

STATE OF NEW JERSEY



MASTER PLAN

Issued 2025

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LETTER FROM CHAIRPERSON

It is my honor to present the Governor’s Council on Substance Use Disorder’s Master Plan. The goal of this document is to provide a representation of the Council’s guiding values, along with the work and approaches that honor them. As an individual who has had the pleasure of serving on this esteemed body since its inception in 1989, and as its Elected Chairperson for the past two decades, I have always seen the work of this Council and its Alliance to Prevent Substance Use Disorder as essential to the State’s prevention efforts. I am proud to say that, at present, the Council is stronger and more focused than ever and more engaged in collaborative efforts with its state partners and stakeholders than at any time in its history. I consider it a privilege to work with State departments deeply dedicated to those they serve, along with the Council’s appointed public members, who bring with them a wealth of both personal and professional experience that are invaluable to our shared efforts.

This Master Plan will serve as a blueprint for the Council and the Alliances to Prevent Substance Use Disorder to be implemented through the FY27-31 grant cycle with annual updates as informed by emerging data and trends. The guiding values contained in this document, along with the significant work being done by our Council members and Alliances, reflect the understanding and commitment to the hundreds of thousands of New Jerseyans across 21 counties served by their work. We pledge to uphold these guiding values in all the work that we do, with gratitude to all those who have informed and supported these efforts along the way.

With deep gratitude,



Neil Van Ess
Council Chairperson

ACKNOWLEDGEMENT

As we work to mitigate the impact of the opioid crisis on individuals, families and communities across New Jersey, we recognize that nuances and complexities exist across the lifespan within the many populations and cultures served across the state. Language comes with different meanings, biases, and assumptions that are deeply rooted in a person’s lived experience and culture. This Master Plan reflects language choices based our current understanding at a point in time, which is constantly shaped by an evolving landscape, and those with lived experience in treatment and recovery. We are wholly committed to applying effective approaches that best fit the needs of our constituents, keeping communications open and respectful and utilizing our established relationships in the communities we serve to remain current and informed.

PART I: GCSUD OVERVIEW

THE GOVERNOR'S COUNCIL ON SUBSTANCE USE DISORDER (GCSUD)

The GCSUD was established through legislation in 1989. Through the enabling legislation (N.J.S.A. 26:2BB), there are three core functions of the GCSUD:

- **Prevention Planning**
- **Awareness and Education**
- **Administration of the GCSUD and its Alliance to Prevent Substance Use Disorder**

These core functions are managed through the GCSUD office, with oversight by the GCSUD and its members.

The Drug Enforcement Demand Reduction (DEDR) Fund was established at the time of the 1989 legislation with GCSUD as the intended recipient of the fund. As of FY24, the DEDR funds were no longer viable as a dedicated source of funding due to decreased revenues into the DEDR Fund. In consultation with the Governor's Council, the GCSUD funding was then reestablished as an appropriation from the General Fund.

The GCSUD comprises State department designees, as well as gubernatorial and legislative appointees seated as public members. Presently, the State departments represented on the GCSUD are as follows:

- Office of the Attorney General
- Administrative Office of the Courts
- Department of Children and Families
- Department of Community Affairs
- Department of Corrections
- Department of Education
- Department of Health
- Department of Human Services
- Department of Labor and Workforce Development
- Department of Military and Veterans Affairs
- New Jersey Presidents' Council

Presently there are nine public members serving on the GCSUD: seven appointees of the Governor, one appointee of the President of the Senate, and one appointee of the Speaker of the General Assembly. The GCSUD holds monthly public meetings at which Council business is conducted along with presentations provided by State departments and partners to inform the GCSUD and its members about current innovative initiatives relating to substance use, mental health, and other efforts related to the work of the GCSUD and its members. GCSUD meetings serve to inform and connect GCSUD members to help strengthen and facilitate coordination of statewide prevention efforts and expand strategic partnerships.

THE GCSUD ALLIANCE TO PREVENT SUBSTANCE USE DISORDER (ALLIANCE PROGRAM)

The Alliance Program was created along with the GCSUD as part of the 1989 enabling legislation. It is the largest network of community-based prevention coalitions of its kind, and a prevention model unique both in New Jersey and the nation. The charge of the Alliance Program is to provide comprehensive prevention programming at the most local level, to educate and raise awareness and engage communities in prevention programming that embraces the most current and effective, evidence-based approaches.

County grant awards fund Municipal Alliances, which plan for and develop evidenced-based and community level prevention strategies, to prevent substance use disorder in their communities. Municipal Alliances are established by municipal ordinance and have been deeply integrated into New Jersey communities for over 30 years. Through longstanding, trusted relationships within their respective communities, the Alliances engage residents in the program's prevention efforts, working with all sectors of the community including local government and county officials, individuals in treatment and recovery, families who have lost loved ones, families trying to guide loved ones into recovery, at-risk and underserved individuals and communities, educators and students, parents and community members, senior citizens, coaches and athletes, clergy and communities of faith, veterans, law enforcement, local and statewide businesses.

The Council uses a data-driven formula to distribute funds to each county. Each county then uses a County Alliance Steering Subcommittee approved formula to distribute those funds to the municipalities. County and Municipal Alliance award recipients are required to match the Council grants with a cash-match of 25% of the award and 75% in-kind-services. This matching requirement is unique in the country and has the effect of doubling the impact of the Council grants for programs and activities.

This structure makes the Alliance Program uniquely positioned to provide prevention programming across the state and at the most local levels. The Alliance Program annually reaches almost two million participants, including over 400,000 youth and 30,000 older Americans – reaching millions of New Jerseyans across 419 municipalities in all 21 counties. The Alliance Program is a foundational, working framework for prevention in New Jersey and an essential partner for the State's collective prevention efforts.

PART II: GCSUD GUIDING VALUES

PROVIDE COMMUNITY PREVENTION AND EDUCATION

Community prevention and education involve a public health approach to mitigating substance use and other negative factors by improving individual skills, strengthening community support systems, and changing harmful social norms and policies. Embracing strategies that include engaging residents, community leaders, and organizations in the planning and implementation of prevention programs to ensure they meet local needs, empowering people with the knowledge and resources to make healthier choices and build supportive social systems, providing information and training on topics such as substance use prevention, healthy relationships, and warning signs, can all make a significant impact on community health.

In support of providing effective community prevention and education, the GCSUD is an essential partner in statewide prevention efforts through its Council membership and Alliance to Prevent Substance Use Disorder. The model of the GCSUD and its Alliance program makes it uniquely positioned to break down silos and help to coordinate and unify prevention statewide and at the most local levels. In this role, the GCSUD seeks to help reinforce community preparedness through a public health approach that recognizes the importance of an equitable response, acknowledging the need for data collection, analysis and reporting to be more inclusive. Addressing risk factors that create harm, including overdose prevention, and promoting protective factors provide a foundation to foster community wellness. Engaging in the expansion of strategic partnerships is key to the process and to remaining adaptable in an ever-changing landscape.

FOSTER STIGMA-FREE COMMUNITIES

A stigma-free community is a public space, like a municipality or institution, that works to reduce the negative assumptions, judgments, and discrimination associated with mental illness and substance use disorders, creating a culture of support, acceptance, and open dialogue where people feel safe and encouraged to seek help and resources without fear. These initiatives often involve local government participation, community pledges, public awareness campaigns, and the dissemination of local resources to ensure no one feels hopeless or alone.

Stigma remains a significant obstacle for individuals and families dealing with a substance use disorder. It is impossible to engage in effective prevention programming without acknowledging and working to address the profound effects of stigma around substance use. The importance of breaking down both public and institutional stigma cannot be overstated. The devastating effects of systemic discrimination and dehumanization create barriers that prevent people from seeking help, hinder access to family resources, and reinforce biases in healthcare delivery. Recognizing that some populations face more stigma than others, on multiple levels, a human-centered approach is essential to meeting people where they are with respect and understanding, to ensure that the dignity and worth of every person with a substance use disorder is valued. Language is key and needs to be person-centered, affirming, empowering and inclusive.

EMPOWER PEERS AND SEEK GUIDANCE FROM INDIVIDUALS WITH LIVED EXPERIENCE

Empowering peers and other individuals with lived experience in substance use prevention means training and engaging individuals with lived experience to educate, support, and advocate for others, fostering positive norms and reducing stigma. This approach leverages peer connection and shared understanding to build relatability and trust, foster positive norms, promote resilience, develop self-leadership, and ultimately reduce substance use within communities, particularly among young people.

Recovery is an ongoing journey of personal growth with pathways unique to each person. Seeking guidance from those with lived experience, empowering peers, and engaging with peer-driven initiatives must be incorporated to appropriately inform and strengthen our collective efforts. The Council membership includes individuals and family members with lived experience who have been impacted by substance use disorders, which helps to guide the Council's efforts. Many GCSUD Alliance members and program participants are also individuals and families with lived experience, which brings much needed insight and value to their work.

RECOGNIZE THE ROLE OF MENTAL HEALTH IN SUBSTANCE USE

Mental health significantly influences substance use, and mental illnesses, such as depression and/or anxiety, are major risk factors for developing substance use disorders. Therefore, addressing and improving mental health through early detection, intervention, and treatment is a crucial component of substance use prevention. Because of shared risk factors, integrating mental health education and awareness into community prevention programming can create protective effects against both mental health and substance use disorders, and ultimately improve outcomes.

One of the goals of GCSUD is to underscore the connection between mental health and substance use and to acknowledge the shared risk factors while identifying and strengthening protective factors. It is important to recognize and address the root cause of substance use, particularly as a response to trauma and pain, to prevent misuse and related risks effectively. By focusing on these root issues, prevention efforts can be more impactful and holistic, reducing the likelihood of substance abuse. Drug misuse should be approached within a broader context of individual experiences and mental health, rather than in isolation. We need to be culturally responsive in the context of inter-personal and community culture and ensure that our collective efforts and supports reach all sectors of the community.

EMBRACE BEST PRACTICES IN PREVENTION

Current approaches to substance use prevention use evidence-based strategies that are implemented at individual, interpersonal, community, and macro levels, including school-based prevention programs, parental engagement and support, community-wide initiatives, substance misuse prevention coalitions, and broad public health and policy efforts. Key individual-level techniques involve building coping skills, mindfulness, while community-level approaches focus on reducing access to substances and challenging societal norms that support misuse.

Evolving prevention practices need to embrace harm reduction and health equity, address the role of trauma and social determinants of health, and educate communities about marijuana legalization and decriminalization. Programs must incorporate a compassionate, inclusive approach that recognizes the complexity of individual circumstances and promotes supportive services. Meeting people where they are with empathy and understanding and providing supports and services with dignity and a sense of humanity will not only save lives but also transform them.

PART III: GCSUD ACTION PLAN – STRATEGIES TO IMPLEMENT THE GCSUD GUIDING VALUES

Prevention planning will include a focus on the GCSUD guiding values as outlined in Section II, as follows:

- The GCSUD will strengthen and expand strategic partnerships with State departments serving on the GCSUD, as well as provider agencies and stakeholders to effectively align the Alliances' prevention efforts with the GCSUD guiding values, ensuring a coordinated and impactful approach to their initiatives.
- GCSUD will continue to prioritize prevention education and training, as outlined in the guiding values, for both communities and families. Through comprehensive and organized efforts, GCSUD is committed to ensuring that stakeholders are fully equipped with the knowledge, skills, and abilities needed to respond to and adapt within an ever-changing landscape.
- In preparing for the upcoming Alliance to Prevent Substance Use Disorder grant cycle, planned programs and activities will maintain fidelity and adherence to the GCSUD guiding values through the Municipal Alliance Guidelines, including using the Municipal Alliance online Grant Management System (MAGS) to report and access data to continue to inform community prevention efforts. The GCSUD Municipal Alliance Guidelines are available on the GCSUD website.

We look forward to implementing the GCSUD Action Plan for the Council and its Alliance program for the FY27-31 grant cycle, to continue our collaborative efforts with State partners and stakeholders, and to support the communities we serve in our ongoing efforts to build healthy and safe communities.



APPENDIX:

A. LIST OF COUNCIL MEMBERS

Public Members:

- Neil Van Ess
- John Armato
- Gregg Benson
- Donna DeStefano
- Eileen Fishman
- Sweta Kansagra
- Gisele Pemberton

State Department Representatives:

- Administrative Office of the Courts: Cornell Williamson
- Department of Children and Families: Jeffery Carrick
- Department of Community Affairs: Michelle Graham-Lyons
- Department of Corrections: Herbert Kaldany/Adam Cortes
- Department of Education: Lu Pereira
- Department of Health: Lashunda Omidia/Jessica Atkinson
- Department of Human Services: Don Hallcom
- Department of Labor and Workforce Development: Briana Menjivar/Rebecca Glinn
- Department of Law and Public Safety: Tiffany Wilson/Elizabeth Rebein
- Department of Military & Veteran's Affairs: Noelle Lee-Turner/Joe Nyzio
- NJ Presidents' Council¹ : Allison Samay

¹ The New Jersey Presidents' Council (NJPC) represents New Jersey's public, private, and community colleges and universities. NJPC is not a state agency but works closely with the Office of Secretary for Higher Education pursuant to N.J.S.A 18A:3B-7.

B. GCSUD STATUTE

2024 New Jersey Revised Statutes Title 26 - Health and Vital Statistics Section 26:2BB-1

Retrieved from <https://law.justia.com/codes/new-jersey/title-26/section-26-2bb-1/>

Universal Citation:

NJ Rev Stat § 26:2BB-1 (2024)

26:2BB-1. Findings, declarations

1. The Legislature finds and declares that: substance use disorders are major health problems facing the residents of this State; aspects of these problems extend into many areas under various State departments; placement in, but not of, the State Department of the Treasury is the most appropriate and logical location for focusing a coordinated planning and review effort to ameliorate these problems and for establishing a Governor's Council Substance Use Disorder as an independent coordinating, planning, research and review body regarding all aspects of substance use disorder; and establishing a Division of Mental Health and Addiction Services within the State Department of Human Services will enhance the effectiveness of the State's role in formulating comprehensive and integrated public policy and providing effective treatment, prevention and public awareness efforts against substance use disorders.

The Legislature further finds and declares that: as the cooperation and active participation of all communities in the State is necessary to achieve the goal of reducing substance use disorder, there should be established within the Governor's Council on Substance Use Disorder, an Alliance to Prevent Substance Use Disorder, to unite the communities of this State in a coordinated and comprehensive effort; and that the full resources of this State including counties, municipalities and residents of the State must be mobilized in a persistent and sustained manner in order to achieve a response capable of meaningfully addressing not only the symptoms but the root causes of this pervasive problem.

L. 1989, c. 51, s. 1; amended 2023, c.177, s.70.

26:2BB-2 Governor's Council on Substance Use Disorder

2. There is created a 26-member council in, but not of, the Department of the Treasury which shall be designated as the Governor's Council on Substance Use Disorder. For the purposes of complying with the provisions of Article V, Section IV, paragraph 1 of the New Jersey Constitution, the Governor's Council on Substance Use Disorder is allocated to the Department of the Treasury, but, notwithstanding the allocation, the office shall be independent of any supervision or control by the department or by any board or officer thereof.

The council shall consist of 12 ex officio members and 14 public members.

a. The ex officio members of the council shall be: the Attorney General, the Commissioners of Labor and Workforce Development, Education, Human Services, Health, Children and Families,

Community Affairs, Personnel and Corrections, the chair of the executive board of the New Jersey Presidents' Council, the Administrative Director of the Administrative Office of the Courts and the Adjutant General. An ex officio member may designate an officer or employee of the department or office which the ex officio member heads to serve as the member's alternate and exercise the member's functions and duties as a member of the Governor's Council on Substance Use Disorder.

b. The 14 public members shall be residents of the State who are selected for their knowledge, competence, experience or interest in connection with substance use disorder. They shall be appointed as follows: two shall be appointed by the President of the Senate, two shall be appointed by the Speaker of the General Assembly and 10 shall be appointed by the Governor, with the advice and consent of the Senate. At least two of the public members appointed by the Governor shall be persons rehabilitated from alcohol use disorder and at least two of the public members appointed by the Governor shall be persons rehabilitated from substance use disorders involving drugs.

c. The term of office of each public member shall be three years; except that of the first members appointed, four shall be appointed for a term of one year, five shall be appointed for a term of two years and five shall be appointed for a term of three years. Each member shall serve until a successor has been appointed and qualified, and vacancies shall be filled in the same manner as the original appointments for the remainder of the unexpired term. A public member shall be eligible for reappointment to the council.

d. The chairperson of the council shall be appointed by the Governor from among the public members of the council and shall serve at the pleasure of the Governor during the Governor's term of office and until the appointment and qualification of the chairperson's successor. The members of the council shall elect a vice-chairperson from among the members of the council. The Governor may remove any public member for cause, upon notice and opportunity to be heard.

e. The council shall meet at least monthly and at such other times as designated by the chairperson. Fourteen members of the council shall constitute a quorum. The council may establish any advisory committees it deems advisable and feasible.

f. The chairperson shall be the request officer for the council within the meaning of such term as defined in section 6 of article 3 of P.L.1944, c.112 (C.52:27B-15).

g. The public members of the council shall receive no compensation for their services, but shall be reimbursed for their expenses incurred in the discharge of their duties within the limits of funds appropriated or otherwise made available for this purpose.

L.1989, c.51, s.2; amended 1996, c.5; 2006, c.47, s.107; 2017, c.131, s.99; 2023, c.177, s.71.

26:2BB-3. Appointment of executive director, staff

3. a. The Governor's Council on Substance Use Disorder shall be administered by an executive director who shall be appointed by the Governor, with the advice and consent of the Senate, and shall serve at the pleasure of the Governor during the Governor's term of office and until the appointment and qualification of the executive director's successor.

b. The executive director shall be a person qualified by training and experience to perform the duties of the council.

c. The executive director shall have the authority to employ a deputy executive director, who shall be in the unclassified service of the Civil Service, and such staff as are necessary to accomplish the work of the council within the limits of available appropriations. The executive director may delegate to subordinate officers or employees of the council any of his powers which the executive director deems desirable to be exercised under the executive director's supervision and control. All employees of the council except the executive director and the deputy executive director shall be in the career service of the Civil Service.

d. The executive director shall attend all meetings of the Governor's Council on Substance Use Disorder.

L. 1989, c. 51, s. 3; amended 2023, c.177, s.72.

26:2BB-4. Authority, powers of council

4. The Governor's Council on Substance Use Disorder is authorized and empowered to:

a. Review and coordinate all State departments' efforts in regard to the planning and provision of treatment, prevention, research, evaluation, and education services for, and public awareness of, substance use disorder;

b. Prepare by July 1 of each year, the State government component of the Comprehensive Statewide Substance Use Disorder Master Plan for the treatment, prevention, research, evaluation, education and public awareness of substance use disorder in this State, which plan shall include an emphasis on prevention, community awareness, and family and youth services;

c. Review each County Annual Alliance Plan and the recommendations of the Division of Mental Health and Addiction Services in the Department of Human Services for awarding the Alliance grants and, by October 1 of each year, return the plan to the Local Advisory Committee on Substance Use Disorder with the council's proposed recommendations for awarding Alliance grants;

d. Submit to the Governor and, pursuant to section 2 of P.L.1991, c.164 (C.52:14-19.1), to the Legislature, by December 1 of each year, the Comprehensive Statewide Substance Use Disorder Master Plan which shall include recommended appropriate allocations to State departments, local governments and local agencies and service providers of all State and federal funds for the treatment, prevention, research, evaluation, education and public awareness of substance use disorder in accordance with the regular budget cycle, and shall incorporate and unify all State, county, local and private substance use disorder initiatives;

e. Distribute grants, upon the recommendation of the executive director of the council, by August 1 of each year to counties and municipalities for substance use disorder programs established under the Alliance to Prevent Substance Use Disorder;

- f. Evaluate the existing funding mechanisms for substance use disorder services and recommend to the Governor and the Legislature any changes which may improve the coordination of services to citizens in this State;
- g. Encourage the development or expansion of employee assistance programs for employees in both government and the private sector;
- h. Evaluate the need for, and feasibility of, including other addictions, such as smoking and gambling, within the scope and responsibility of the council;
- i. Collect from any State, county, local governmental entity or any other appropriate source data, reports, statistics or other materials which are necessary to carry out the council's functions; and
- j. Pursuant to the "Administrative Procedure Act," P.L.1968, c.410 (C.52:14B-1 et seq.), adopt rules and regulations necessary to carry out the purposes of this act.

The council shall not accept or receive moneys from any source other than moneys deposited in, and appropriated from, the "Drug Enforcement and Demand Reduction Fund" established pursuant to N.J.S.2C:35-15 and any moneys appropriated by law for operating expenses of the council or appropriated pursuant to section 19 of P.L.1989, c.51.

L. 1989, c. 51, s. 4; amended 2023, c.177, s.73.

26:2BB-5. Division of Mental Health and Addiction Services.

5. There is established in the Department of Human Services a Division of Mental Health and Addiction Services.

The division shall be administered by assistant commissioner. The assistant commissioner shall be a person qualified by training and experience to perform the duties of the office. The assistant commissioner shall be appointed by the commissioner with the approval of the Governor and shall serve at the pleasure of the commissioner during the commissioner's term of office and until the appointment and qualification of the assistant commissioner's successor. The assistant commissioner shall receive a salary which shall be provided by law.

The Commissioner of Human Services shall report annually to the Governor and, pursuant to section 2 of P.L.1991, c.164 (C.52:14-19.1, the Legislature, on the activities of the division and include in that annual report an assessment of the adequacy of the current delivery of treatment services in the State and of the need for additional treatment services.

L. 1989, c. 51, s. 5; amended 2023, c.177, s.74.

26:2BB-6. Transfer of functions, powers, duties.

6. All the functions, powers and duties of the Director of the Division of Alcoholism and the Director of the Division of Narcotic and Drug Abuse Control are transferred to and vested in the Assistant Commissioner of the Division of Mental Health and Addiction Services, pursuant to the “State Agency Transfer Act,” P.L.1971, c.375 (C.52:14D-1 et seq.).

L. 1989, c. 51, s. 6; amended 2023, c.177, s.75.

26:2BB-7. Alliance to Prevent Substance Use Disorder.

7. a. There is created an Alliance to Prevent Substance Use Disorder hereinafter referred to as the “Alliance,” in the Governor’s Council on Substance Use Disorder. The purpose of the Alliance shall be to create a network comprised of all the communities in New Jersey which is dedicated to a comprehensive and coordinated effort against substance use disorder. The Alliance shall be a mechanism both for implementing policies to reduce substance use disorder at the municipal level, and for providing funds, including moneys from mandatory penalties on drug offenders, to member communities to support appropriate county and municipal-based substance use disorder education and public awareness activities.

b. The Governor’s Council on Substance Use Disorder shall adopt rules and regulations for participation in, and the operation of, the Alliance and for the awarding of grants to municipalities and counties from funds appropriated for such purposes pursuant to P.L.1989, c.51 (C.26:2BB-1 et al.), section 5 of P.L.1993, c.216 (C.54:43-1.3) and funds derived from the “Drug Enforcement and Demand Reduction Fund” established pursuant to N.J.S.2C:35-15, for the purpose of developing:

- (1) Organized and coordinated efforts involving schools, law enforcement, business groups and other community organizations for the purpose of reducing substance use disorder;
- (2) In cooperation with local school districts, comprehensive and effective substance use disorder education programs in grades kindergarten through 12;
- (3) In cooperation with local school districts, procedures for the intervention, treatment, and discipline of students using alcohol or drugs;
- (4) Comprehensive substance use disorder education, support and outreach efforts for parents in the community; and
- (5) Comprehensive substance use disorder community awareness programs.

c. Funds disbursed under this section shall not supplant local funds that would have otherwise been made available for substance use disorder initiatives. Communities shall provide matching funds when and to the extent required by the regulations adopted pursuant to this section.

d. The county agency or individual designated by the governing body of each county pursuant to subsection a. of section 4 of P.L.1983, c.531 (C.26:2B-33), is authorized to receive from the Governor’s Council on Substance Use Disorder moneys made available pursuant to this section. The designated county agency or individual shall establish a separate fund for the receipt and disbursement of these moneys.

L.1989, c.51, s.7; amended 1993, c.216, s.4; 2023, c.177, s.76.

26:2BB-8. County Alliance Steering Subcommittee; functions and powers; review and revision of plan.

8. a. Each Local Advisory Committee on Substance Use Disorder, established pursuant to section 4 of P.L.1983, c.531 (C.26:2B-33), shall establish a County Alliance Steering Subcommittee in conjunction with regulations adopted by the Governor’s Council on Substance Use Disorder. The members of the subcommittee shall include, but not be limited to, private citizens and representatives of the:

- (1) Local Advisory Committee on Substance Use Disorder;
- (2) County Human Services Advisory Council;
- (3) County Superintendent of Schools;
- (4) Existing county council on alcohol use disorder, if any;
- (5) County Prosecutor’s office;
- (6) Family part of the Chancery Division of the Superior Court;
- (7) Youth Services Commission;
- (8) County School Board Association;
- (9) County health agency;
- (10) County mental health agency;
- (11) Local businesses;
- (12) County affiliate of the New Jersey Education Association; and
- (13) Other service providers.

b. The functions of the County Alliance Steering Subcommittee shall include:

- (1) Development and submission of a County Annual Alliance Plan for the expenditure of funds derived from the “Drug Enforcement and Demand Reduction Fund,” N.J.S. 2C:35-15;
- (2) Development of programs and fiscal guidelines consistent with directives of the Governor’s Council on Substance Use Disorder for the awarding of funds to counties and municipalities for substance use disorder Alliance activities;
- (3) Identification of a network of community leadership for the expansion, replication and development of successful community model programs throughout the county; and

(4) Coordination of projects among and within municipalities to ensure cost effectiveness and avoid fragmentation and duplication.

c. The County Alliance Steering Subcommittee shall ensure that the funds dedicated to education pursuant to section 2 of P.L.1983, c.531 (C.54:32C-3.1) do not duplicate the Alliance effort.

d. The Local Advisory Committee on Substance Use Disorder shall review and approve the County Annual Alliance Plan and submit this plan by July 1 of each year to the Division of Mental Health and Addiction Services in the Department of Human Services and to the Governor's Council on Substance Use Disorder.

e. After the County Annual Alliance Plan is returned by the Governor's Council on Substance Use Disorder to the Local Advisory Committee on Substance Use Disorder with the council's proposed recommendations for awarding the Alliance grants, pursuant to subsection c. of section 4 of this amendatory and supplementary act, the committee, in conjunction with the council, may revise its plan in accordance with the council's proposed recommendations.

The revised plan shall be completed in such time that it can be included in the council's recommendations to the Governor and the Legislature that are due on December 1 of each year.

L. 1989, c. 51, s. 8; amended 2023, c.177, s.77.

26:2BB-9. Municipal Alliance Committee.

9. The governing body of each municipality may appoint a Municipal Alliance Committee, or join with one or more municipalities to appoint a Municipal Alliance Committee. Membership on the Municipal Alliance Committee may include the chief of police; the president of the school board; the superintendent of schools; a student assistance coordinator; a representative of the parent-teacher association; a representative of the local bargaining unit for teachers; a representative of the Chamber of Commerce; a municipal court judge; representatives of local civic associations; representatives of local religious groups; and private citizens.

The Municipal Alliance Committee, in consultation with the Local Advisory Committee on Substance Use Disorder, shall identify substance use disorder prevention, education and community needs. The committee also shall implement the Alliance programs formulated pursuant to section 8 of P.L.1989, c.51 (C.26:2BB-8). The governing body of a municipality may match any funds it receives from the Alliance.

L. 1989, c. 51, s. 9; amended 2023, c.177, s.78.

26:2BB-10. Rules, regulations

10. Pursuant to the "Administrative Procedure Act," P.L.1968, c.410 (C.52:14B-1 et seq.), the Commissioner of Human Services shall adopt rules and regulations necessary to establish the Division of Mental Health and Addiction Services pursuant to this act.

L. 1989, c. 51, s. 10; amended 2023, c.177, s.79.

26:2BB-11. Advisory commission abolished.

The advisory commission to the Alcohol Education, Rehabilitation and Enforcement Fund, established pursuant to section 3 of P.L.1983, c.531 (C.26:2B-32), is abolished.

L. 1989, c. 51, s. 11.

26:2BB-12. Supersedure, repeal of inconsistent acts.

All acts and parts of acts inconsistent with any of the provisions of this amendatory and supplementary act are, to the extent of such inconsistency, superseded and repealed.

L. 1989, c. 51, s. 12.

26:2BB-13. Evaluation.

17. Two years after the date of enactment of this amendatory and supplementary act, the Governor shall contract with an independent evaluator who shall review and evaluate the effectiveness of the Governor's Council on Substance Use Disorder in, but not of, the Department of the Treasury and the Division Mental Health and Addiction Services in the Department of Human Services. Within one year after being appointed, the evaluator shall make recommendations to the Governor and the Legislature regarding the continuation of the council and the organization of the division as they are structured pursuant to P.L.1989, c.51 (C. 26:2BB-1 et al.).

L. 1989, c. 51, s. 17; amended 2023, c.177, s.80.

26:2BB-14. Continuation of funding.

18. The funding mechanisms, including the awarding of grants for drug abuse services by the Department of Health, that are in effect on the date of enactment of P.L.1989, c.51 (C.26:2BB-1 et al.) for substance use disorder services, exclusively, shall continue until such time as recommendations of the Governor's Council on Substance Use Disorder pursuant to P.L.1989, c.51 (C.26:2BB-1 et al.) are approved by the Commissioner of Human Services and enacted into law.

L. 1989, c. 51, s. 18; amended 2023, c.177, s.81.

C. STATE DEPARTMENT HIGHLIGHTS: EFFORTS LISTED ARE THOSE THAT ALIGN WITH THE GCSUD GUIDING VALUES

Administrative Office of the Courts

Program Name #1: Recovery Court Alumni Associations

Program Description: GCSUD guiding values addressed: Empowering Peers and Individuals with Lived Experience

The Recovery Court Alumni Associations are a voluntary organization of Recovery Court graduates, who continue to support each other in their recovery. All graduates are strongly encouraged to join their location association, and some will attend meetings in neighboring counties. These graduates are also a support to current recovery court participants and will mentor any participant who is struggling as they progress through their recovery court journey. In addition, the alumni members provide input to the recovery court team based on their lived experience which is valuable to the team as well as their recovery court peers to strengthen the collective efforts of all involved in recovery court.

Population Served: All 11,429 New Jersey Recovery Court graduates.

Program Location or Counties Served: Recovery Court engages with and encourages alumni in all 21 NJ Counties to participate in their local Recovery Court Alumni Association.

Program Name #2: Recovery Court Complimentary Substance Abuse Evaluations and Treatment

Program Description: GCSUD guiding values addressed: Mitigating Mental Health Risks, Addressing Harm Reduction, Trauma, Decriminalization, Health Equity, and Social Determinants of Health

All recovery court clients receive a comprehensive biosocial assessment that will address the needs of any substance use disorder but will also identify mental health and/or medical health needs to be included in a participant's treatment plan.

Court evaluators and partner treatment providers are trained on trauma informed care and will be addressed accordingly while in recovery court and treatment for the best possible outcome for client success. If a participant requires services not provided at their treatment programs, referrals can be made to address those needs. For example, housing, employment or social service needs.

Population Served: All 4,644 New Jersey Recovery Court participants.

As of October 2024, there are 53% Caucasian participants, 40% African American and 5% Latinx. Male clients account for 81% of the participants in Recovery Court and 19% of the clients are female.

Program Location or Counties Served: New Jersey is the most densely populated and ethnically diverse state in the Nation. New Jersey services clients in all 21 Counties, consisting of urban, suburban, and rural communities.

Program Name #3: Recovery Court Narcan Administration Training and Kit Distribution

Program Description: GCSUD guiding values addressed: Addressing Harm Reduction, Trauma, Decriminalization, Health Equity, and Social Determinants of Health

The Narcan administration training and kit distribution began in 2022, with the partnership of four agencies throughout the state. These agencies provide training and Narcan kits to all 21 recovery courts both in person and virtually.

By providing training and kits to participants of recovery court, we hope to reduce the number of overdose deaths not only for the participants but also for other New Jersey residents. This speaks directly to addressing harm reduction as well as health equity. While abstinence is the distal goal for all participants in recovery court the reality is that many clients will relapse or continue to use until they are in sustained recovery. By providing them with his life saving tool, we can reduce overdose deaths and improve health outcomes for all.

In conjunction with Narcan training and kit distribution, recovery court also provides Fentanyl test strips to allow those clients who continue to struggle with use a tool to ensure they are aware of the presence of Fentanyl in the substance they are about to consume.

Lastly, in an effort to maintain health equity, recovery court also can test for the use of Xylazine and has distributed wound care kits and information pertaining to the wound care for the side effects of Xylazine.

Population Served: All 4,644 New Jersey Recovery Court participants.

Program Location or Counties Served: New Jersey is the most densely populated and ethnically diverse state in the Nation. Recovery Court services clients in all 21 Counties, consisting of urban, suburban, and rural communities.

Program Name #1: Behavioral Health/Substance Use (BHSU) Co-occurring Out of Home Treatment Services

Program Description: GCSUD guiding values addressed: 3, 4, 5

BHSUs provide a residential treatment service to youth that addresses all of the youth's behavioral health needs, not just mental health or substance misuse. Prevalence of both MH and SU is often observed in youth with high acuity and providing a residential service that can address both simultaneously is very important to the continuum of care.

Population Served: Youth with a mental health and substance use history who meet the level of care for residential treatment

Program Location or Counties Served: Serves youth statewide with programs available at six locations.

Program Name #2: New Jersey Statewide Student Support Services (NJ4S)

Program Description: GCSUD guiding values addressed: 1, 2, 4, 5

NJ4S provides three tiers of prevention and early intervention services to students and their caregivers throughout the state. Programs are delivered in schools -upon school application request -or in a trusted community setting. Telehealth services for brief clinical interventions are available.

Population Served: Tier 1 are universally available, community-based prevention and wellness services directed at K-12 students and their caregivers throughout the state. The date, time and location of in-person programs can be accessed through the NJ4S public portal www.nj4s.gov/s/. Also identified on the portal are virtual program offerings and online resources. Tier 2 evidence-based, prevention services and Tier 3 brief clinical intervention services are available to all NJ public middle and high school students (grades 6-12) through school-driven applications for services.

Program Location or Counties Served: Fifteen NJ4S hubs provide coverage to all public-school districts in the state. The NJ4S hubs align with NJ court vicinages as does the Children's Systems of Care.

Program Name #3: Resilient NJ (RNJ) Technical Assistance Center

Program Description: Through RNJ constituents will access:

1. Three tiers of education that align with your **first value** and allow participants to move through the continuum of trauma aware/trauma sensitive/trauma responsive/healing centered. Research demonstrates that all types of adverse childhood experiences (ACEs) are significantly associated with OUD, that cumulative increase in ACEs is associated with lifetime opioid overdose, that adolescents with > 5 ACEs have much higher odds of recent opioid misuse than those with 0 ACEs. Education shifts the question from “what’s wrong with you” to “what happened to you” to “what’s right with you/what gets you through (adversity),” translating research from positive and adverse childhood experiences-generated science into applicable tools, including promoting resilience, co-regulation, and healing centered engagement.
2. Free access to the TRUST (Trauma Responsive Understanding Self-Assessment Tool) for organizations and communities to use, which generates organizational recommendations based on results. This tool is based on SAMHSA’s 10 Domains of Trauma Informed Principles and can be used repeatedly to guide the process of becoming trauma informed. This aligns with your **second, third, and fifth values**.
3. Organizational/community coaching to facilitate the trauma informed process, including learning collaboratives, possibly with affinity groups (trauma informed harm reduction could be one, for instance). This aligns with **all five** of your values.
4. Quarterly statewide networking meetings, to which anyone interested in trauma informed initiatives is welcome. This also aligns with **all five** of your values.

Population Served: NJ constituents

Program Location or Counties Served: virtual; all 21 counties

Program Name #1: Community Services Block Grant (CSBG)

Program Description: The CSBG network is aimed at the reduction of poverty, the revitalization of low-income communities, and the empowerment of low-income families and individuals in rural and urban areas to achieve their highest potential. CSBG is a unique funding source which can help fill the gaps and provide innovative opportunities for the customers and communities that Community Action Agencies (CAAs) serve. CAAs are the recipients of CSBG funds. The CSBG funds support a wide range of comprehensive services, programs and activities to assist the needs of low-income individuals, including the homeless, migrants, the elderly poor and families. This includes services and programs that address one or more of the core domains in which they work: employment, education and cognitive development, income, infrastructure and asset building, housing, health and social behavioral development, and civic engagement. CAAs act as change agents for the clients and communities they serve. They put a human face on poverty, advocate for those who do not have a voice, and provide opportunities.

This program aligns with all of the guiding principles above. The objective of the Community Services Block Grant (CSBG) is to provide assistance to a network of community-based organizations for programs and services to ameliorate the causes and consequence of poverty and to revitalize low-income communities. CSBG empowers states and local communities to take the lead on tackling poverty through innovative, flexible, and locally tailored solutions, thereby encouraging and supporting a holistic approach to moving low-income families and individuals toward self-sufficiency. CSBG may be utilized to fund programs and other activities that assist low-income individuals and families attain more self-sufficiency; provide emergency assistance; support positive youth development; promote civic engagement; and improve the organization infrastructure for planning and coordination among multiple resources that address poverty conditions in the community.

Population Served: Economically vulnerable households at or below 200% of the federal poverty guideline. According to this guideline, in FY24, a family of four may make up to \$62,400.

Program Location or Counties Served: In NJ there are currently 19 private non-profit agencies and 6 local governmental organizations that serve all areas of the State.

Program Name #2: Financial Empowerment Program (FEP)

Program Description: In this state funded program, funds are awarded to agencies that enhance economically vulnerable customers' ability to make informed choices about financial issues through education and skill building particularly in the areas of access to banking services, credit improvement, and reduction of unsecured debt.

This program aligns with all of the guiding principles above as agencies consider the financial empowerment curriculum to be a comprehensive, client-driven and culturally informed program, specifically designed for clients with housing insecurity and/or those who are experiencing homelessness or who are in recovery from substance use disorder. Not only do clients receive financial empowerment counseling, but they can also enroll in other programs offered by the agency – e.g. employment services, housing counseling, nutritional support to name a few. The agencies seek to provide a financial Opportunity Center for vulnerable groups where they

promote banking to support the client's goals, working to reduce utilization of usury banking services (e.g. check cashing, payday loans), and increase clients' ability to save and build credit. Agencies seek to empower their clients to explore options with local banking institutions as well as leading, vetted, digital banking platforms. Use of these online banking platforms can reduce high service fees and provide positive credit reporting for rent and other basic payments that low-income clients make to increase their FICO score(s).

Population Served: Economically vulnerable households at or below 200% of the federal poverty guideline. According to this guideline, in FY24, a family of four may make up to \$62,400. Permissible program concentrations include youth transitioning from foster care or the juvenile justice system, veterans, seniors, people with behavioral health needs, people with disabilities, those in re-entry and people experiencing domestic violence.

Program Location or Counties Served: Atlantic, Bergen, Camden, Cape May, Essex, Hudson, Hunterdon, Mercer, Morris, Ocean, Passaic, Somerset, Sussex, Union, Warren,

Program Name #3: Rural and Suburban Outreach and Engagement (RSOE)

Program Description: Rural and Suburban Outreach and Engagement (RSOE) aligns with all of the values indicated above. RSOE is a state funded project that offers mobile case management, compassionate engagement, diversion, and low-barrier, rapid housing stabilization services to those persons experiencing unsheltered homelessness in the rural and suburban regions of New Jersey, to include those persons living in camps, under bridges, at parks, in temporary motels, shelters, meal sites, libraries, public facilities (transit hubs), vehicles, or other outdoor and/or unsafe locations, without the protection of a conventional dwelling or shelter. This program is administered by agencies with staff who have homelessness life experience, with staff licensed in or partnerships with professionals in mental and physical health, employ compassionate and empathetic strength-based problem-solving, and conduct equitable stigma-free screening and service delivery. Similarly, grantees engage in a feedback loop whereby community members and consumers communicate their perspectives about the program. Staff complete trainings for harm reduction, trauma informed care, and diversity and cultural inclusion. Grantees are also equipped to assist people experiencing homelessness with harm reduction strategies that strengthens their plan to obtain and retain housing. Rural and Suburban Outreach and Engagement uses data to for tracking case progress, outcomes, program refinement, and inclusion into a greater body of homelessness data. Agencies commit to having a high degree of situational awareness and sharing data with the community through marketing, community events, and stakeholder meetings.

Population Served: Households experiencing unsheltered homelessness in eligible regions in New Jersey and whose income limitations and assets are at or below 120% Area Median Income (AMI).

Program Location or Counties Served: Atlantic, Burlington, Cape May, Cumberland, Gloucester, Hunterdon, Monmouth, Morris, Ocean, Salem, Somerset, Sussex, Union, and Warren.

Program Name: Peer Navigators / Intensive Recovery Treatment Support (IRTS)

Program Description (please also specify how it relates to any/all of the values): This program relates to all of the GCSUD Guiding values. Providing support to those who require ongoing medical and mental health treatment upon release for those with Substance Use Disorders has been identified as crucial to the overall success of the individual transitioning to the community and to reduce the risk of relapse. Reminders for appointments, medication, and organizing transportation are needed support mechanisms that are crucial to maintain adherence to recommended treatment plans. The NJDOC began the Peer Navigator Program with University Behavioral Healthcare in conjunction with the healthcare contractor, University Correctional Health Care, Rutgers University, to offer peer navigator services to incarcerated persons (IPs) as they are being released from prison.

The Peer Navigators will initially meet their IP-clients 90 days prior to release from NJDOC custody. NJ DOC begins making release appointments 180 days from release. The timing was chosen to coincide with the start of pre-release MAT treatment and provides ample time to connect IPs with healthcare release services and synchronization of Navigator services to other NJDOC release plans, including Parole requirements. The initial meeting will introduce the Peer Navigator to the IP and provide a basis for the ongoing relationship to engage IPs in aftercare services. Navigators are regionally assigned so that they can conveniently cover all NJDOC facilities. Once the IP is released, navigators will assist the released IP in maintaining MAT treatment, keeping critical healthcare appointments, attending peer group meetings, locating substance use disorder treatment services, creating a wellness plan, confer with/prepare for job searches, locating housing, and navigating healthcare issues. Post release, Peer Navigator services for each eligible IP are anticipated to continue for 12 months after release. The released IPs will be directed to an Intensive Recovery Treatment Support (IRTS) Team.

The IRTS team consists of a Peer Navigator, case manager, Nurse, Physician, and Program Coordinator. There are three (3) IRTS teams serving the Northern, Central and Southern region of NJ, respectively. The IRTS team will either provide direct services or find appropriate links to needed services, and with the aid of the Peer Navigator, ensure the ex-incarcerated person is better motivated to remain compliant with treatment.

Population Served: Incarcerated persons in the NJDOC

Program Location or Counties Served: Statewide

Additional Info: This multi-disciplinary team approach has the flexibility to adapt to the individual needs and to respond to their changing needs during different time periods of reintegration into the community.

NJDOC offers many opportunities for stigma reduction, but none of these is a formal program. For example, all MH caseload persons are provided an evaluation when they incur a disciplinary infraction to protect those with MH illness from being stigmatized. This evaluation promotes fairness and equity to alert the punitive side of discipline to the need for treatment either in lieu of punishment, or reduction of sanctions in part because of the presence of mental illness. This process also mitigates MH risks in guiding principle #4 by promoting treatment whenever possible. Our MH and SUD treatment services are interconnected as part of guiding principle 4. Our Mid-State Correctional Facility has Licensed SUD care working in collaboration with MAT providers to coordinate care for those with the highest needs. Thanks for the opportunity to share.

Program Name #1: Enhancing School-Based Mental Health Services

Program Description: The New Jersey Department of Education's (NJDOE) Enhancing School-Based Mental Health Services initiative takes a comprehensive approach to improving the mental well-being of students throughout the state. While approximately 50 schools are provided with direct support, statewide offerings are embedded in this program as well. At its core, the initiative focuses on creating inclusive, supportive environments that address the unique mental health needs of all students while emphasizing key principles such as community prevention, stigma reduction, and health equity.

A central element of the initiative is providing community-based prevention and education programs. NJDOE aims to strengthen partnerships between schools and their communities by offering resources that prepare them to address mental health challenges in an equitable way. The initiative recognizes the importance of adaptability, especially in a constantly changing landscape, and seeks to ensure that the data collection and reporting processes are inclusive, allowing for a more accurate understanding of the diverse needs within school populations.

Creating stigma-free communities is another vital focus of NJDOE's efforts. The initiative strives to eliminate the barriers that prevent students from seeking mental health support, particularly those barriers that stem from societal stigma. By addressing the needs of historically marginalized and disproportionately impacted groups, the initiative reshapes prevention strategies to foster environments where students feel comfortable and safe to access the mental health services they need.

In addition to these efforts, the initiative emphasizes the importance of mitigating mental health risks, particularly the connection between mental health issues and substance misuse. NJDOE offers programs designed to reduce risk factors and strengthen protective factors, creating a safer and healthier environment for students. This focus on prevention also extends to addressing broader societal issues, such as trauma, harm reduction, and the social determinants of health.

Overall, NJDOE's Enhancing School-Based Mental Health Services initiative represents a forward-thinking, inclusive approach to fostering resilient and healthy school communities. By addressing the full spectrum of mental health needs and promoting an environment of understanding and support, the initiative helps ensure that all students have the opportunity to thrive.

Population Served: These services are intended for school-based mental health professionals as well as school and district leaders. Ultimately, it will lead to improved services for students.

Program Location or Counties Served: All 50 schools originally selected can be found [here](#).

Program Name #2: Drug Abuse Education Fund Grant Program

Program Description: The Drug Abuse Education Fund (DAEF) Grant Program aligns closely with several of the guiding values, particularly the focus on mitigating mental health risks and addressing harm reduction, trauma, and social determinants of health. This five-year program is designed to provide substance use disorder education and prevention programs to students in grades K-12 across New Jersey, aiming to reduce at-risk behaviors while increasing protective factors like responsible decision-making and self-regulation. The initiative recognizes the interconnectedness of substance use disorders and broader mental health challenges, especially in light of the growing concern around marijuana use among minors and the ongoing impacts of the COVID-19 pandemic.

The program specifically addresses mitigating mental health risks by focusing on reducing risk factors associated with substance misuse while enhancing protective factors that help prevent the development of substance use disorders. By integrating life skills education, the DAEF grant aims to reinforce mental health strategies within the existing New Jersey Student Learning Standards for health and physical education. This approach ensures that students not only receive education about substance use but also develop personal growth and safety skills that contribute to a healthier, drug-free lifestyle.

In addition, the program touches on health equity and trauma-informed approaches, as it requires that services be delivered in schools where at least 25% of the student population is economically disadvantaged. This ensures that vulnerable populations, who are disproportionately impacted by substance use and other social determinants of health, receive critical support. By emphasizing trauma-informed teaching and anti-bias pedagogy for law enforcement personnel involved in program delivery, the initiative further addresses the underlying factors that contribute to substance use, such as trauma and inequities, while promoting a holistic approach to harm reduction and student well-being.

Population Served: Students in grades K-12

Program Location or Counties Served: This program is delivered in 300 schools across the state.

Program Name #3: School Based Mental Health Services Grant Program

Program Description: The School-Based Mental Health Services (SBMHS) Grant Program is a five-year comprehensive initiative aimed at increasing the number and diversity of school-based mental health professionals across New Jersey, specifically in LEAs (Local Educational Agencies) with high mental health service needs. By focusing on expanding the workforce through targeted recruitment and retention strategies, the program addresses the growing demand for mental health services in schools, helping districts enhance their capacity to deliver these critical services. The program leverages partnerships with Institutes of Higher Education (IHEs) to create a sustainable pipeline of school psychologists, counselors, and social workers who are well-trained and equipped to meet the mental health needs of students.

A key aspect of the program is its focus on diversifying the pipeline of school-based mental health professionals, which directly connects to the value of addressing harm reduction, trauma, decriminalization, health equity, and social determinants of health. By prioritizing the recruitment of professionals from diverse racial, ethnic, and linguistic backgrounds, the program ensures that

the workforce better reflects the student populations being served. Research shows that mental health outcomes improve when providers share cultural and linguistic backgrounds with their students, making this an essential component of the program's mission to reduce disparities in mental health access and care for underserved communities.

Additionally, the SBMHS Grant Program strengthens workforce development by offering professional development opportunities to both current and future mental health professionals. This year's training will include a focus on substance use disorder. LEAs are supported in recruiting graduate students from mental health programs, providing them with supervised fieldwork experiences while also addressing shortages in the workforce. These students are compensated for their internships or practicum hours, which helps alleviate financial barriers and encourages long-term retention in the profession. This strategic investment in training new professionals ensures that LEAs can build a robust, diverse, and culturally competent workforce that can sustainably meet the mental health needs of their students.

The program also enhances the capacity of schools to deliver services by providing resources for LEAs to build and maintain effective mental health systems. Leadership academies and Communities of Practice are offered to school and district leaders, equipping them with the knowledge and tools necessary to support mental health providers and improve student-to-provider ratios. These initiatives help ensure that schools can provide comprehensive, trauma-informed mental health services, addressing both immediate student needs and building a foundation for long-term mental health support within the school system.

Population Served: Students in grades 6-12, LEAs demonstrating increased need for youth mental health support

Program Location or Counties Served: 11 districts were selected for this opportunity.

- Bogota
- Hackensack
- Collingswood Borough
- Gloucester Township
- Cumberland Regional District
- Union City
- Perth Amboy
- Jackson Township
- Pinelands Regional
- Hillside Township
- Union Township

Program Name: Enhance Overdose Fatality Review Teams (OFRTs) across New Jersey

Program Description: New Jersey Department of Health funds 20 of the 21 operational Overdose Fatality Review Teams in New Jersey. Overdose Fatality Review Teams are multi-disciplinary, multi-agency collaborative teams that conduct case reviews of overdoses within their jurisdiction. These teams utilize their combined expertise to capture and analyze data, strengthen their community-level responses to the overdose epidemic, as well as produce recommendations that address systems, environmental, population, and agency change.

New Jersey's OFR teams explicitly address harm reduction, trauma, decriminalization, health equity, and the social determinants of health within their work while the NJDOH focuses on these topics for continuous education of OFR participants. Within the OFR model that local teams follow, there is a strong history of empowering individuals with lived experience who bring valuable information to the case reviews as well as a unique perspective regarding how our systems can work more effectively for those they seek to serve. A guiding principle for OFR teams is to create stigma free communities where we all live, work, and play.

Because the OFR teams are unique and poised to discuss the factors and items effecting their jurisdiction, all of the GCSUD values are values that OFR teams continue to advocate for within their agencies.

Population Served: All populations, overdoses are reviewed based on the team and jurisdiction's needs/plans.

Program Location or Counties Served: Statewide (every county in New Jersey has an operational Overdose Fatality Review Team).

Additional Info: Overdose Fatality Review Teams have existed in New Jersey for over 7 years, with the work being formalized under the New Jersey Department of Health in 2020 and grant funding being allocated since that time. New Jersey has worked closely with other states to be one of the first adopters of the OFRT model in the United States and has been leading the way with creative and innovative responses to overdoses based on recommendations made by local teams. State legislation was adopted in 2022, and the New Jersey Department of Health continues to provide training and technical assistance to all operational teams in the state as well as educate the broader community about Overdose Fatality Review teams and their mission.

Program Name #1: New Jersey Strategic Prevention Framework – Partnerships for Success (SPF-PFS)

Program Description: GCSUD guiding values addressed: Providing Community Prevention and Education

The purpose of this grant program is to help reduce the onset and progression of substance misuse and its related problems by supporting the development and delivery of state and community substance misuse prevention and mental health promotion services. The SPF-PFS program is grounded in the Strategic Prevention Framework (SPF), a community engagement model grounded in public health principles, including being data-driven, and focused on providing evidence-based services to high-risk underserved communities. Fifteen of the NJ/DMHAS County Prevention Coalitions (who are NJ’s SPF-PFS community-level grant recipients) focus on strengthening state and community-level prevention capacity to identify and address local substance use prevention concerns, such as underage drinking, marijuana, tobacco, electronic cigarettes, opioids, and heroin. Using local, state, and national substance use public health data, recipients identify prevention priorities in their communities and develop and implement strategies to prevent the misuse of substances and promote mental health and well-being among youth and adults. Recipients utilize a data-driven approach to identify underserved communities and at-risk sub-populations of focus.

Population Served: High need and under-resourced communities in each county. Communities most in need of targeted prevention services are identified through a comprehensive needs assessment conducted by each coalition.

Program Location or Counties Served: Atlantic, Bergen, Burlington, Camden, Cumberland, Gloucester, Mercer, Middlesex, Monmouth, Passaic, Salem, Somerset, Sussex, Union, and Warren Counties.

Program Name #2: New Jersey Prevention Hubs

Program Description: GCSUD guiding values addressed: Addressing Harm Reduction, Trauma, Decriminalization, Health Equity, and Social Determinants of Health

The Prevention Hub is a statewide system of provider agencies that serve as local connectors to substance use prevention programs and resources available in each of NJ’s 21 counties, providing residents and professionals with evidence-based prevention education, interventions, strategies, and programs to support all sectors of the community, including youth, parents, schools, law enforcement, faith-based organizations, and others.

For NJ residents to thrive in a safe and healthy environment, communities must address the numerous risk factors that affect our youth, families, and the broader population so that we can collectively reduce early use of alcohol and other drugs, typically the first step on the path to addiction. With the help of the Prevention Hub, we can build more resilient communities across the state.

The Prevention Hub promotes the importance of systemic changes that build community resiliency and support youth wellness. Policy updates and new practices, such as implementing universal youth screening, creating policies that ensure a supportive response to youth at risk, and creating environments that support youth wellness, are key to reducing youth substance use. The Prevention Hub agencies around the state provide technical assistance and resources to schools and municipalities that guide public health policy updates to impact the environmental systems experienced by all community members.

Population Served: All NJ residents

Program Location or Counties Served: All 21 NJ counties

Program Name #1: Income Security

Program Description: NJDOL administers several income security programs:

- **NJ Paid Family and Medical Leave** (Temporary Disability and Family Leave Insurance) provides cash benefits to workers when they need time off work to care for themselves or loved ones, including for physical or mental illness related to substance use.
- **Unemployment Insurance** provides cash benefits to workers who lose their jobs through no fault of their own.
- **Workers' Compensation** provides benefits to workers who are injured on the job.

These programs mitigate mental health risks, promote health equity, and address the financial and social challenges associated with health and employment issues, which can exacerbate harm related to substance use. As they provide financial resources for residents as they take time off work, they can increase access to necessary health care that prevents or reduces harm related to substance use.

Population Served: NJ workers

Program Location or Counties Served: Statewide

Program Name #2: New Jersey Work Rights

Program Description: NJ work rights ensure workers receive proper pay and have safe and healthy workplaces. This includes:

- **NJ Earned Sick Leave**-employers **of all sizes** must provide full-time, part-time, and temporary employees with up to 40 hours of earned sick leave per year so they can care for themselves or a loved one.
- **Minimum wage, overtime, wage payment, and misclassification** — ensures workers are paid fairly for all hours worked and receive the correct protections and benefits.
- Certain **workplace hazards**.

Access to safe and healthy workplaces can be a protective factor against substance misuse and empowers vulnerable workers who may have been impacted by substance use.

Population Served: NJ workers

Program Location or Counties Served: Statewide

Program Name #3: NJ Career Services

Program Description: NJDOL provides career services for all NJ workers via One-Stop Career Centers, including interview assistance, resume writing, training programs, support for English language learners and more.

There are additional specialized career support services, including for job seekers with disabilities and justice-involved individuals.

Additionally, NJDOL's *Pathways to Recovery* program provides employment assistance to those with a personal history of opioid use or who have a friend or family member with a history of opioid use, so they can reenter the workforce.

Access to quality jobs helps mitigate social determinants of health and is a protective factor against substance misuse. The Pathways to Recovery program reduces stigma around substance use by demonstrating that opioid-impacted individuals can find and maintain meaningful employment.

Population Served: NJ residents

Program Location or Counties Served: Statewide

Program Name #1: Opt for Help and Hope (OFHH)

Program Description: OFHH is a municipal court diversion program (similar to superior court recovery court) for individuals with low-level non-violent offenses driven by substance use. OFHH connects individuals who agree to participate with peer and counseling services and those who make meaningful change are eligible to have their record expunged upon completion of the program. Not all municipalities require abstinence for graduation and allow individuals to set their own goals to track progress. Programs aim to help make program participants make positive change and root their interventions in **harm reduction**.

Population Served: Low-level non-violent offenders with a history of substance use.

Program Location or Counties Served:

- Hamilton
- Pemberton
- East Orange
- Atlantic Centralized Municipal Court
- Franklin Township
- Paterson

Program Name #2: Alternative Responses to Reduce Instances of Violence and Escalation (ARRIVE Together)

Program Description: The purpose of the ARRIVE Together program is to ensure that residents who contact or are in contact with law enforcement and are experiencing behavioral health emergencies have access to mental health treatment and support services. The program began in Cumberland County as a co-response partnership between the New Jersey State Police and the Cumberland County Guidance Center. Since launching in December 2021, ARRIVE Together has expanded to all 21 counties and evolved into multiple different models including telehealth, follow-up, and close follow-up.

In partnership with the Department of Human Services, OACR has given law enforcement agencies an additional resource, so that they can now include a mental health provider – a screener or other clinician, a peer, or another mental health professional – into their everyday work. Officers make referrals to their ARRIVE mental health partner after encountering someone with a mental health or substance use concern, they can co-respond to crisis calls, or they can hand off an individual who is in need of services to their mental health partner for follow-up.

All interactions are recorded in a standardized reporting system so that the program can be adjusted in response to data as well as community input. By providing this resource to law enforcement, officers are able to connect individuals with appropriate resources prior to and in lieu of justice involvement.

Population Served: Individuals with SUD, mental health, or intellectual/developmental disabilities

Program Location or Counties Served: Statewide (all 21 counties)

Program Name #3: New Jersey Academic Detailing Program and Podcast Series

Program Description: Rowan-Virtua School of Osteopathic Medicine (Rowan-Virtua SOM), in partnership with NJ OACR, and the New Jersey Division of Consumer Affairs (DCA), launched an interactive outreach program where trained program staff are available to engage with New Jersey healthcare professionals with opioid prescribing authority in one-on-one dialogue to assess individual prescriber needs and the needs of their practice, and then offer tailored, evidence-based clinical recommendations and education.

The program includes: clinicians with expertise in opioid prescribing available to meet with New Jersey healthcare professionals during one-hour virtual meetings that are customized to meet the provider's needs; virtual clinical case studies related to opioid prescribing, pain and/or opioid use disorder; and educational materials which promote evidence-based clinical recommendations in opioid prescribing.

The Opioid Education Podcast Series provides an open dialogue with experts, providing standardized, comprehensive, easily accessible, evidence-based education on the best practices regarding opioids for professionals throughout the State. This series incorporates all of the 5 values: harm reduction, reduced stigma while reducing social determinants of health, which in turn, empowers peers with lived experience.

Population Served: Providers as well as non-licensed public

Program Location or Counties Served: New Jersey

Program Name #4: Operation Helping Hand

Program Description: Operation Helping Hand is a partnership between law enforcement and addiction professionals who work together to proactively outreach to individuals suffering from SUD and connect them to services. The program has many different models, and each county or subrecipient is able to tailor its program for the specific needs of its population and in consideration of resources available locally. The traditional model that started in Bergen County involves law enforcement officers arresting individuals seen purchasing heroin or other narcotics in open-air drug markets and then immediately offering to link those individuals to care through connection with a peer recovery specialist. The charges are not dropped if the individual accepts help, but every effort is made to place the individual on the path to recovery.

Some counties continue to operate traditional, arrest-based models for their OHH programs, while others have chosen a model in which law enforcement proactively links individuals suffering from SUD to treatment and/or recovery services through non-arrest means, such as having law enforcement and recovery coaches going to the homes of individuals to offer them services; court diversion programs that offer low-level offenders whose crimes were motivated in part by addiction the opportunity to be connected to services and have their charges downgraded or dismissed; and mobile van operations that consist of law enforcement and recovery coaches

parking a mobile unit at opioid hotspots in the community as a way to engage people who may have SUD. All law enforcement involved in the OHH program are educated on understanding addiction, stigma, and harm reduction to better equip them to interact with this population. Education is also provided to the community around prevention, including naloxone training, at pop-up tables and community events throughout the State. Operation Helping Hand is operational in all 21 counties. Additionally, NJSP and NJ Transit PD are running OHH programs.

Population Served: Individuals with SUD

Program Location or Counties Served: State-wide (all 21 counties)

Program Name #5: Law Enforcement Assisted Diversion (LEAD)

Program Description: LEAD is a program rooted in **harm reduction** that aims to prevent low-level non-violent offenders from repeatedly re-entering the justice system if their crimes are related to mental health, poverty, or substance use. LEAD has two pathways for entry to the program: (1) social contact referrals from law enforcement, and (2) deflection. Both require referrals from law enforcement, but the former does not require that the participant commit a new crime; law enforcement can refer them into the program based on past encounters. All LEAD participants are assigned a case manager to help them navigate their issues. The case managers have low caseloads that allow them to focus time on each individual, and all case managers are trained in harm reduction. Program participants are not required to maintain abstinence to participate, and case managers meet each individual where they are in their own individual goals. Program participants have no time limit on participation and are allowed to come in and out of the program as they need. Case managers assist with finding shelter for participants, food, clothing, and other basic needs, as well as helping them to address their mental health and substance use as they are ready. As it relates to the values outlined above, LEAD case managers aim to provide **harm reduction services**, mental health services that can help with **trauma and other mental health systems**, substance use treatment services, and social services to help mitigate **structural and intermediary determinants of health within the social determinants of health framework**.

LEAD is run by a community organization, not the law enforcement agency, and creates a partnership between law enforcement and community members to improve the lives of participants and remove barriers that participants may experience. This partnership is accomplished through three working groups: (1) the policy coordinating group, (2) the operational work group, and (3) the community leadership team. The first group involves high level individuals who can bring about policy change in the community (e.g., police chief, mayor, prosecutor, community organizations, etc.) when barriers are noted by participants and project staff (e.g., restrictions about who can stay in the local homeless shelter). The second working group involves day-to-day staff such as police officers making referrals and case managers working with participants. This group provides a place to discuss participant progress and allows officers to see how those they refer are doing in the program. The third and final group allows community members to be involved in discussion about change they want to see to help empower community members and **mitigate community stigma**, and it also allows for **community education** around poverty, mental health, and substance use.

Population Served: LEAD serves low-level non-violent offenders who have contact with the justice system related to mental health, poverty, or substance use.

Program Location or Counties Served:

- Irvington
- Philipsburg
- Brick
- Elizabeth
- New Brunswick
- Bridgeton

Department of Military and Veterans Affairs

Program Name #1: NJ Vet to Vet Helpline

Program Description: A peer-counseling program operated by Rutgers University and funded by the New Jersey Department of Military and Veteran Affairs. It is a program for assessing a Veteran's mental health needs. The toll-free help line is available 24-hours a day, 7 days a week, for Veterans and their families. Services include Veteran peer support, family support, clinical assessment, case management, referrals to a network of mental health providers, web-based peer support, and live chat.

Population Served: New Jersey National Guard members, active military personnel, veterans, their families, and caregivers statewide.

Program Location or Counties Served: The State of NJ

Additional Info: Website: <https://www.njvet2vet.com/> Phone: 1 (866) 838-7654

Program Name #2: Governor's Challenge to Prevent Suicides Among Service Members, Veterans and their families

Program Description: The NJ Department of Military and Veterans Affairs is the leading agency in the Governor's Challenge to Prevent Suicide Among Service Members, Veterans, and their Families (SMVF). Through these efforts the Governor seeks to bring entities together as a coalition to support and fulfill the needs of (SMVF). A coalition extends the reach of evidence-based, intervention, and postvention resources, training/education and services to reach communities and populations in need.

Population Served: Service Members, Veterans, and the Families (SMVF)

Program Location or Counties Served: The State of NJ

Additional Info: Website: <https://www.nj.gov/military/savenjvets/partners/>

Point of Contact:

Vincent Solomeno
Deputy Commissioner of Veterans Affairs
NJ Department of Military and Veterans Affairs
PO Box 340
Trenton, NJ 08625-0340

Montclair University

Program Name #1: Alcohol and Cannabis Use Screening

GCSUD guiding values addressed: Providing Community Prevention and Education, Mitigating Mental Health Risks, Addressing Harm Reduction, Trauma, Decriminalization

Program Description: The Montclair State University Counseling & Psychological Services sponsors a free screening using both the Alcohol Use Disorder Identification Test (AUDIT) and Cannabis Use Disorder Identification Test-Revised (CUDIT-R) for students every April. Students receive immediate feedback and appropriate education and referral for additional assessment and support, if needed.

Population Served: All students at Montclair State University (undergraduate and graduate)

Program Location or Counties Served: Montclair State University campus

Additional Information: <https://www.montclair.edu/alcohol-drugs/> (this is an overview of all of the alcohol and other drug support, screening and programs at Montclair State University)

Program Name #2: “The Safe”

GCSUD guiding values addressed: Providing Community Prevention and Education, Creating Stigma-Free Communities, Addressing Harm Reduction, Trauma, Decriminalization

Program Description: The Student Health Center and Office of Health Promotion at Montclair State University have partnered to stock an easily accessible vending machine with harm reduction items including Fentanyl Test Kits, to reduce the risk of overdose caused by Fentanyl, and Narcan. These life-saving items are provided for free to all community members and can be obtained discreetly and anonymously.

Population Served: All Montclair State University community members

Program Location or Counties Served: Montclair State University campus

Additional Information: <https://www.montclair.edu/student-health-center/staying-safe/>

Program Name #3: Recovery Room: A Safe Space to Explore Substance Use

GCSUD guiding values addressed: Providing Community Prevention and Education, Creating Stigma-Free Communities, Empowering Peers and Individuals with Lived Experience, Mitigating Mental Health Risks, Addressing Harm Reduction, Trauma, Decriminalization

Program Description: Recovery Room at Montclair State University is an informal group for students looking to explore the impact of substances on their lives or who self-identify as in

recovery from alcohol and other drugs. We are a safe, confidential, and affirming recovery-friendly environment. This group is only open to undergraduate and graduate Montclair State University students who are in recovery from alcohol or other drugs or actively seeking support resources.

Population Served: All undergraduate and graduate students in recovery or who seek support Services

Program Location or Counties Served: Montclair State University campus

Additional Information:

<https://www.montclair.edu/newscenter/2020/09/10/providing-a-safe-space-for-recovery/>

Rowan University

Program Name #1: Dual Community Health Worker/Certified Peer Recovery Specialist Program

Program Description: We are creating a new workforce that integrates health into recovery support through a new dual Community Health Worker/Certified Peer Recovery Support educational program. This is the first combined program in the nation.

1. Providing Community Prevention and Education

Currently, the community health worker (CHW) and certified peer recovery support specialist workforces are separate, which may be contributing to the opioid epidemic. CHWs often work in large healthcare systems to help patients who are unable to stabilize their chronic health conditions, while certified peer recovery specialists work in the non-profit substance use treatment sector to support people in their recovery over time, especially those transitioning from residential treatment into the community. However, the lack of education and support on how to manage chronic health conditions in people with co-occurring opiate use and chronic diseases places them at risk for relapse when they leave residential treatment. At the same time, the inability of patients to control their diabetes and other conditions may be related to their substance use, but community health workers are not trained to provide recovery support. The new program helps to reinforce community preparedness to deal with co-occurring chronic illness and opiate use disorders while offering an equitable response by integrating health into recovery planning.

2. Creating Stigma-Free Communities

The project is transforming and reshaping Rowan's approach to preventing overdose by integrating health into recovery support services and eliminating barriers and the stigma of talking about chronic health conditions while in early recovery from opiate use.

3. Empowering Peers and Individuals with Lived Experience

The project is designed to recruit individuals with lived experience of recovery from both chronic health conditions and opiate and other substance use to participate in training and to actively be a member of the new workforce.

4. Mitigating Mental Health Risks

The project uses a new Osteopathic Peer Health and Recovery Coaching (PHRC) Model that builds health and recovery capital in 10 key life domains damaged by substance use. The project underscores the connection between mental health, substance misuse, and chronic health conditions by mitigating risk factors of all these conditions simultaneously by a PHRC trained to address these conditions. The holistic osteopathic approach is based on the concept that spiritual health affects mental health, which affects physical health.

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5. Addressing Harm Reduction, Trauma, Decriminalization, Health Equity, and Social Determinants of Health

The new workforce is trauma-informed; participants are trained on how to assess for and address social determinants of health and are trained on naloxone and other harm-reduction strategies to prevent overdose.

Population Served: The project will serve clients with tri-occurring opiate, mental health, and chronic health conditions.

Program Location or Counties Served: The project will serve clients from all counties in New Jersey.

Additional Info: In addition to the didactic curriculum, there is an apprentice program, a new evidence-based Osteopathic Peer Health, and Recovery Coaching Model that includes data collection and evaluation for implementation in real-world settings, and a HIPAA-compliant Electronic Health and Recovery Support Record that is being designed for use in the field.

Program Name #2: Mobile Suicide Prevention in Veterans with Active Opiate Use and/or Gambling Use Disorders with Sudden Onset of Situations (SOS) that Place Them at Risk for Suicide

Program Description: The project provides mobile outreach to Veterans in high-risk communities of Southern New Jersey to build relationships with other veterans and to support them if they are low to moderate risk of suicide. Many are experiencing opiate use and gambling use disorders, which may be contributing to suicidal ideations.

1. Providing Community Prevention and Education

The project is reinforcing community preparedness for preventing suicide in veterans by providing a new access point to services using mobile outreach to veterans who are not engaged in the VA system of care and may be experiencing housing insecurity, opiate use, and other conditions that place them at risk for suicide. Initially, the project was being implemented in Atlantic City to help veterans who may be using the casinos to support drug use or who have gambling use disorder placing them at risk for suicide in the event of sudden financial loss. The mobile unit has since expanded to other counties with large

populations of veterans, offering an equitable response to suicide prevention and adapting to the changing suicide prevention landscape by meeting veterans where they are.

2. Creating Stigma-Free Communities

Through mobile outreach, the project is helping to eliminate the stigma of suicide and transforming the traditional approaches to suicide prevention by increasing visibility in the community. The veteran suicide rate is 1.5 times higher than that of the general population, and many do not seek care for fear of losing their VA benefits or that their conditions will be placed on their permanent service record. The new mobile outreach strategy addresses this stigma and addresses the needs of Veterans who are disproportionately impacted by suicide.

3. Empowering Peers and Individuals with Lived Experience

Veterans with lived experience of combat from all the armed forces serve as peers on the mobile unit to help other veterans at risk for suicide.

4. Mitigating Mental Health Risk

The Mobile Suicide Prevention Unit underscores the connection between mental health, substance use, and suicide by mitigating risk factors and strengthening protective factors through comprehensive assessments, peer-to-peer support, case management, referral, follow-up, and other services.

5. Addressing Harm Reduction, Trauma, Decriminalization, Health Equity, and Social Determinants of Health

The project creates individual suicide prevention plans to ensure that key issues that might be contributing to suicidal thoughts are addressed, including temporary income support for housing and other needs. Peer veterans address safety and harm reduction to prevent suicide, including the development of safety plans, monitoring, and longitudinal support of the veterans.

Population Served: Veterans assessed to be at low to moderate risk of suicide.

Program Location or Counties Served: Atlantic, Cape May, Cumberland, Burlington, Gloucester

Additional Info: The project is supported by the Veterans Administration Staff Sergeant Parker Gorden Fox Suicide Prevention Program.

Program Name #3: Rowan Integrated Screening, Education and Recovery (RISER) Program

Program Description: The project is an investment in Opiate Prevention in Youth at Rowan University and other Colleges in Southern New Jersey. RISER creates new access points throughout the educational system where students can seek help for opiate use disorders, provides recovery housing on campus through a new “recovery pod,” where students can transfer from residential treatment into the pod and receive ongoing support, scholars in recovery program, on-campus recovery events led by students, opiate use prevention education, harm reduction, on-campus recovery support meetings, and other activities.

1. Providing Community Prevention and Education

RISER offers programs and services to help reinforce Rowan community preparedness to prevent opiate overdose while offering an equitable response by expanding from traditional settings where students can seek help to new access points, including educating professors on the potential signs when students may be experiencing a substance use condition and how to respond.

2. Creating Stigma-Free Communities

The creation of the recovery pod, which will provide housing to students in recovery, will help to reduce the stigma of substance use on campus. Creating new access points to care where different staff working at the front line with students can serve as compassionate gatekeepers to care for students will ultimately help to reduce the stigma of substance use.

3. Empowering Peers and Individuals with Lived Experience

Students with lived experience in recovery participate in all aspects of the project, including serving as resident advisors in the recovery pod, organizing sober campus events, supporting their peers who may still be struggling, sharing their stories, and other roles.

Rutgers University

Program Name #1: Rutgers Addiction Research Center

Program Description (please also specify how it relates to any/all of the values): Rutgers is home to the largest addiction research center in the world, the **Rutgers Addiction Research Center** (RARC; addiction.rutgers.edu). The RARC connects addiction researchers, training programs, and clinical services across all Rutgers entities, and brings the latest research findings to the community to translate scientific discoveries into improvements in human health. In this way, it provides a central, easily accessible way to find and access the wealth of addiction resources and programming available through Rutgers. The RARC was launched in 2022, as a part of the Brain Health Institute, and reflects the commitment of Rutgers to supporting alcohol and other drug research and establishing the university as a leading institution for addiction research and discovery. The RARC consists of over 150 researchers representing more than 40 departments and schools and closely coordinates with Rutgers Health. RARC research spans the translational spectrum, including basic science; epidemiology, etiology and prevention; treatment and recovery; and public policy. Researchers at the RARC work to address substance use disorders as well as a wide array of behavioral addictions such as gambling, social media and gaming, and eating disorders, as well as related mental health challenges. The RARC has a commitment to diversity, equity, and inclusion, with research and programming that address each of the five values listed above.

The many services provided by the RARC are highlighted on the website <https://addiction.rutgers.edu/> and shared regularly through Rutgers listserv communications including weekly digests and quarterly newsletters, as well as on Rutgers social media channels to ensure that the community has access to all available opportunities.

Population Served: The State of New Jersey, and beyond (the RARC is nationally recognized as a top addiction research center)

Program Location or Counties Served: All

Additional Info:

Overview of Activities and Resources

- **RARC Annual Retreat** – a day long symposium to spotlight addiction research and clinical services at Rutgers and provide networking opportunities with the community. Free and open to all.
- **Lunch and Learn Seminars Series** – offered with in-person and virtual attendance options, providing opportunities to spotlight and learn about addiction research at Rutgers across the translational spectrum, and opportunities to network and collaborate with Rutgers researchers
- **Meet and Greets** – offered at least once a year as a networking opportunity for addiction researchers and community members
- **External plenary speakers** – the RARC hosts speakers from outside institutions and provides opportunities for faculty, trainees, and community members to connect with addiction experts
- **Training Programs** – The RARC supports the NIDA-funded T32, “Rutgers Training in Addiction Research Program” (TARP) and oversees the NIDA-funded R25, “Training in Research Undergraduate Experience through the Rutgers Addiction Research Center: The TRUE RARC Scholar Program”
- **Coursework and Trainings** – a running list high-quality addiction-related academic and clinical coursework, trainings, and consultation through a variety of centers and programs across Rutgers
- **Communications Specialist** – the RARC employs a full-time communications specialist who is available to help researchers translate their findings into engaging content for the public
- **Media Resources** – resources and trainings surrounding the use of multiple forms of media to bring research advances to the community and raise awareness about scientific discoveries and addiction research
- **Research Directory and Search Feature** – a search tool that allows for easy navigation to explore addiction research at Rutgers spanning multiple campuses, schools, and departments as well as research domains and subject interests
- **Data Dashboards** – provides access to data and materials for regularly updated addiction-related statistics
- **Pilot Grant Program** – to foster new collaborative, interdisciplinary addiction research, and to support the collection of pilot data for external grant applications
- **Funding Opportunities** – the RARC maintains a running list of funding announcements from multiple organizations, including the NIH
- **Active Projects** – a collection of active ongoing addiction-related projects and opportunities to participate in research

- **Clinician-Researcher Collaborations** – a system used to connect researchers to clinical populations across Rutgers Health System and community providers for ascertainment of patient populations for research
- **Weekly Digest** – a compilation of addiction related news and events from Rutgers and the surrounding communities
- **Quarterly Newsletter** – compilation of crucial addiction related news and events from Rutgers, designed to share research with the community
- **Website Blog** – regularly updated content surrounding timely addiction-related research findings, trainings, events, and news
- **Listserv and Social Media Channel Announcements** – aimed to celebrate and showcase the latest addiction research findings and disseminate information about addiction related news and events from Rutgers and the surrounding communities.

D. PUBLIC MEMBER HIGHLIGHTS

NEIL VAN ESS

Neil Van Ess served in the U.S. Army from 1968 to 1970. He was wounded in combat in Vietnam in 1968 as a member of the 101st Airborne Division. Following his military service, Mr. Van Ess earned a bachelor's degree in criminal justice at William Paterson in 1985 and a master's degree in school law administration from Seton Hall University in 1989. He joined the Totowa Police Department in 1982 and retired as Captain of the department after more than 30 years of service. Mr. Van Ess served on the Totowa Board of Education from 1986 to 2005, including 12 years as President of the Board. Mr. Van Ess served as the Totowa Municipal Alliance Coordinator in 1988 through his involvement as a DARE officer. In 1993, he was appointed to the Governor's Council on Substance Use Disorder and has served as its Chairperson since 2006. A life member of the Military Order of the Purple Heart since 1989, Mr. Van Ess has held local, state, and national leadership positions within the organization with his greatest honor serving as the National Commander for the organization. He continues to work tirelessly for Veterans in NJ and make exceptional contributions to the Council, bringing his expertise in military and veterans affairs and his storied career in law enforcement.

GREGG BENSON

Gregg Benson has been providing clinical, consultation, training and prevention best practices services for substance use and co-occurring psychiatric and other associated disorders for over 50 years. In 1999, Mr. Benson introduced and brought recognition to the clinical influences and challenges to addictions treatment associated undiagnosed adult and adolescent Learning Disorders, Attention Deficit Hyperactivity Disorders (ADHD) and/or histories of trauma which have often been powerful contributors to "treatment failure" and/or resistance in seeking help.

Mr. Benson has served as trainer and consultant for the Northeast and South Coast Addiction Technology Transfer Centers under the auspices of the Institute for Research, Education and Training in Addictions (IRETA), NJ Administrative Offices of the Court, NJ Probation Association and the Association of Family Conciliation Courts (AFCC) and has also served as a consulting member and Chair of the New Jersey Division of Addiction Services (DAS): Adolescent Treatment and Recovery Task Force. Gregg is also a longstanding member of the Morris County Mental Health Addictions Services Advisory Board (MHASAB), Morris County Mental Health & Substance Use Professional Advisory Committee and Co-Occurring Disorders Task Force. Additionally, Gregg has served as Graduate Psychology Department Adjunct Faculty for the College of St. Elizabeth, Licensed Professional Counselor (LPC) track, teaching Substance Abuse Counseling and served as a Field Reviewer for the current American Society of Addiction Medicine (ASAM) Patient Placement Criteria 2nd Edition – Revised (ASAM PPC-2R, 2001). He is also a past-President of the Association of Family and Conciliation Courts (AFCC) NJ Chapter and where he also served as chair the NJ Chapter's Addictions Committee. Mr. Benson has served on the Governor's Council on Substance Use Disorder since 2006.

JOHN ARMATO

Former Assemblyman John Armato sits on the board of directors for the South Jersey Aids Alliance. He sees the SJAA as crucial to shared efforts across the state and is wholly dedicated to supporting their work, and the communities they serve.

Mr. Armato is also a part of Angels in Motion, an organization that supports the homeless by providing food and connecting individuals with the resources they need to support their recovery. He strongly believes in treating the perpetually marginalized, disenfranchised individuals in the homeless population with compassion and respect, and through Angels in Motion they have successfully helped connect these individuals with the supports they need. recovery centers.

As a person with lived experience, Mr. Armato speaks with families who have loved ones living with the disease of addiction to provide support. Because he can relate to their situation, Mr. Armato used both his lived experience and his experience as an elected official to provide guidance and support to families and also input to both county and state lawmakers to help inform policy and decision-making.

DONNA DESTEFANO

Ms. DeStefano's focus has been on community prevention and education as a priority, with an understanding of the need to support NJ Municipal Alliance programs which effectively provide communities across New Jersey with vital resources.

Ms. Stefano has served on many committees to help raise awareness and support the efforts of those engaging in prevention efforts in their respective communities. Serving on the GCSUD has provided her with the opportunity to support planning and approval process for both internal and collaborative prevention efforts.

Serving on the GCSUD Council member, Ms. DeStefano has been provided with the opportunity to speak with constituents about the importance of reducing stigma, raising awareness within the school and health systems, family-focused events, and other related efforts.

EILEEN FISHMAN, BS, RP, FNJPHA

In her capacity as Director of the Essex County Community Health Services and the Director of the Office of Addiction Services for Essex County, Eileen Fishman is continually engaged in work that supports county efforts such as presentations to Senior Citizens about SUD and OUD, which include the brown bag component to update medicine cabinets and responsibly dispose of old and discontinued medication, as well as awareness about risks of SUD and OUD in older populations.

With her experience as a registered senior pharmacist, Ms. Fishman facilitated a Quick Response Team to aid those who have survived an overdose with the use of Narcan and help them into recovery. She also provides Narcan Trainings, as well as Adult and Children Mental Health First Aid programs.

Ms. Fishman facilitates the outreach program, REACH for Recovery in 12 of Essex County's 22 towns and 2 of their county parks. As this work continues to expand, she sees this an avenue for those living with a substance use disorder to find their way into recovery. The REACH for RECOVERY van also provides information about all Essex County programs, working with community partners to provide information about HIV/AIDS, vaccines, homelessness, and more.

SWETA KANSAGRA, LCSW

Ms. Kansagra facilitates community discussions on mental health supports, prevention resources, and connections to community services. She is currently collaborating with local non-profits such as Kota Bear and AAPI NJ to address the gaps in information and resources within these communities. To support these efforts, Ms. Kansagra is developing a community newsletter to provide supportive information and a range of resources to ensure individuals seeking information have a starting point where they can readily access the support they need.

Ms. Kansagra is also actively seeking professionals who can provide support to family members of those in recovery communities. This also includes providing information about the mental health stressors that many people face in the context of substance use. To support this effort, in Fall 2025, she is working toward starting a group with a parent who has worked through a journey of recovery with their adult son who has training as a mental professional. Their collective lived experience will provide a foundation for adding a relational component to the work.

DR. GISELE PEMBERTON, DrPH, MPH, CHES

Ms. Pemberton is the Director of the National Center for Training Support and Technical Assistance for the Puerto Rican Organization for Community Education and Economic Development (PROCEED), a community organization whose mission is to provide and connect people to educational, health and human services; and enhance the capacity of individuals and organizations to offer quality programs and services to their communities locally in NJ, and throughout the United States and its territories.

One of the areas Ms. Pemberton is focused on in her position is the empowerment of Peers and people with lived experience through a two-pronged process: 1) Hire, train, and retain peers to facilitate better program outcomes, and 2) Provide technical assistance to organizations implementing peer support programs, so that they can avoid pitfalls and yield the benefits of peer workers in strengthening community programs and services. PROCEED also provide technical assistant to build and sustain peer-based programs.]

Through its Community, Action, Resources, Empowerment (CARE) Project/Proyecto Cuidado (CARE Project), PROCEED, Inc. offers a comprehensive range of harm minimization, risk reduction, and health services for people who use drugs (PWUD)/people who inject drugs (PWID), to mitigate the harms associated with their substance use and safeguard and improve the health of PWUD/PWID. This includes a Drop-In and Wellness Center, Mobile Wellness Unit, education and harm minimization, drug-user health care, peer-support services, case management/navigation services, and client empowerment.



2025 MASTER PLAN