTANT	NOT IMPORTANT AT ALL OR NO OPINION	TOTAL	WEIGHTED AVERAGE
Media/PSA campaigns on prevention	40	50	37	14	27	168	2.37
School-based youth prevention programs	85	43	12	6	20	166	3.01
Education or intervention services for families, youth, and adolescents at risk	86	44	14	4	20	168	3.02
Mental health programs for at-risk youth	108	33	6	3	18	168	3.25

Q12 The following are a potential use of funds (not listed in priority order) to support efforts to prevent or reduce overdose deaths or other opioid-related harms. Please rate these approved uses based on its importance to be developed or expanded in Ocean County:

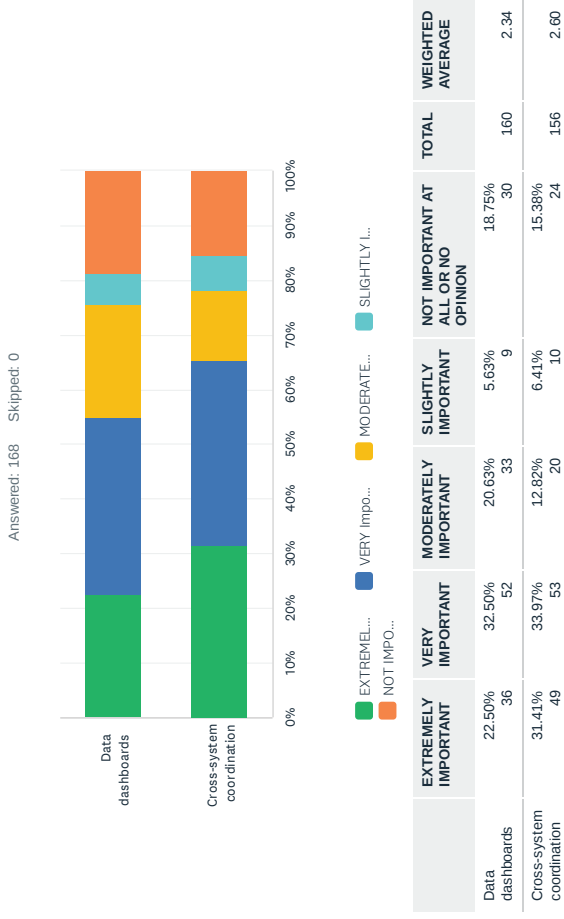


	EXTREMELY IMPORTANT	VERY IMPORTANT	MODERATELY IMPORTANT	SLIGHTLY IMPORTANT	NOT IMPORTANT AT ALL OR NO OPINION	TOTAL	WEIGHTED AVERAGE
Training for school nurses and other school staff to respond to opioid overdoses	87	44	12	6	18	167	3.05
Public education relating to emergency responses to overdoses	63	53	29	4	19	168	2.82
Mobile units that offer or provide referrals to OUD-related services	71	49	19	3	26	168	2.81
Training in harm reduction strategies for professionals	61	57	23	7	20	168	2.79
Fentanyl screening in routine clinical toxicology testing	77	43	15	10	23	168	2.84

Q13 The following are a potential use of funds (not listed in priority order) to support first responders.

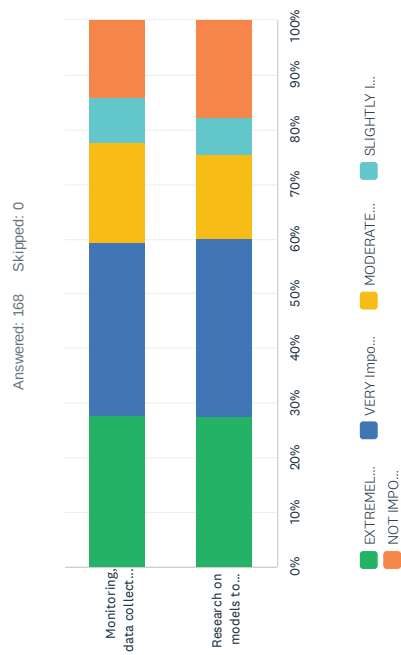


Q14 The following are a potential use of funds (not listed in priority order) to support efforts to provide leadership, planning, coordination, facilitations, training and technical assistance.



OC Opioid Advisory Council - Approved Uses and Priorities Survey

Q.15 The following are a potential use of funds (not listed in priority order) to support opioid abatement research.



	EXTREMELY IMPORTANT	VERY IMPORTANT	MODERATELY IMPORTANT	SLIGHTLY IMPORTANT	NOT IMPORTANT AT ALL OR NO OPINION	TOTAL	WEIGHTED AVERAGE
Monitoring, data collection and evaluation of existing programs and strategies	45	51	30	13	23	162	2.51
Research on models to reduce and deter opioid misuse within criminal justice populations	45	53	25	11	29	163	2.45



Ocean County Board of Commissioners

OFFICE OF THE
OCEAN COUNTY COMMISSIONERS

Director Joseph H. Vicari
Deputy Director Gary Quinn
Commissioner Barbara Jo Crea
Commissioner Virginia E. Haines
Commissioner John P. Kelly

101 Hooper Avenue
Toms River, New Jersey
08754-2191
Tel: (732)929-2005
Fax: (732)505-1918

Board Meeting Agenda

Date: August 2, 2023 - 4:00 PM
Location: Administration Building
Room 119
101 Hooper Avenue
Toms River, NJ 08754

Agenda: Approving and endorsing the Ocean County Opioid Advisory Council Plan 2023-2026.

Official Resolution#	2023001127						
Meeting Date	08/02/2023						
Introduced Date	08/02/2023						
Adopted Date	08/02/2023						
Agenda Item	k-19						
CAF #							
Purchase Req. #							
Result	Adopted						
COUNTY COMMISSIONER	PRES.	ABS.	MOVE	SEC	AYE	NAY	ABST.
Vicari	<				<		
Quinn	<			<	<		
Crea	<				<		
Haines		<					
Kelly	<		<		<		

I HEREBY CERTIFY THAT THIS DOCUMENT IS A TRUE, COMPLETE AND ACCURATE COPY OF THIS RESOLUTION, ADOPTED BY OCEAN COUNTY BOARD OF COMMISSIONERS, NJ AT THE MEETING REFERENCED THEREON

Michelle I. Gunther

Clerk Of The Board

RESOLUTION

August 2, 2023

WHEREAS, the Ocean County Opioid Advisory Council is charged with providing input, advice, and recommendations on the disbursement of funds allocated to the County of Ocean and participating municipalities within Ocean County from the National Opioid Litigation Resolution; and

WHEREAS, the National Opioid Litigation Resolution restricts the use of settlement funds to certain opioid-related treatment, prevention, and remediation purposes (hereafter the "Approved Uses"); and

WHEREAS, the Opioid Advisory Council has developed a planning document entitled Ocean County Opioid Advisory Council Plan 2023-2026, which includes an assessment of community needs and identification of Approved Uses prioritized for funding; and

WHEREAS, the Opioid Advisory Council approved and endorsed the planning document on May 25, 2023.

NOW, THEREFORE, BE IT RESOLVED that the **BOARD OF COMMISSIONERS, of the COUNTY OF OCEAN, STATE OF NEW JERSEY** approves and endorses the Ocean County Opioid Advisory Council Plan 2023-2026.

BE IT FURTHER RESOLVED that certified copies of this Resolution shall be made available to the County Opioid Advisory Council and the County Department of Human Services.

Ocean County
Board of Commissioners

Joseph H. Vicari, Director
Gary Quinn, Deputy Director
Barbara Jo Crea
Virginia E. Haines
John P. Kelly

