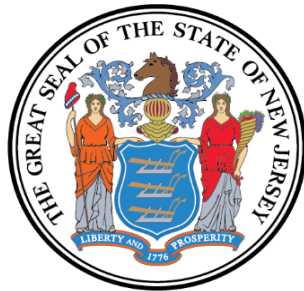
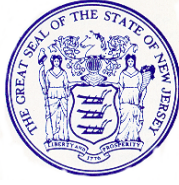


New Jersey State Annual Opioid Abatement Report 2024



October 1st, 2024



PHILIP D. MURPHY
Governor

State of New Jersey
DEPARTMENT OF HUMAN SERVICES
222 South Warren Street
P.O. Box 700
Trenton, NJ 08625

SARAH ADELMAN
Commissioner

TAHESHA L. WAY
Lt. Governor

The State of New Jersey and its subdivisions will receive more than \$1.1 billion over the next two decades to combat the opioid epidemic through settlement agreements with several opioid manufacturers, distributors, and retailers. Approximately half of the settlement dollars will go directly to the State to administer and, after payment of litigation expenses, the remainder will be distributed directly to 262 eligible subdivisions (comprising 21 counties and eligible municipalities that have populations over 10,000 or that filed related lawsuits) by the Independent Trustee who is responsible for the release of the Opioid Settlement Funds.

Allowable uses of the Opioid Settlement Funds include:

- Treating opioid use disorder (OUD)
- Supporting people in treatment and recovery
- Providing connections to care
- Addressing the needs of justice involved persons
- Addressing the needs of pregnant or parenting people who use drugs and their families
- Preventing over-prescribing and ensuring appropriate prescribing and dispensing of opioids by health care professionals
- Preventing problematic misuse of opioids
- Preventing overdose deaths and harms through harm reduction strategies
- Other goals such as supporting first responders, training, and cross-system collaborative efforts, and/or research

The NJ Department of Human Services is pleased to present the second annual report outlining the use of these funds. The following report represents the State-level investments.

Opioid Settlement Funding Report		
Sub Division: The State of New Jersey		
Fiscal Year: 2024		
1	Please tell us the full amount of opioid abatement funds you received between 7/1/2023 and 6/30/2024	\$71,199,222.43
2	Please tell us the total amount of interest accrued on opioid abatement funds your subdivision has received since the distribution commenced in 2022:	\$4,777,042.77
3	Please tell us the total amount of opioid abatement funds your subdivision has received since the distribution commenced in 2022.	\$144,532,726.50
4	Please tell us the amount of opioid abatement funds you have expended in this reporting period (7/1/2023 - 6/30/2024):	\$223,495.00
5	Please tell us the amount of opioid abatement funds you have appropriated/encumbered but not yet spent in this reporting period (7/1/2023 - 6/30/2024).	\$37,128,305.00
6	Please tell us the amount of opioid abatement funds that was spent on program administrative expenses in this reporting period (7/1/2023 - 6/30/2024):	\$0
6a.	Please provide details about any administrative expenses.	No administrative expenses
7	Please state the amount of unspent and/or uncommitted opioid abatement funds from any reporting year that your subdivision has on hand.	\$107,180,926.50

8	Please share brief information on your subdivisions overarching goals and values to provide context for this year's spending decisions	<p>The State of New Jersey's overarching goal in addressing the opioid crisis is to significantly reduce overdose deaths while also mitigating the broader harms caused by the epidemic across our communities. This year's spending decisions are driven by a deep commitment to harm reduction and overdose prevention, recognizing that saving lives must be our foremost priority. We are implementing evidence-based strategies to ensure that individuals at the highest risk of overdose have access to life-saving interventions and resources. Beyond harm reduction, the State is substantially focused on education, treatment, and recovery. We are committed to providing comprehensive educational initiatives that increase awareness about the dangers of opioid misuse and the importance of seeking help. Our treatment and recovery efforts are designed to support individuals at every stage of their journey, offering a continuum of care that addresses both immediate needs and long-term recovery goals. By concentrating on these critical areas, New Jersey aims to build a more resilient response to the opioid crisis, protecting our residents and communities from its devastating effects while fostering pathways to recovery and wellness. Our approach reflects a holistic understanding of the epidemic, acknowledging the multifaceted challenges it presents and the need for coordinated, compassionate, and effective solutions.</p>
---	--	--

9	<p>How did you decide the best way to use the opioid abatement funds your subdivision received this reporting year? For example, did you rely on evidence-based or evidence-informed practices or strategies, the list of Opioid Remediation uses, a needs assessment, a strategic plan, or an epidemiological analysis? If yes, please explain.</p>	<p>The State of New Jersey carefully determined the best way to use the opioid abatement funds by relying on a multifaceted approach grounded in evidence-based and evidence-informed strategies. These strategies were key in ensuring that the funds would be allocated effectively to address the opioid crisis at its roots and to provide the most impactful solutions for our communities. A critical component in this decision-making process was the list of allowable uses of the settlement funds, which provided a structured framework to guide spending. However, the State also recognized the importance of community involvement and transparency. To this end, we actively sought public input and feedback through an online portal, as well as during five listening sessions held across the state. These sessions provided invaluable insights from residents, community leaders, and organizations directly affected by the opioid epidemic. Moreover, the expertise and lived experiences of the members of the New Jersey Opioid Recovery and Remediation Fund Advisory Council played a significant role in shaping our approach. The Advisory Council's diverse membership, including professionals from public health, health care, law enforcement, and individuals with lived experience with the opioid crisis, provide a wealth of knowledge and practical insights. By integrating these perspectives with rigorous, evidence-based methodologies, the State aims to comprehensively address both immediate and long-term needs in the fight against the opioid crisis.</p>
10	<p>In this reporting year (7/1/2023 - 6/30/2024), did your subdivision engage the public (e.g., town hall meeting, online survey, convened stakeholders) prior to deciding how to use the opioid abatement funds you received?</p>	<p>Yes, for multiple year funding</p>

11	Please describe your public engagement/input efforts?	<p>As part of the State of New Jersey’s comprehensive approach to addressing the opioid crisis, public engagement efforts have been a cornerstone in ensuring action responsive to those most affected by the epidemic. These efforts are vital in creating strategies that are not only effective but also deeply informed by the experiences and needs of the community. To this end, the Center for Research and Evaluation on Education and Human Services (CREEHS) at Montclair State University was engaged by the State’s Advisory Council to conduct a series of interviews and focus groups with key informants and individuals directly impacted by opioid use. CREEHS initiated multiple interviews with key informants who are stakeholders in various sectors impacted by the opioid crisis. These key informants included healthcare providers, law enforcement officials, public health administrators, and representatives from community-based organizations. The purpose of these interviews was to gather insights from professionals who have firsthand experience with the complexities of the opioid epidemic in New Jersey. In addition to the key informant interviews, CREEHS conducted up to six focus groups with individuals who have current or past experiences with opioid use. These focus groups were essential in capturing the perspectives of those who have lived through the challenges of opioid addiction. Participants were encouraged to share their experiences with treatment and recovery, the barriers they faced in accessing services, and their views on what constitutes effective support. The State solicited and accepted public input in a variety of forums. From August 31 through October 31, 2022, the public was solicited to submit feedback, testimonials, and recommendations on spending through an online public portal. Over those two months, the portal received more than 500 submissions. The Advisory Council hosted a series of public listening sessions in the Spring and Summer of 2023. The Advisory Council held two virtual sessions and three in-person sessions: one the North region, one in the Central region, and one in the Southern region of the state. The Advisory Council continues to actively seek public input through the opioid settlement mailbox - opioidsettlement@dhs.nj.gov</p>
----	---	---

12	Does your county/subdivision have a strategic plan?	No, but we plan to in the future
13	Have you completed a Risk Assessment profile for demographic or geographic impact?	No, but we plan to in the future
14	Did your subdivision fund any programs using opioid abatement funds in this reporting year?	Yes
	2024 Fiscal Program List	
1	Program Name/Title	Rapid Referral Platform for Low Threshold Medication Access for Opioid Use Disorder
2	Agency/Funding Recipient Name	NJ Department of Health
3	Agency/Funding Recipient Category	State Department of Health
4	Primary problem being addressed by this program:	Accessing to medications for opioid use disorder
5	Brief program description:	The Rapid Referral Platform is a useful tool that is designed to mitigate the many barriers associated with accessing substance use disorder (SUD) treatment, particularly for patients in underserved areas. The Rapid Referral Platform supports a no-wrong-door access to treatment and harm reduction resources, which means that patients can access treatment resources in a variety of settings, at any time and whenever they are ready.
6	Program target population:	First Responders, Law Enforcement and other Emergency Responders Healthcare Personnel and Workforce Individuals who Use Drugs
7	Date this program was funded (please use MM/DD/YYYY):	2/15/2024
8	Amount of funding for this program.	\$6,500,000.00 annually
8a.	Amount expended:	\$0.00
8b.	Amount encumbered/appropriated:	\$6,500,000.00

9	How often are you disbursing funds to this program?	Annually
10	Program Launch Date	1/1/2025
11	Please choose the length of time of this program's duration:	3 years
12	What is the anticipated number of unduplicated clients this program will reach annually?	It is estimated that at least 6,000 individuals in New Jersey could benefit from this new program.
13	Please state this program's statement of impact.	<p>The Rapid Referral Platform will address common barriers to treatment access by offering rapid access to medication and needed supports, such as high-quality peer support, medication/transportation vouchers, harm reduction supplies, and patient follow up. This platform will also provide access to 24/7 emergency telemedicine MOUD assessment and initiation. MOUD has been proven to reduce overdose deaths by over 50%.</p> <p>In addition, there are resources available to fund the acquisition and maintenance of over 20 vending machines located throughout the state that will house harm reduction supplies for individuals, free of charge.</p>
14	What key performance indicators are you tracking to ensure success of the program (for example, # of services provided, # of people served, # of naloxone kits distributed)?	<ul style="list-style-type: none"> • Number of participants served: • Number of harm reduction supplies distributed (e.g naloxone kits, drug disposal packets): • Number of services provided/encounters: • Number of referrals to treatment:
	Number of participants served:	Data collection will begin after the program is launched
	Number of harm reduction supplies distributed (e.g naloxone kits, drug disposal packets):	Data collection will begin after the program is launched
	Number of services provided/encounters:	Data collection will begin after the program is launched
	Number of referrals to treatment:	Data collection will begin after the program is launched
15	How frequently are you measuring the tracked key performance indicators?	Annually
16	What outcomes or impact does the program aim to achieve? How do you plan to measure or track that impact?	A decrease in overdose deaths

17	Primary Category:	Treatment
18	The following are other categories that may apply (include all categories with the exception of the Primary category you chose above).	Harm Reduction and Overdose Prevention Linkage to Treatment
19	Please select the Schedule B strategy(ies) that fits the primary focus of this program:	Treat Opioid Use Disorder (OUD) Connections to Care Prevent Overdose Deaths and Other Harms (Harm Reduction) First Responders
20	Please explain how this program will address opioid use disorder and any co-occurring substance use disorders or mental health conditions through evidence-based or evidence-informed practices or strategies.	<p>The Rapid Referral Platform facilitates access to medications for opioid use disorder and harm reduction supplies (e.g., naloxone, test strips, etc.), both of which are evidence-based strategies to prevent opioid overdose and treat opioid use disorder.</p> <p>In addition, harm reduction vending machines will be made available across the state with these funds. These vending machines will expand access to life-saving opioid antidotes, and other harm reduction supplies including drug checking strips, wound care kits, safe-sex supplies, and self-care supplies.</p>
21	Please identify the procurement method utilized for this program, describe the procurement process, and explain why the procurement method identified was used for this program.	A waiver is in process for the Rapid Referral Platform vendor, which is a mechanism for sole source procurement. Other grantees will be procured via competitive requests for proposals. The Department of Health intends to pursue a MOA with a state institution for external evaluation of this project.
	2024 Fiscal Program List	
1	Program Name/Title	NJ Keeping Families Together (KFT) Expansion
2	Agency/Funding Recipient Name	NJ Department of Children and Families (DCF)
3	Agency/Funding Recipient Category	State Agency
4	Primary problem being addressed by this program:	Homelessness and housing instability among parents coping with SUD challenges.

5	Brief program description:	<p>The NJ KFT intervention provides comprehensive support to parents with SUD that includes access to housing, case management, linkage to community services and therapeutic services. To support implementation of the initiative, NJ KFT also:</p> <ul style="list-style-type: none"> • Facilitates workforce development for practitioners who support parents with SUD and co-occurring SUD/MH conditions. • Disseminates and facilitates web-based training curricula such as the NJ KFT Practice model, Moving On from supportive housing and motivational interviewing. <p>NJ KFT intervention is a two-generation approach that aims to break the cycle of trauma and promote parent and child resilience. NJ KFT helps to stabilize individuals with problematic drug use.</p>
6	Program target population:	<p>Children and Young Adults - 0-13 (through 8th grade)</p> <p>Children and Young Adults - 14-18 (high school-aged)</p> <p>Pregnant and Parenting Individuals and their Families, including babies with Neonatal Abstinence Syndrome</p> <p>Families Involved with the child welfare system, whose challenges with homelessness/housing instability, SUD, and other risk factors place their children at risk of out of home placement, or of delayed reunification with children.</p>
7	Date this program was funded (please use MM/DD/YYYY):	2/15/2024
8	Amount of funding for this program.	\$2,700,000.00 annually
8a.	Amount expended:	\$0.00
8b.	Amount encumbered/appropriated:	\$2,700,000
9	How often are you disbursing funds to this program?	Annually
10	Program Launch Date	NJ KFT is an expansion of an existing initiative. Existing service provider contracts will be modified.
11	Please choose the length of time of this program's duration:	3 years

12	What is the anticipated number of unduplicated clients this program will reach annually?	<p>The anticipated number of unduplicated families NJ KFT will serve annually is:</p> <p>Year 1 – up to 65 families</p> <p>Year 2 – up to 65 families</p> <p>Year 3 – up to 115 families</p>
13	Please state this program's statement of impact.	NJ KFT is intended to solve and prevent homelessness for a subset of NJ's most vulnerable families.
14	What key performance indicators are you tracking to ensure success of the program (for example, # of services provided, # of people served, # of naloxone kits distributed)?	<p>NJ KFT tracks the following performance indicators:</p> <ul style="list-style-type: none"> • Number of families served • Housing stability • Service utilization • Parent and child well-being • Family functioning
	Other:	<p>NJ KFT tracks the following performance indicators:</p> <ul style="list-style-type: none"> • Number of families served • Housing stability • Service utilization • Parent and child well-being • Family functioning
15	How frequently are you measuring the tracked key performance indicators?	<p>Quarterly</p> <p>Semi-annually (Well-being and family functioning indicators)</p>
16	What outcomes or impact does the program aim to achieve? How do you plan to measure or track that impact?	<p>NJ KFT outcomes include:</p> <ul style="list-style-type: none"> • Improve housing stability for child welfare involvement families. • Improve caregiver reported well-being (parenting) • Improve child reported well-being. • Improve family stability • Reduce recidivism in the child welfare and homelessness response systems. <p>NJ KFT plans to measure and track outcomes using the following methods:</p> <ul style="list-style-type: none"> • Ongoing process evaluation conducted by NJ DCF.

		<ul style="list-style-type: none"> Ongoing Continuous quality improvement (CQI) and Data Management
17	Primary Category:	Housing
18	The following are other categories that may apply (include all categories with the exception of the Primary category you chose above).	None of the above
19	Please select the Schedule B strategy(ies) that fits the primary focus of this program:	<p>Support People in Treatment and Recovery</p> <p>Address the Needs of Pregnant or Parenting Women and their Families, including Babies with Neonatal Abstinence Syndrome</p>
20	Please explain how this program will address opioid use disorder and any co-occurring substance use disorders or mental health conditions through evidence-based or evidence-informed practices or strategies.	<p>At the foundation of the NJ KFT model are two evidence-based strategies for supporting vulnerable populations facing co-occurring challenges (including persons impacted by SUD and mental health) who are experiencing homelessness - Housing First and Motivational Interviewing (MI).</p> <p><u>Data and Evidence for NJ KFT:</u> Estimates from NJ Department of Children and Families' administrative data indicate that 17% of families with a child in foster care and 7% of families served by New Jersey's child welfare system in their own homes experience housing instability, and the Department believes this to be an underestimate. Supportive housing has been shown to be an effective intervention for improving outcomes for families involved with the child welfare system (Urban Institute, 2019). In a randomized controlled trial of supportive housing programs for child welfare involved families across five US sites, families who received supportive housing were 4 percent less likely to face eviction, 13 percent less likely to experience homelessness, and 22 percent less likely to move two or more times in the 12 months post-enrollment. At some sites, parents who received supportive housing were more likely to reunify with their children and less likely to experience formal family separation.</p>

		Evaluation results from the Keeping Families Together Program in New Jersey indicate that 12 months post-enrollment, eighty-seven percent of participants remained stably housed. KFT also demonstrated statistically significant improvements in families' safety (mean increase=.54, p=.000), social support networks (mean increase=.42, p=.000), mobility (mean increase = .37, p = 0.000), community involvement (mean increase=.34, p=0.000), access to services (mean increase=.34, p=.000), parent-child relationship(s) (mean increase=.25, p=0.000), income (mean increase=.30, p=.000) and food security (mean increase=.27, p=.000). Lesser, but still significant, increases were observed in caregivers' physical health (mean increase=.11, p=0.029) and substance use (mean increase=.12, p=.012).
21	Please identify the procurement method utilized for this program, describe the procurement process, and explain why the procurement method identified was used for this program.	NJ KFT is an expansion of an existing initiative. Existing provider contracts will be modified.
	2024 Fiscal Program List	
1	Program Name/Title	Mobile Medication for Addiction Treatment (MAT) Expansion
2	Agency/Funding Recipient Name	NJ Department of Human Services
3	Agency/Funding Recipient Category	State Agency
4	Primary problem being addressed by this program:	Providing low-threshold medication services
5	Brief program description:	The initiative is designed to increase access to medications for substance use disorder (i.e., methadone, buprenorphine, or naltrexone), medical referral services, case management; and recovery support services for people with an Opioid Use Disorder (OUD).
6	Program target population:	Children and Young Adults - 19-24 (post-grad through college) Individuals experiencing Homelessness Individuals who Use Drugs

7	Date this program was funded (please use MM/DD/YYYY):	2/15/2024
8	Amount of funding for this program.	\$4,525,000.00 (Year 1) \$2,250,000.00 (Years 2 and 3)
8a.	Amount expended:	\$0.00
8b.	Amount encumbered/appropriated:	\$4,525,000.00 (Year 1)
9	How often are you disbursing funds to this program?	Annually
10	Program Launch Date	7/1/2024
11	Please choose the length of time of this program's duration:	3 years
12	What is the anticipated number of unduplicated clients this program will reach annually?	1400
13	Please state this program's statement of impact.	The initiative will make available medication treatment to individuals who have an opioid use disorder, and provide case management activities to link these individuals to resources, such as housing or employment.
14	What key performance indicators are you tracking to ensure success of the program (for example, # of services provided, # of people served, # of naloxone kits distributed)?	<ul style="list-style-type: none"> • Number of participants served: • Number of harm reduction supplies distributed (e.g., naloxone kits, drug disposal packets):
	Number of participants served:	Data collection will begin after the program is launched
	Number of harm reduction supplies distributed (e.g. naloxone kits, drug disposal packets):	Data collection will begin after the program is launched
15	How frequently are you measuring the tracked key performance indicators?	Monthly
16	What outcomes or impact does the program aim to achieve? How do you plan to measure or track that impact?	Increase the number of people admitted to opioid treatment program services in the state, lower the incidence of overdose deaths experienced in parts of the state where the program is implemented. Data to be evaluated will include treatment admissions as well as a

		decrease in overdose deaths in specific counties where the intervention is implemented.
17	Primary Category:	Treatment
18	The following are other categories that may apply (include all categories with the exception of the Primary category you chose above).	Harm Reduction and Overdose Prevention Recovery Supports Wraparound and Connected Care Supports
19	Please select the Schedule B strategy(ies) that fits the primary focus of this program:	Treat Opioid Use Disorder (OUD) Prevent Overdose Deaths and Other Harms (Harm Reduction)
20	Please explain how this program will address opioid use disorder and any co-occurring substance use disorders or mental health conditions through evidence-based or evidence-informed practices or strategies.	Program is expected to assess clients for SUD, including opioid use disorder (OUD) and alcohol use disorder (AUD), as well as co-occurring mental illness, using DSM-5 criteria. Program will also assess for withdrawal risk using the Clinical Opioid Withdrawal Scale/Subjective Opioid Withdrawal Scale (COWS/SOWS) and/or the Clinical Institute Withdrawal Assessment (CIWA), as appropriate. Furthermore, the program will determine clinical appropriateness for FDA-approved medications for OUD and AUD.
21	Please identify the procurement method utilized for this program, describe the procurement process, and explain why the procurement method identified was used for this program.	The procurement process for this initiative will be through a Request for Proposal (RFP) with an effort to secure three (3) contracted providers. Any new funding opportunity must involve a proper bidding process in the State of NJ. The RFP was issued on 7/8/2024 and the awards will be issued in October 2024.
	2024 Fiscal Program List	
1	Program Name/Title	Harm Reduction Expansion Activities
2	Agency/Funding Recipient Name	NJ Department of Health
3	Agency/Funding Recipient Category	State Agency
4	Primary problem being addressed by this program:	Harm Reduction for substance use to prevention overdose and disease

5	Brief program description:	Funds will support core harm reduction services at authorized harm reduction centers across New Jersey. Funds for drug-user health will support the hiring of Advanced Practice Nurses at existing and newly created harm reduction sites and integrated testing for HIV, Hepatitis, and sexually transmitted infections. The remaining funds will be utilized to create partnerships between harm reduction centers and community organizations to conduct outreach and community engagement activities, including the distribution of information and harm reduction supplies to high-risk areas that may not yet have a harm reduction center nearby.
6	Program target population:	Individuals who Use Drugs
7	Date this program was funded (please use MM/DD/YYYY):	2/15/2024
8	Amount of funding for this program.	\$12,000,000.00 annually
8a.	Amount expended:	\$0.00
8b.	Amount encumbered/appropriated:	\$12,000,000.00
9	How often are you disbursing funds to this program?	Annually
10	Program Launch Date	7/16/2024
11	Please choose the length of time of this program's duration:	2 years
12	What is the anticipated number of unduplicated clients this program will reach annually?	7000
13	Please state this program's statement of impact.	To reduce fatal overdoses, as well as incidence of HIV and HCV.
14	What key performance indicators are you tracking to ensure success of the program (for example, # of services provided, # of people served, # of naloxone kits distributed)?	<ul style="list-style-type: none"> • Number of participants served: • Reduction in opioid-related incidents: • Number of harm reduction supplies distributed (e.g. naloxone kits, drug disposal packets): • Number of training/education sessions: • Number of services provided/encounters: • Increased community awareness (please describe):

	Number of participants served:	Data collection will begin after the program is launched
	Reduction in opioid-related incidents:	Data collection will begin after the program is launched
	Number of harm reduction supplies distributed (e.g. naloxone kits, drug disposal packets):	Data collection will begin after the program is launched
	Number of training/education sessions:	Data collection will begin after the program is launched
	Number of services provided/encounters:	Data collection will begin after the program is launched
	Increased community awareness (please describe):	Data collection will begin after the program is launched
15	How frequently are you measuring the tracked key performance indicators?	Quarterly
16	What outcomes or impact does the program aim to achieve? How do you plan to measure or track that impact?	Prevention of fatal overdoses and transmission of co-occurring communicable diseases as measured by NJ DHSTS database and other dashboards
17	Primary Category:	Harm Reduction and Overdose Prevention
18	The following are other categories that may apply (include all categories with the exception of the Primary category you chose above).	None of the above
19	Please select the Schedule B strategy(ies) that fits the primary focus of this program:	Prevent Overdose Deaths and Other Harms (Harm Reduction)
20	Please explain how this program will address opioid use disorder and any co-occurring substance use disorders or mental health conditions through evidence-based or evidence-informed practices or strategies.	Harm reduction is an evidenced-based strategy that meets individuals where they are, gives them tools to prevent disease and overdoses, and provides destigmatizing access to mental health and substance treatment services.
21	Please identify the procurement method utilized for this program, describe the procurement process, and explain why the procurement method identified was used for this program.	Request for Application (RFA)
	2024 Fiscal Program List	

1	Program Name/Title	Emergency Opioid Settlement Funding for Harm Reduction Supplies: Xylazine Response
2	Agency/Funding Recipient Name	NJ Department of Health
3	Agency/Funding Recipient Category	State Department of Health
4	Primary problem being addressed by this program:	Drug poisonings and injuries involving xylazine, often co-occurring with synthetic opioids such as fentanyl. The White House Office of National Drug Control Policy identified fentanyl adulterated or associated with xylazine (FAAX) as an emerging threat.
5	Brief program description:	This program will address immediate needs of people who use drugs that are exposed to xylazine. NJDOH will distribute supplies to address xylazine-related wounds and drug checking to harm reduction centers and overdose hotspot partners. These supplies were selected based on the overwhelming requests NJDOH has received from harm reduction centers and hotspot partners for these items. Supplies will include wound care kits, xeroform patches for severe wounds, basic hygiene kits, and xylazine test strip kits.
6	Program target population:	Individuals who Use Drugs
7	Date this program was funded (please use MM/DD/YYYY):	2/15/2024
8	Amount of funding for this program.	\$500,000.00
8a.	Amount expended:	\$0.00
8b.	Amount encumbered/appropriated:	\$500,000.00
9	How often are you disbursing funds to this program?	One time only
10	Program Launch Date	6/13/2024
11	Please choose the length of time of this program's duration:	One time only
12	What is the anticipated number of unduplicated clients this program will reach annually?	Approximately 5,000 residents will be served by this program.

13	Please state this program's statement of impact.	This program will support the management of substance use related wounds, preventing infections, unnecessary hospitalizations and other complications. The program will also facilitate access to drug checking equipment (xylazine test strips) which has been shown to reduce risky drug use behaviors.
14	What key performance indicators are you tracking to ensure success of the program (for example, # of services provided, # of people served, # of naloxone kits distributed)?	<ul style="list-style-type: none"> • Number of harm reduction supplies distributed (e.g. naloxone kits, drug disposal packets): • Number of training/education sessions:
	Number of harm reduction supplies distributed (e.g. naloxone kits, drug disposal packets):	Data collection will begin after the program is launched
	Number of training/education sessions:	Data collection will begin after the program is launched
15	How frequently are you measuring the tracked key performance indicators?	Quarterly
16	What outcomes or impact does the program aim to achieve? How do you plan to measure or track that impact?	Overdose deaths, reduced substance use related skin and soft tissue infections and sepsis.
17	Primary Category:	Harm Reduction and Overdose Prevention
18	The following are other categories that may apply (include all categories with the exception of the Primary category you chose above).	None of the above
19	Please select the Schedule B strategy(ies) that fits the primary focus of this program:	Prevent Overdose Deaths and Other Harms (Harm Reduction)
20	Please explain how this program will address opioid use disorder and any co-occurring substance use disorders or mental health conditions through evidence-based or evidence-informed practices or strategies.	Harm reduction strategies, including drug checking equipment and the provision of low barrier supplies, are proven to improve health of participants they serve by reducing infectious diseases, reducing risky substance use practices, reducing overdose deaths, and linking participants to further care (e.g., SUD treatment).
21	Please identify the procurement method utilized for this program, describe the procurement process, and explain why the procurement method identified was used for this program.	State contract and grant amendment with existing grantees. These mechanisms were chosen given the emergency nature of the funding as these are the quickest procurement mechanisms for each type of supply.

	2024 Fiscal Program List	
1	Program Name/Title	Housing Options for Individuals with Substance Use Disorder (SUD)
2	Agency/Funding Recipient Name	NJ Department of Human Services
3	Agency/Funding Recipient Category	State Department
4	Primary problem being addressed by this program:	Homelessness among individuals with SUD
5	Brief program description:	The Housing Continuum is aimed at addressing the housing needs of individuals who have a history of substance use disorder. Embracing the Housing First model, this program will provide a range of services, including shelters, Oxford housing, and Housing vouchers for permanent supportive housing. By adopting a client-centric approach, this program ensures that individuals are not mandated to be in treatment or recovery before accessing stable housing.
6	Program target population:	<p>Individuals experiencing Homelessness</p> <p>Individuals in Recovery</p> <p>Individuals in Treatment</p> <p>Individuals involved with the Criminal Justice System</p> <p>Individuals who Use Drugs</p> <p>Pregnant and Parenting Individuals and their Families, including Babies with Neonatal Abstinence Syndrome</p>
7	Date this program was funded (please use MM/DD/YYYY):	2/15/2024
8	Amount of funding for this program.	<p>\$5,000,000.00 (Year 1)</p> <p>\$6,000,000.00 (Years 2 and 3)</p>
8a.	Amount expended:	\$133,333.00
8b.	Amount encumbered/appropriated:	\$4,866,667.00
9	How often are you disbursing funds to this program?	Annually
10	Program Launch Date	10/1/2024

11	Please choose the length of time of this program's duration:	3 years
12	What is the anticipated number of unduplicated clients this program will reach annually?	310
13	Please state this program's statement of impact.	This program supports individuals who have a history of substance use disorder through the provision of comprehensive wraparound services, housing, case management, peer support services, access to counseling, and other community-based services as deemed necessary.
14	What key performance indicators are you tracking to ensure success of the program (for example, # of services provided, # of people served, # of naloxone kits distributed)?	<ul style="list-style-type: none"> • Number of participants served: • Number of services provided/encounters: • Number of referrals to treatment:
	Number of participants served:	Data collection will begin after the program is launched
	Number of services provided/encounters:	Data collection will begin after the program is launched
	Number of referrals to treatment	Data collection will begin after the program is launched
15	How frequently are you measuring the tracked key performance indicators?	Quarterly
16	What outcomes or impact does the program aim to achieve? How do you plan to measure or track that impact?	To provide temporary shelter housing while seeking more permanent housing through the use of a rental subsidy.
17	Primary Category:	Housing
18	The following are other categories that may apply (include all categories with the exception of the Primary category you chose above).	Recovery Supports Wraparound and Connected Care Supports
19	Please select the Schedule B strategy(ies) that fits the primary focus of this program:	Support People in Treatment and Recovery Prevent Overdose Deaths and Other Harms (Harm Reduction)

20	Please explain how this program will address opioid use disorder and any co-occurring substance use disorders or mental health conditions through evidence-based or evidence-informed practices or strategies.	Providing stable housing is a crucial component in addressing opioid use disorder and co-occurring substance use disorders or mental health conditions. Safe and secure housing creates a foundation for individuals to engage in harm reduction services, treatment and recovery. It reduces exposure to environmental stressors that can exacerbate substance use and mental health issues, while also fostering a sense of stability and community. Access to housing allows individuals to focus on accessing supportive services, and build healthier relationships, ultimately leading to improved outcomes in recovery and overall well-being. Additionally, this funding will allow for teaching of advocacy skills, integration into the community, and enhanced access to appropriate treatment as needed.
21	Please identify the procurement method utilized for this program, describe the procurement process, and explain why the procurement method identified was used for this program.	This service is issued through an RFP process which allows shelters to offer beds that will be available in real time for use for this population. Beds will be assigned to consumers who then don't need to compete for a bed once assigned. Case management services are then offered to the consumer so assistance and guidance are offered to consumer so resources needed can be acquired. Transitional recovery housing is provided by the expansion of an existing contract with Oxford House.
	2024 Fiscal Program List	
1	Program Name/Title	Community Peer Recovery Centers Expansion
2	Agency/Funding Recipient Name	NJ Department of Human Services
3	Agency/Funding Recipient Category	State Department
4	Primary problem being addressed by this program:	Increase funding for the CPRCs

5	Brief program description:	A community peer recovery center is place where individuals can access peer support, information about substance use disorder treatment, recovery support services, and information about other community resources in a supportive substance free environment. All activities and services are led and driven by peers (i.e., individuals who have experienced addiction and recovery, either directly or indirectly as a family member or friend). The overall goal of the CPRC is to provide a safe place for recovering individuals to gather in support of one another and experience recovery in a community setting. It is the ideal place for those in recovery to receive peer-to-peer support and attain guidance in a number of life-skill areas. CPRCs offer social support and give those in recovery a place where they feel that they belong. CPRCs are a place where those in recovery can have the opportunity to give back to their community thereby fostering senses of empowerment and independence.
6	Program target population:	Individuals in Recovery Individuals in Treatment Individuals who Use Drugs Members of the General Public
7	Date this program was funded (please use MM/DD/YYYY):	2/15/2024
8	Amount of funding for this program.	\$5,835,000.00 annually
8a.	Amount expended:	\$0.00
8b.	Amount encumbered/appropriated:	\$5,835,000.00
9	How often are you disbursing funds to this program?	Annually
10	Program Launch Date	2/1/2025
11	Please choose the length of time of this program's duration:	3 years
12	What is the anticipated number of unduplicated clients this program will reach annually?	12,000

13	Please state this program's statement of impact.	Peer recovery centers foster long-term recovery by providing ongoing support and emphasizing personal empowerment. They help individuals build resilience and develop the skills needed to maintain sobriety and mental health improvements over the long term. Furthermore, as more individuals are supported for a longer period of time in their recovery journey with low-barrier, low-intensity supports offered at a CPRC, the volume of treatment readmissions should decrease, reducing the burden on the treatment system.
14	What key performance indicators are you tracking to ensure success of the program (for example, # of services provided, # of people served, # of naloxone kits distributed)?	<ul style="list-style-type: none"> • Number of participants served: • Number of harm reduction supplies distributed (e.g. naloxone kits, drug disposal packets):
	Number of participants served:	Data collection will begin after the program is launched
	Number of harm reduction supplies distributed (e.g. naloxone kits, drug disposal packets):	Data collection will begin after the program is launched
15	How frequently are you measuring the tracked key performance indicators?	Quarterly
16	What outcomes or impact does the program aim to achieve? How do you plan to measure or track that impact?	These centers provide a supportive environment that can improve participants' chances of long-term recovery by addressing their unique needs and challenges.
17	Primary Category:	Recovery Supports
18	The following are other categories that may apply (include all categories with the exception of the Primary category you chose above).	Harm Reduction and Overdose Prevention Wraparound and Connected Care Supports
19	Please select the Schedule B strategy(ies) that fits the primary focus of this program:	Support People in Treatment and Recovery Connections to Care Prevent Overdose Deaths and Other Harms (Harm Reduction)

20	Please explain how this program will address opioid use disorder and any co-occurring substance use disorders or mental health conditions through evidence-based or evidence-informed practices or strategies.	These centers offer a range of peer-led recovery support services, such as peer counseling, recovery coaching, and group therapy, which have been shown to improve outcomes for individuals struggling with OUD, SUD and/or co-occurring mental health conditions. By fostering a sense of community and empowering individuals with lived experiences, these centers help reduce isolation and stigma while promoting long-term recovery through proven strategies like motivational interviewing, cognitive-behavioral interventions, and harm reduction approaches. Additionally, they connect individuals to resources such as treatment, housing, and employment support, further enhancing recovery pathways.
21	Please identify the procurement method utilized for this program, describe the procurement process, and explain why the procurement method identified was used for this program.	The CPRC RFP was issued July 19, 2024; proposals were submitted and are undergoing review. Final awards are expected in November 2024 with services starting by February 1, 2025.
	2023 Fiscal Program List	
1	Program Name/Title	Opioid Recovery and Remediation Advisory Council Strategic Plan
2	Have there been any modifications or expansions to this program since the initial report? :	Yes, modification to funding amount
	2a) If yes, please explain:	The funding amount was increased to \$291,800 due to an expansion of the scope of work.
3	What key performance indicators are you tracking to ensure success of the program (for example, # of services provided, # of people served, # of naloxone kits distributed)?	

	Other:	The Strategic Plan will integrate and synthesize the expertise, experiences, needs, assets, and input of Opioid Recovery and Remediation Advisory Council members, public comments and submissions, and other NJ stakeholders, including perspectives from people who use drugs and people in recovery. The strategic plan will inform the recommendations made by the Advisory Council to the State regarding the allocation of the State's share of settlement funds.
4	Is there anything else you would like to share or highlight regarding the progress and impact of this program? :	Yes
	4a) If yes, please explain:	The amount spent on this program in this reporting period (FY 2024) is \$90,162. Anticipated completion in Spring 2025. Once completed, the Strategic Plan will be posted online at www.nj.gov/opioidfunds .