# Table of Contents

## Introduction

| Introduction                                                                 | 4 |

## Primary Prevention

| Athletes and Opioids Project                                              | 5 |
| Prescription Drug Disposal and Safe Storage                              | 7 |
| Alternative Approaches for Pain Management in Older Adults               | 8 |
| Public Awareness Campaign for MOUD                                        | 9 |
| Opioid Reduction Options                                                 | 10 |

## Secondary Prevention

| Naloxone Distribution                                                     | 12 |
| American Society of Addiction Medicine Booklets                           | 14 |

## Treatment

| Building Capacity for Medication for Opioid Use Disorder                 | 15 |
| Integrated Opioid Treatment-Substance Exposed Infants                    | 16 |
| County Correctional Facilities MOUD Initiative                           | 18 |
| Low Threshold Buprenorphine at Harm Reduction Centers                    | 19 |
| Expansion of Telehealth Services                                         | 20 |

## Recovery Support

| Opioid Overdose Recovery Program                                         | 21 |
| Support Teams for Addiction Recovery                                    | 24 |
| Telephone Recovery Support                                               | 27 |
| Family Support Centers                                                   | 28 |
| Community Peer Recovery Centers                                          | 30 |
| Maternal Wrap-Around Program                                             | 31 |
# Table of Contents (cont.)

## Recovery Support cont.

<table>
<thead>
<tr>
<th>Service</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>College Recovery Services</td>
<td>34</td>
</tr>
<tr>
<td>Intensive Recovery Treatment Supports</td>
<td>35</td>
</tr>
<tr>
<td>Recovery Data Platform</td>
<td>37</td>
</tr>
</tbody>
</table>

## Housing

<table>
<thead>
<tr>
<th>Service</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Substance Use Disorder Supportive Housing</td>
<td>38</td>
</tr>
<tr>
<td>Oxford House</td>
<td>39</td>
</tr>
<tr>
<td>Women’s Intensive Supportive Housing</td>
<td>39</td>
</tr>
<tr>
<td>Medicated Assisted Treatment Initiative Housing</td>
<td>39</td>
</tr>
</tbody>
</table>

## Professional Training

<table>
<thead>
<tr>
<th>Service</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Addiction Training and Workforce Development</td>
<td>40</td>
</tr>
<tr>
<td>Rutgers Center for Alcohol and Substance Use Studies Education and Training</td>
<td>42</td>
</tr>
<tr>
<td>Project ECHO</td>
<td>43</td>
</tr>
<tr>
<td>Evidence Based Practice Initiative: Opioid and Other Substance Use Disorders</td>
<td>44</td>
</tr>
<tr>
<td>Peer Recovery Support Training</td>
<td>45</td>
</tr>
<tr>
<td>Patient Navigator and Case Manager Training</td>
<td>47</td>
</tr>
<tr>
<td>Opioid Summit</td>
<td>48</td>
</tr>
<tr>
<td>Rutgers Interdisciplinary Opioid Trainers</td>
<td>49</td>
</tr>
</tbody>
</table>

## Peer Worker Support Services

<table>
<thead>
<tr>
<th>Service</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Peer Support Services</td>
<td>50</td>
</tr>
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</table>

## Appendix

<table>
<thead>
<tr>
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<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Appendix A. Acronyms</td>
<td>52</td>
</tr>
<tr>
<td>Appendix B. Provider Information By Program</td>
<td>54</td>
</tr>
<tr>
<td>Appendix C. Program Provider Contact Information</td>
<td>60</td>
</tr>
</tbody>
</table>
Introduction

This 2019-2020 Opioid Report, compiled by the New Jersey Division of Mental Health and Addiction Services (DMHAS), has been created to illustrate the many avenues of supportive services provided by agencies across the state funded by DMHAS to address the opioid overdose crisis. According to data provided by the New Jersey Coordinator for Addiction Responses and Enforcement Strategies (NJ CARES), there were over 6,000 drug-related deaths in New Jersey in 2019 and 2020.

DMHAS is the Single State Agency (SSA) for New Jersey, designated by the Substance Abuse and Mental Health Services Administration (SAMHSA). As such, it manages the publicly funded addiction treatment, prevention, and recovery service system. The development of effective federal policy requires an awareness and appreciation of the important role the state alcohol and drug agencies play in managing the nation’s prevention, treatment, and recovery system and promoting cross-agency collaboration with other sectors. The SSA is key in efforts to prevent and treat alcohol and drug use disorders and has a critical role in addressing the current opioid epidemic.

The multitude of support programs and resources to bolster the continuum of prevention, harm reduction, treatment, and recovery support services for substance use disorders, specifically opioids and other drugs, has drastically increased the level of effectiveness in combating the opioid crisis in the Garden State.

Additionally, the COVID-19 pandemic presented new barriers to NJ’s opioid response, in many cases as new programs and initiatives were in their earliest stages and just being implemented. As noted throughout this report, additional measures and care were taken to ensure that these critical resources were effectively provided. It is a testament to the overall mission that these goals were accomplished through such hardship, and it is important to note that New Jersey was one of only a dozen states that did not experience a statistically significant increase in overall drug overdose deaths from 2019 to 2020.

New Jersey’s response to the crisis has effectively addressed unmet needs such as access to medication for opioid use disorder (MOUD), access to treatment, and the prevention of opioid-related deaths through prevention and harm reduction strategies, detailed in this report.
In 2018, with Strategic Prevention Framework for Prescription Drugs funding from SAMHSA, DMHAS’ Regional Prevention Coalitions expanded their prevention efforts to focus on opioids and young athletes. Recent studies determined that youth who are involved in competitive sports are at greater risk of being prescribed opioid pain relievers for sports-related injuries, and of possibly misusing and/or being approached to divert these medications.

Regional Prevention Coalitions work together to reduce the use and misuse of drugs and alcohol among the residents of NJ by collaborating with community partners in all 21 counties.

In response, the New Jersey Prevention Network (NJPN) developed the Tackling Opioids through Prevention (TOP) for Athletes Toolkit. Each county’s Regional Coalition provides technical assistance on the use of the TOP toolkit and offers trainings, resources and materials to support community efforts in implementing evidence-based programs, policies and interventions directly related to student athletes. Additionally, presentations have been made available to athletic directors, coaches, youth sports program administrators, and school administrators who develop and administer policies within their schools or districts.

Marlon Smith motivates student athletes and coaches to have a positive impact on their schools and make healthy decisions around substance use, including prescription pain medication.
In addition to county and local efforts, several statewide programs were implemented including:

The New Jersey Prevention Network and Rutgers University presented at the National Prevention Network Conference in Chicago, IL on August 29, 2019. The session highlighted the TOP Toolkit and the work of the Regional Coalitions. Participants received copies of the Statewide TOP Athlete Toolkit.

The TOP Toolkit was added to the New Jersey State Interscholastic Athletic Association (NJSIAA) website for easy access to athletic departments across the state. A statewide presentation was created and implemented for high school student leaders that educated them on the risks of prescription opioids for athletes, facilitating collaboration with their local Regional Coalition and utilize the TOP Toolkit to implement evidence-based strategies in their school.

Presentations were provided at the New Jersey Recreation and Parks Association (NJRPA) annual conference and New Jersey Association for Health, Physical Education, Recreation and Dance conference as a presentation to be used locally by recreation officials.

The Changing the Script: Sports injuries and exposure to opiates among young athletes, which is distributed by the Rutgers Youth Sports Research Council as part of their training materials for the Volunteer Coach SAFETY certification course and at the NJRPA Conference.

Performances of George Street Playhouse’s educational production of Anytown were held reaching over 1,500 high school students. Anytown focuses on a young athlete’s journey into the world of prescription drug misuse as the result of a sports injury.

The SOAP Initiative was a partnership with NJSIAA, the Attorney General’s Office, the Garden State Pharmacy Owners Association, the Partnership for a Drug-Free NJ and the New Jersey Prevention Network to provide education on the connection between young athletes and opioid use disorder. This collaboration established a policy requiring parents/guardians of students under the age of 18 to sign an acknowledgement form stating that both parents/guardians and students participating in high school sports watched an educational video created by the Office of the Attorney General detailing the risks surrounding opioid use and misuse.

Former New Jersey Attorney General Gurbir Grewal addresses the heightened risk of opioid use and misuse for student athletes in required educational video.
DMHAS funding was utilized to purchase medicine lock boxes and drug disposal kits. Safe drug disposal kits are safe medication disposal pouches or containers that can be used at home or in a clinical setting. These materials were provided to DMHAS-funded regional coalitions and agencies. In turn, the agencies and coalitions distribute them throughout their communities at events like health fairs and back-to-school nights. They were also provided to participants in programs such as Strengthening Families and Alternative Approaches to Pain Management for Older Adults.

This program limited the availability of prescription drugs, especially to children, by using safe disposal kits to discard unused and expired medicine.

2,504 medicine lock boxes distributed

10,550 Deterra (safe drug disposal) kits distributed
Now more than ever it is important to build resiliency, for mental and physical health and is especially important during this time of the COVID-19 epidemic. We want to support and educate the Seniors of Hunterdon County by providing them with the resources to make positive and healthy choices.

In 2019 & 2020, DMHAS trained 2,355 individuals in alternative approaches for pain management in older adults, and reached 11,102 people through workshops, wellness kits, county fairs, community events, multimedia services and food distributions.

The Alternative Approaches to Pain Management in Older Adult programs provide education to older adults (age 60 +) on alternatives to opioid analgesics as a means of dealing with acute or chronic pain.

Alternative Approaches for Pain Management in Older Adults

In 2019 & 2020, DMHAS trained 2,355 individuals in alternative approaches for pain management in older adults, and reached 11,102 people through workshops, wellness kits, county fairs, community events, multimedia services and food distributions.

Numbers trained by county

<table>
<thead>
<tr>
<th>County</th>
<th>Trained</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bergen</td>
<td>203</td>
</tr>
<tr>
<td>Burlington</td>
<td>138</td>
</tr>
<tr>
<td>Camden</td>
<td>117</td>
</tr>
<tr>
<td>Cape May</td>
<td>120</td>
</tr>
<tr>
<td>Cumberland*</td>
<td>34</td>
</tr>
<tr>
<td>Essex</td>
<td>92</td>
</tr>
<tr>
<td>Hudson</td>
<td>114</td>
</tr>
<tr>
<td>Hunterdon</td>
<td>240</td>
</tr>
<tr>
<td>Gloucester*</td>
<td>34</td>
</tr>
<tr>
<td>Mercer</td>
<td>189</td>
</tr>
<tr>
<td>Middlesex</td>
<td>68</td>
</tr>
<tr>
<td>Monmouth</td>
<td>203</td>
</tr>
<tr>
<td>Morris</td>
<td>429</td>
</tr>
<tr>
<td>Ocean</td>
<td>70</td>
</tr>
<tr>
<td>Salem*</td>
<td>34</td>
</tr>
<tr>
<td>Somerse</td>
<td>202</td>
</tr>
<tr>
<td>Sussex</td>
<td>83</td>
</tr>
<tr>
<td>Union</td>
<td>24</td>
</tr>
<tr>
<td>Warren</td>
<td>29</td>
</tr>
</tbody>
</table>

* Cumberland, Gloucester, and Salem counties numbers are combined

“Now more than ever it is important to build resiliency, for mental and physical health and is especially important during this time of the COVID-19 epidemic. We want to support and educate the Seniors of Hunterdon County by providing them with the resources to make positive and healthy choices.”

-Community in Crisis, Hunterdon County

Family Connections hosted a WISE training, part of Alternative Approaches to Pain Management in part of the Older Adults program.
The goal of the media campaign is to educate and provide awareness regarding the use of medication for opioid use disorder (MOUD) and behavioral therapy to aid along the road to recovery from substance use disorder (SUD) and to increase overall call volume to 844-ReachNJ.

**Targets:**
- Individuals who use substances
- Friends and family members of those suffering from addiction

**Statistics:**
- 32,000+ statewide cable TV spots
- 70 million+ digital display impressions
- 7,000+ radio spots
- 9 million+ streaming audio impressions
- 250+ print ads
- 121,000+ clicks on digital media ads
- 12.5 million+ paid social impressions

**Increase in calls:**
- 51%
- 2,944 calls (Feb 2019-Jan 2020)
- 4,453 calls (Feb 2020-Jan 2021)
The **Opioid Reduction Options (ORO)** program aims to decrease the number of avoidable opioids prescribed to patients discharged from an emergency department (ED). The ORO program also aims to develop the supportive infrastructure to ensure those prescribed opioids have close follow up with practitioners versed in evidence-based best-practice care methods. 10 awardee hospitals received funding to develop individualized plans, protocols, and infrastructure to pursue these aims. The ORO program promotes the CERTA (channels, enzymes, receptors, targeted, analgesia) concept developed by Dr. Sergey Motov. The ORO program was developed in conjunction with the New Jersey Department of Health and the New Jersey Hospital Association, in partnership with St. Joseph’s Health.

ORO protocols target multiple mechanisms in the pain pathway outside of opioid receptors, and make use of: non-opioid medications, bedside and localized analgesics (such as trigger point injections, nitrous oxide, and nerve blocks), and much greater patient education, awareness, and expectation management, such as opioid-prescribing risk discussions, judicious duration and dosing of prescriptions that are given, and close follow-up outside the ED setting with continuity of care. The clinical and non-clinical interventions can be tailored to reflect any individual patient’s needs. Severe and acute pain can be addressed effectively in such opioid-sparing ways. These methods aim to decrease the number of patients receiving opioid prescriptions.

![Over 71,000 patients assessed for an ORO protocol](image)

Over 71,000 patients assessed for an ORO protocol

![Over 67,000 patients received an ORO protocol](image)

Over 67,000 patients received an ORO protocol

![Over 90,000 non-opioid interventions utilized](image)

Over 90,000 non-opioid interventions utilized

![125 downstream provider staff in the community trained](image)

125 downstream provider staff in the community trained

![49 partnerships built with community organizations for peer support and treatment](image)

49 partnerships built with community organizations for peer support and treatment
Opioid Reduction Options in the Emergency Department

Program Successes:

» Reduced opioid prescriptions in the ED
» Diffusion of ORO protocols
» Increased linkages to care after patient interaction with ED
» New non-opioid interventions applied in hospital settings

» New infrastructures built to support multidisciplinary approaches to OUD care
» Reportable data sets generated that can be shared with stakeholders and refine future ORO programs

The Deliberate Reduction of Opioid Prescribing (DROP) program, RWJ’s ORO program, was implemented in RWJ Barnabas Health hospitals.
Naloxone Distribution

In 2019 & 2020, the DMHAS distributed 90,728 naloxone kits and conducted 1,487 trainings resulting in 15,544 individuals trained on how to administer naloxone. Naloxone is an opioid overdose reversal medication, typically administered as a nasal spray.

1,487 trainings
15,544 individuals

Flier for the Naloxone three-day event encouraging NJ residents to get free Naloxone.
Opioid Overdose Prevention Network
The Opioid Overdose Prevention Network (OOPN) was developed by DMHAS in partnership with the Division of Addiction Psychiatry at Rutgers Robert Wood Johnson Medical School to combat this crisis. The program receives real-time, statewide information about drug overdoses from the state's police fusion center. This allows OOPN to deploy prevention interventions including training and distribution of naloxone to impacted areas. The mission of this project is to prevent opioid overdose deaths by empowering community members to respond appropriately to opioid overdose situations, by providing free education and naloxone training kits to allow community members to recognize and respond to an opioid overdose. This program conducts approximately 200 trainings and distributes approximately 3,000-3,500 kits annually.

Opioid Overdose Prevention Program
The Opioid Overdose Prevention Program (OOPP) provides individuals at-risk for overdose, their family members, friends, loved ones, and professionals with naloxone kits, education, and training on how to prevent, recognize and respond appropriately to an opioid overdose. There are 3 regional OOPPs that cover all of the counties in NJ.

Due to Covid 19 lockdown restrictions, the program pivoted from a fully in-person approach to a fully virtual approach. This transition was seamless and well received by participants. All trainings were conducted via Webex or Zoom, and all trainees were shipped naloxone kits to their home. The virtual approach has been extremely user friendly, and most requests for training continue to be for virtual presentations, which seems to allow for an even more robust attendance by organizations that continue to operate on a hybrid model, along with removing the barrier of transportation for community members to attend in-person trainings.
DMHAS provided an informative booklet on opioid addiction treatment published by the American Society of Addiction Medicine (ASAM), which is dedicated to improving the quality of addiction treatment and educating providers and the public. *Opioid Addiction Treatment - A Guide for Patients, Families and Friends*, provides information and facts concerning treatment for those seeking help and explains the steps to recovery. It contains a treatment overview and covers topics on withdrawal, medications to treat OUD and outlines how the medications work, including pros and cons. It also contains information on assessment and treatment of OUD in pregnant women, responding to an opioid overdose and contains NJ Connect toll-free numbers for recovery support. This booklet is a great resource to providers and individuals experiencing OUD, as well as their family members and friends.

Booklets have been provided to:

- Recovery Court Training Attendees
- MHANJ Conference Attendees May 2019
- Rutgers IME
- Northern Region Center of Excellence
- DMHAS Opioid Summit 2019 Attendees
- NJPN
- Naloxone Distribution Day- June 2019- various pharmacies
- Naloxone Distribution Day September 2020 - various pharmacies
- NJACCHO- Multi Sector Connections Conference Attendees
- Hope One Mobile Outreach Vans
- Essex County Department of Health and Rehabilitation, County Alcoholism and Drug Abuse Program
- County Drug and Alcohol Coordinators in multiple counties
- Treatment Centers
The Building Capacity for Medication for Opioid Use Disorder (MOUD) initiative focuses on the financial challenges faced by licensed SUD programs in building the capacity to offer medications to their clients. This program allows providers to begin prescribing, storing and dispensing buprenorphine. DMHAS funded seven agencies and 10 sites to offset the costs of expenses that had created obstacles to preparing to offer medication treatment, such as recruitment costs to employ Data 2000-waivered prescribers, support staff time, medical equipment and expenses related to ensuring compliance with federal and New Jersey regulations. The funds allowed agencies with multiple sites to expand the service to counties in which they had not yet had the resources to build capacity.

Most of the agencies needed funds to build private space for people who chose to receive medication treatment. They reported having funds to focus one support person on managing construction and local permits was invaluable. Normally, they don’t have funds to stretch a staff person’s already overwhelming workload, but having a dedicated point-person helped.

With the capacity-building funds, agencies were able to install security systems and create marketing materials and educational tools.

Success Stories

Most of the agencies needed funds to build private space for people who chose to receive medication treatment. They reported having funds to focus one support person on managing construction and local permits was invaluable. Normally, they don’t have funds to stretch a staff person’s already overwhelming workload, but having a dedicated point-person helped.

With the capacity-building funds, agencies were able to install security systems and create marketing materials and educational tools.
The Integrated Opioid Treatment Services and Substance Exposed Infants (IOT-SEI) initiative provides an array of services for pregnant women with opioid dependence, their infants and family ranging from substance use disorder treatment, prenatal and postpartum medical/obstetric services, care coordination, living arrangements and wraparound services, such as intensive case management and peer recovery supports.

The overall goal is to improve outcomes for pregnant women with OUD, their infants, and families. This initiative is designed to promote maternal health, improve birth outcomes, and reduce the risks and adverse consequences of prenatal substance exposure and promote the sustainable recovery for each woman and her family.

214
Women served

80
Live births

Success Stories

Denine states that even with all of the hiccups along the way, “For My Baby and Me” staff were supportive and she would not be here today striving for the new life she envisions for herself without the program. She would recommend this program to anyone who is struggling with addiction. Denine is currently residing with her family and her children. She is working and seeking her own housing.

“For My Baby and Me saved my life. Before I entered the doors, all I saw at the end of the road was death. I didn’t see any other option.” - Denine
Data Spotlight: Cooper University Health Care EMPOWR Program

- Mean age: 31
- Average gestation week at intake: 20 weeks
- 87% participants had OUD
- 80% pregnant at the initial visit
- 72% non-Hispanic White women
- 75% at least one concomitant psychiatric diagnosis
- 97% Prescribed MOUD
- 88% All urine toxicology results were negative for non-prescribed opioids

Program retention rates at:
- 3 mo.: 86%
- 6 mo.: 78%
- 1 year: 66%
- 2 years: 48%


For My Baby and Me services are offered through a partnership among Capital Health, Henry J. Austin Health Center, HomeFront, Catholic Charities, The Rescue Mission of Trenton, and the Trenton Health Team.

You are not alone
We care about you and your baby.
We will help you overcome addiction.
Call one number to receive free services immediately.
609-256-7801
The New Jersey Department of Human Services, Department of Corrections, and Department of Health jointly initiated a program to expand the use of MOUD for inmates with opioid use disorders in New Jersey county jails. The **County Correctional MOUD Initiative** assists inmates with an OUD leaving on pretrial release, as well as those with longer sentences.

The Initiative is operating in 20 county jails across New Jersey.

![Diagram showing the Initiative's expansion]

### Eligibility and Participation

<table>
<thead>
<tr>
<th>Year</th>
<th>Eligible for the Program</th>
<th>Offered MOUD</th>
<th>Accepted MOUD</th>
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<tbody>
<tr>
<td>2019</td>
<td>566</td>
<td>355</td>
<td>258</td>
</tr>
<tr>
<td>2020</td>
<td>5,546</td>
<td>4,278</td>
<td>2,980</td>
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### Inmates Placed on MOUD

<table>
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<tr>
<th>MOUD Type</th>
<th>2019 Count</th>
<th>2020 Count</th>
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<tbody>
<tr>
<td>Methadone</td>
<td>53</td>
<td>486</td>
</tr>
<tr>
<td>Buprenorphine</td>
<td>258</td>
<td>1985</td>
</tr>
<tr>
<td>Sublocade</td>
<td>0</td>
<td>6</td>
</tr>
<tr>
<td>Naltrexone</td>
<td>3</td>
<td>56</td>
</tr>
<tr>
<td>Vivitrol</td>
<td>32</td>
<td>135</td>
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</table>

**Note:** The data represents the number of inmates placed on each MOUD treatment option in the respective years.
The Low-Threshold Buprenorphine Induction at Harm Reduction Centers (HRCs) initiative is designed to make buprenorphine treatment easily accessible to clients who use these centers. Through the initiative, people are offered same-day, immediate buprenorphine treatment and case management services. The HRCs offer services to people who are interested in medication treatment in a safe and nonjudgmental environment.

- **Individuals served in 2020**: 92
- **Average length of treatment**: 5.5 months
- **55.4% were between the ages of 24 and 44**

### Demographics

- **Male**: 78%
- **Female**: 21%
- **Non-binary**: 0.5%
- **Transgender**: 0.5%

### Most commonly provided services at discharge

- **Case Management**
- **Substance Use Treatment**
- **Alcohol & Drug Testing**

### Success Stories

In Asbury Park, a woman who has been receiving low-threshold services and is now arranging for maintenance MOUD treatment told us that she was always asking her family for help. Now that she’s stable, she’s most proud of being able to help them. Before receiving buprenorphine, her brother would not let her be around her nieces and nephews, but now he trusts her enough to babysit them. She is now in a position to help them when they need her.

In Atlantic City, one client was able to start working again, and now he has a consistent form of income. He now earns enough money to house himself and is no longer sleeping on the streets. He also fills his free time with healthy activities and says that with consistent work, he is not as tempted to use.
Expansion of Telehealth Services

Licensed community partners were awarded funding to use telehealth technology to expand, support and provide access to OUD treatment services to individuals who otherwise have difficulty getting these services. Telehealth can be used across the continuum of care to deliver and enhance behavioral health services.

Types of services can be:

- referral and access to OUD treatment
- physical health referrals
- medication access
- referrals to care management
- other services

Each award valued $15,000

Each agency was also required to contribute $10,000 in matching funds

Proposals incorporated a mix of equipment such as:

- iPads
- Laptops
- HIPPA compliant security apps
Opioid Overdose Recovery Program

The Opioid Overdose Recovery Program (OORP) utilizes Peer Recovery Specialists (PRS) and Patient Navigators to engage individuals in the emergency department (ED) who have been reversed from an opioid overdose and provide nonclinical assistance, recovery supports and appropriate referrals for assessment and substance use disorder treatment. The PRS and Patient Navigators maintain follow-up with these individuals for a minimum of eight weeks. Recovery services provided for these individuals are fundamentally strength-based, and focus on the person's self-determination, strengths, and resourcefulness. Additionally, they deliver or assertively link individuals to appropriate and culturally-specific services and provide support and resources throughout the process.

OORP Expansion funding expanded the Core services by serving ED patients who have suffered an opioid overdose but were not administered naloxone, as well as emergency department patients who are treated for opioid-related conditions such as opioid withdrawal, skin abscesses, or opioid-related heart conditions. Like standard OORP procedure, OORP expansion provides eight weeks of patient follow-up.

Success Stories

Elizabeth W.

An OORP Recovery Specialist met Elizabeth when she came to the ED with her family looking for help with her SUD. Elizabeth was defeated after struggling with this disease for many years, but she was also very willing to do what she needed to stop using. The hospital started her on medication to treat her withdrawal symptoms and she got a doctor’s appointment the next day. This was just the beginning of her journey to recovery. Elizabeth was also connected with clinical supports at The Center for Prevention and Counseling and successfully completed an intensive outpatient program. This was the first treatment she completed, and she did it without missing one session. She connected with her peers, attended meetings and received with the continued support from her family. Elizabeth has accomplished many things in her recovery. She restored her credit, saved money, bought a car, got a job and even met a wonderful supportive man that she married last September. Recovery looks amazing on Elizabeth and she is now able to be there for others.
Patient presents at ED following opioid overdose

ED notifies OORP coordinator

Coordinator dispatches PRS to ED

PRS arrives at ED and meets patient, offers services, patient consent obtained

The patient declines to provide written consent to be visited in the ED by a recovery specialist

Prior to leaving ED, the PRS provides contact info in case the patient wants services at a later date

PRS meets with patient and/or family members, conducts bedside intervention and obtains contact information for follow-up

Follow-up

Peer Recovery Specialist
Provide ongoing telephone and/or in-person recovery support for minimum of 8 weeks; assist with navigating treatment and recovery support services

Warm Hand-off

Patient Navigator
Facilitates treatment and recovery support referrals; assist with developing integrated recovery plan; assist recovery specialist as needed.

Success Stories

“My name is Sal and I am a person in long term recovery. I am now able to hold a full-time job and pay for a stable place to live with my fiancé. We have our first child due in a few months. I regularly attend AA meetings and have an amazing network of people in recovery. I was administered Narcan three times while I was struggling to get off drugs. I would not be here to experience all these blessings in my life if Narcan was not readily available. There is no price tag you can put on the ability to save a life. If they are still breathing, then there is hope for recovery.”

-Sal R.
Opioid Overdose Recovery Program COVID-19 Efforts:

RWJBH OORP COVID-19 Efforts Spotlight*:

» RWJBH OORP continued to provide uninterrupted, in-person peer recovery services (ED and inpatient) at RWJBH hospitals throughout the pandemic while prioritizing patient and staff safety and wellbeing

» Patient Navigators immediately transitioned to remote services in March 2020, which were eventually phased-out during the 3rd quarter of 2020

» Rapid transition to virtual platforms for recovery-focused supports and services (e.g., twice-daily All Recovery meetings were launched in mid-March 2020)

» Developed and launched training opportunities for peer support workers, supervisors, and programs focused around client engagement in an era of physical distancing

» Increased supervision of OORP staff during the pandemic, including check-in calls at the beginning of each shift

» In partnership with the RWJBH Employee Assistance Program, offered virtual stress management, mindfulness, and self-care sessions to all staff

» Increased frequency of OORP data extraction and analysis to inform time-sensitive policy, safety, and procedural decisions

» In the 3rd quarter of 2020, the RWJBH Institute for Prevention and Recovery launched the “Hope and Healing Program” in collaboration with the DMHAS and funded through a FEMA/SAMHSA grant. The Program provided emotional support services, education, and community-based resources for New Jerseyans affected by the COVID-19 pandemic.

Mercer County OORP COVID-19 Efforts Spotlight**:

» Delivered additional “Starter Kits” to the area hospitals so they had sufficient supply for their ED and Social Work staff to give to clients with Opioid Use Disorder.

» Continued packaging and distribution of cold weather “Care Bags” to potential OORP clients at various locations and facilities throughout the county, including general “street outreach” at high likelihood drug use areas, Rescue Mission of Trenton, Trenton Area Soup Kitchen, several active Methadone/MAT clinics, and Sober Living Organizations

» Distributed “Thank You Front Line Hero” packages to each of our four area hospital ED teams, thanking them for their heroic pandemic service and reminding them that OORP is still available

» Became actively engaged members of the newly established collaborative Mercer County Overdose Fatality Review Team (OFRT)

*The RWJBH Institute for Prevention and Recovery is the contracted provider for 7 county OORPs. Counties include: Essex, Hudson, Middlesex, Monmouth, Ocean, Somerset, and Union. ** The Mercer Council on Alcoholism and Drug Addiction is the contracted Mercer County OORP Provider.
Support Teams for Addiction Recovery (STAR) provide case management and recovery support services statewide for individuals with an OUD. The overall goal is to help individuals with an OUD remain in recovery, reduce the risk of recurring episodes of opioid-related problems, and prevent future overdoses. STAR provides services according to a recovery-based philosophy of care and supports individuals’ continuing stability, recovery, and wellness as they move through the substance use continuum of care.

“Once I started the STAR Program, my life keeps changing. I keep changing. If it wasn’t for them honestly, I probably wouldn’t have been able to stay alive.”

-STAR participant

“You really go out to help people and they do not give up on people. After a while people stop caring but with STAR it was never like that, they always guided me to get better. They make me feel comfortable to talk without judgments.”

-STAR participant

“The STAR Program has been a huge help in my life. I really don’t know where I’d be without them. They’re the best, I probably wouldn’t even be here to write this if I didn’t find them.”

-STAR participant
Support Teams for Addiction Recovery

<table>
<thead>
<tr>
<th>Top Referral Sources:</th>
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</tbody>
</table>

Support Teams for Addiction Recovery

<table>
<thead>
<tr>
<th>Participant Outcomes at 6-month Follow-up</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quality of life</td>
</tr>
<tr>
<td>Intake 6 mo.</td>
</tr>
<tr>
<td>+12%</td>
</tr>
<tr>
<td>Recovery empowerment</td>
</tr>
<tr>
<td>Intake 6 mo.</td>
</tr>
<tr>
<td>+10%</td>
</tr>
<tr>
<td>No relapse in past 3 mo</td>
</tr>
<tr>
<td>Intake 6 mo.</td>
</tr>
<tr>
<td>+14%</td>
</tr>
<tr>
<td>No overdose in past 3 mo</td>
</tr>
<tr>
<td>Intake 6 mo.</td>
</tr>
<tr>
<td>+25%</td>
</tr>
<tr>
<td>Stable housing</td>
</tr>
<tr>
<td>Intake 6 mo.</td>
</tr>
<tr>
<td>+10%</td>
</tr>
<tr>
<td>Employed, volunteering, or enrolled in school</td>
</tr>
<tr>
<td>Intake 6 mo.</td>
</tr>
<tr>
<td>+68%</td>
</tr>
<tr>
<td>Insured</td>
</tr>
<tr>
<td>Intake 6 mo.</td>
</tr>
<tr>
<td>+7%</td>
</tr>
<tr>
<td>Attended self-help meetings in past 30 days</td>
</tr>
<tr>
<td>Intake 6 mo.</td>
</tr>
<tr>
<td>+18%</td>
</tr>
</tbody>
</table>

Note: Includes only participants who completed both an intake and 6-month survey. Sample sizes differ because data were missing for some variables. Recovery Empowerment is a scale developed by the Rutgers Center for Prevention Science that evaluates changes in intrapersonal, interactional, behavioral, and relational empowerment through participation in STAR.
Support Team for Addiction Recovery COVID-19 Efforts:

- Navigated STAR participants to virtual and online recovery support meetings.
- Provided participants with useful resources to utilize during COVID-19 via mail and email.
- Created a biweekly Zoom drop-in meeting for STAR participants.
- Resource journals were delivered to participants by the STAR Staff.
- Maintained participant engagement virtually and telephonically.
Telephone Recovery Support (TRS) is a 24/7 “check-in” service that provides peer support and coaching to program participants, consisting of weekly calls and referrals to recovery groups, housing, food pantries, transportation, training programs and employment services.

Participants receive weekly support calls and are connected to information on local recovery support services. Specialists assist in identifying resources such as housing, transportation, training programs, employment services, or recovery support groups.

“I liked having the resource available even when I was stuck in a state hospital ward and the peace of mind knowing that I have someone to talk to helps me through my problems. Now that I’m out, the guidance is beneficial.” – TRS Participant

<table>
<thead>
<tr>
<th>Number of Calls</th>
<th>Incoming Calls</th>
<th>Outgoing Calls</th>
<th>Avg. Incoming Call Time</th>
<th>Avg. Outgoing Call Time</th>
<th>Counties Served</th>
</tr>
</thead>
<tbody>
<tr>
<td>9,272</td>
<td>1,878</td>
<td>7,394</td>
<td>14 mins</td>
<td>6 mins</td>
<td>Statewide</td>
</tr>
</tbody>
</table>

This is a hand-made painting recently done by one of our callers. Through our phone calls we got to know him better and realized that painting is one of his strengths that was not being used due to his addiction. When he paints, he is fully focused on his painting; he has something to think about and looks forward to doing. He feels that he has some sense of purpose and his self-esteem goes up. He is taking part in something that he can be proud of instead of something he is guilty about and ashamed of himself.  

Chris M. – TRS Peer

Rutgers Health: Telephone Recovery Support

833-TALKTRS (833.825.5877)
The overall goal of the Family Support Center (FSC) is to provide compassionate support to empower parents to have a better quality of life, improve their psychological health, reduce levels of stress, feel less isolated, and gain skills needed to cope with their loved ones’ OUD. Participants receive services including Community Reinforcement Approach and Family Training (CRAFT) skills, individual support and weekly support groups.

What is CRAFT?
CRAFT is a skill-based program for families of people who struggle with addiction, teaching family members practical strategies to motive change. FSC coordinators are trained in the CRAFT model where families are taught self-protection along with nonconfrontational skills to empower their loved ones to seek recovery.

Family members with loved one with OUD

<table>
<thead>
<tr>
<th>Role</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parent</td>
<td>71.4%</td>
</tr>
<tr>
<td>Significant Other</td>
<td>13%</td>
</tr>
<tr>
<td>Sibling</td>
<td>5.8%</td>
</tr>
<tr>
<td>Grandparent</td>
<td>3.5%</td>
</tr>
<tr>
<td>Child</td>
<td>3.2%</td>
</tr>
<tr>
<td>Other</td>
<td>2.9%</td>
</tr>
</tbody>
</table>

87.6% % of family members were female

73% Loved ones with an OUD were between the ages of 14-34

41% Loved ones have had an overdose

95% Mental health

89% Interpersonal and family relationships

80% Medical health

81% Naloxone was administered in those cases
What is the Significant Other Survey?

The Significant Other Survey assesses the impact of loved one’s substance use on family members across eight domains. Items ask how often family members experience a total of 54 difficulties as a result of a loved one’s use of alcohol or drugs.

On a scale ranging from 1 (never) to 5 (almost always), mean values were highest on the emotional (M = 3.71) and relationship (M = 3.57) domains.

“"It was amazing to be able to say that if it weren’t for this [FSC Support] group my son would not be in treatment today!! I will see you tomorrow!! Thank you from the bottom of my heart.”
 - FSC participant

“I am a proud parent of a son who is professionally stable, has a family of his own and new homeowner. He has finally made it to the other side. Recovery is possible!”
 - FSC participant

Success Stories

“I found the FSC program to be very helpful; it’s really been entirely positive to speak to someone that understands addiction. The program has given me a chance to better understand addiction and what my daughter is going through. I feel better every time I get off the phone with my FSC staff member. Before my involvement in the program, I felt totally alone and isolated, nobody knew what I was going through. I would give the FSC a 1,000%, it has been mental health savior for me. I don’t think I would have survived this without the help of the FSC program.”
 - FSC Participant

Families recover too ...

FSC Coordinator Rocky Schwartz and Jake Schwartz tabling at the Somerset County Overdose Awareness Day. Event sponsored by Somerset County Operation Helping Hand

Overbooked!
BOOK CLUB

First Tuesday of the month
Virtually from 6:30-7:30pm
Join us in healing through the joy of lighthearted escape reading!

Contact Jennifer Denlinger for more information on what we are currently reading and how to join:
jdienlinger@njierc.com

Sharing The Hope...
The purpose of the Community Peer Recovery Centers (CPRC) is to provide an environment where individuals can access peer support, information about SUD treatment, recovery support services, and information about other community resources in a supportive substance-free environment. Use of legitimately prescribed medications is allowed. The CPRC offers a warm and welcoming environment, that is a safe and sober space that allows individuals from all recovery backgrounds and pathways to come together to receive peer-to-peer support and be offered training, social, educational and recreational opportunities. Programming may include meetings and classes focused on wellness, nutrition and illness management, self-care, stress management, financial management, literacy education, job and parenting skills. Housing assistance such as finding sober living homes, apartments and roommates may also be provided as well as telephone support.

Demographic Information: Age (n=102)

- 18-24: 11%
- 25-44: 54%
- 45-64: 31%
- 65+: 4%

Demographic Information: Gender (n=102)

- Female: 34%
- Non-Binary: .96%
- Male: 65%

MAT Use

- 73% YES
- Receiving Methadone: 54%
- Receiving Buprenorphine: 21%
- Receiving Vivitrol: 25%

Sussex County Community Peer Recovery Center
The Maternal Wrap-Around Program (MWRAP) is a statewide initiative that provides intensive case management and recovery support services for pregnant women with substance use disorder during pregnancy and up to one year after the birth event. Five regional MWRAP providers cover all 21 counties in NJ. Intensive case management focuses on developing a single, coordinated care plan for pregnant/postpartum women, their infants and families. Intensive Case Managers work as liaisons to all relevant entities involved with each woman. The Recovery Support Specialists provide non-clinical assistance and recovery supports while maintaining follow-up with the women and their infants. The overall goal of the MWRAP is to alleviate barriers to services through comprehensive care coordination that is implemented within the five major timeframes when intervention in the life of the substance exposed infants (SEI) can reduce potential harm of prenatal substance exposure: pre-pregnancy, prenatal, birth, neonatal and early childhood. MWRAP is intended to promote maternal health, improve birth outcomes, and reduce the risks and adverse consequences of prenatal substance exposure.

Women served in 2019 and 2020: 202
Live births --> 80% of infants released to the care of the mother or both parents: 95

Demographics: (n=180)
- White: 86%
- Black: 13%
- Asian: 1%
- Hispanic Origin: 23%

Participant Treatment Outcomes
- Maintaining treatment: 64% (n=187) at Intake, 70% (n=76) at Birth/Post-partum
- Medication-Assisted Treatment utilization: 87% (n=178) at Intake, 89% (n=63) at Birth/Post-partum

Average gestation week at intake - 22 weeks
- 12% (n=174) reported an overdose in the last year at intake
- 29% (n=175) were referred from SUD treatment

Zufall Health MWRAP tabling at local community health events
After incarceration and homelessness, Tatiana struggled with substance use. When Tatiana became pregnant, she knew she had to get on a path to better health for her and her daughter.

“Project Embrace [MWRAP] has been such a big help to me. They’ve provided so much support. I’m looking forward to the future and watching my daughter grow.” —Tatiana, Project Embrace

“When I found out I was pregnant and was struggling with addiction, MWRAP became a vital part of my support system throughout my pregnancy and the first year of my son’s life. It provided me with material support, counseling, assistance finding medical services for myself and my baby, and so much more. It gave me the resources and confidence to be the mother that my son deserves. I am so grateful that a program like this exists, both for myself and all of the other women who are struggling with substance use disorders.”

- MWRAP client
COVID-19 and the Social Determinants of Health

Monthly program monitoring tools were adapted to understand the impact of COVID-19 on both the work of recovery specialists, case managers, and other staff, and on the individuals receiving services.

**MWRAP** providers were required to submit additional data on the Social Determinants of Health (SDOH) to help DMHAS staff understand how COVID-19 was affecting recovery. Healthy People 2030, an initiative of the U.S. Department of Health and Human Services, defines the SDOH as the conditions in the environments where people are born, live, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.
College Recovery Services provides competitive funding to public colleges and universities for recovery support and services for students including: screening and intervention, mentoring, self-help, relapse prevention, academic support, recovery housing, as well as social and health/wellness programming for the entire campus community.

**1,890**
Screened for substance use

**47,100**
Students participating in alcohol-free student events and activities

**49**
Students living in dedicated recovery housing

**Weekly on and off-campus self-help meetings and peer mentorship gatherings**

**Frequent social media messaging and student-led video productions on YouTube**

**RU SURE**, a dangerous drinking prevention campaign promoted at Rutgers University, co-sponsors schoolwide alcohol-free events to promote safe alcohol consumption habits on campus.

Recovery Student Lounge on campus at The College of New Jersey, made possible with capital funding support.
Intensive Recovery Treatment Supports (IRTS) is a proactive, team-based service that is designed to provide recovery-focused assessment, linkage to treatment, and comprehensive ongoing support for individuals with opioid and other substance use disorders who are being released from New Jersey state prisons. With funding from DMHAS and the NJ Department of Corrections, the program operates statewide in all NJDOC facilities and builds upon the Critical Time Intervention (CTI) model. Individuals enroll in IRTS prior to release and continue receiving services for up to one year in the community, post-release. In the program’s initial design, individuals began IRTS services approximately three months before release, but this was increased to six months based on reports that three months was inadequate.

1,316 Individuals served 2019-2020

Active individuals by quarter

**2019**
- Q1: 421
- Q2: 459
- Q3: 507
- Q4: 489

**2020**
- Q1: 497
- Q2: 567
- Q3: 389
- Q4: 408

Phone Contact

- 2019: 2,418
- 2020: 5,898

Face-to-Face Contact

- 2019: 6,032
- 2020: 5,812

87% of participants were in IRTS for 30-179 days before release

38.2% of participants were in IRTS for 180 or more days before release
Intensive Recovery Treatment Supports

IRTS participant demographics

<table>
<thead>
<tr>
<th>Category</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>93%</td>
</tr>
<tr>
<td>Female</td>
<td>7%</td>
</tr>
<tr>
<td>White, non-Hispanic</td>
<td>52%</td>
</tr>
<tr>
<td>Black, non-Hispanic</td>
<td>29%</td>
</tr>
<tr>
<td>Hispanic</td>
<td>18%</td>
</tr>
<tr>
<td>25-34 years old</td>
<td>36%</td>
</tr>
<tr>
<td>35-44 years old</td>
<td>32%</td>
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Outcomes of IRTS participants

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<tr>
<th>Category</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>On MOUD</td>
<td>65%</td>
</tr>
<tr>
<td>In SUD Treatment</td>
<td>46%</td>
</tr>
<tr>
<td>In MH Treatment</td>
<td>31%</td>
</tr>
<tr>
<td>Housed</td>
<td>81%</td>
</tr>
<tr>
<td>Employed</td>
<td>46%</td>
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Outcomes are based on monthly averages for 2019-2020 of IRTS participants in the community (post-release).

Fatal and non-fatal overdoses (OD) among IRTS participants

96% of IRTS participants did not experience an overdose

- 1304 - No OD
- 42 - Non-fatal OD
- 18 - Fatal OD

What is Critical Time Intervention (CTI)?

Critical Time Intervention (CTI) was originally designed to support the transition of homeless individuals with serious mental illness from institutional to community living. CTI consists of three, three-month phases following institutional discharge: 1) transition to the community, in which intensive support is provided and individuals are connected to resources; 2) tryout, where systems of support developed in phase one are tested and adjusted and consumers are encouraged to handle problems more independently; and 3) transfer of care, when a full shift to community-based resources occurs and consumers no longer rely on the CTI team.

“The fact that they gave me somebody who cares, again, and it’s not just him either. It’s the nurse. It’s the secretary. It’s the whole crew. I could just call and they’ll immediately help with no problems. I never have any back and forth, any begging, nothing. They’re just there for whatever.”
- IRTS participant

“Part of my plan is getting clean and sober and living in sobriety because this is what’s tearing my life apart. Because I could work. I love to work, but the only thing is, is I’m working just to get high. Sobriety is the top of them all.”
- IRTS participant
The Recovery Data Platform (RDP) is a cloud-based software program, developed by Faces and Voices of Recovery and Recovery Trek, designed to be used in treatment environments by Recovery Community Organizations (RCOs), state agencies, and Recovery Community Centers. While these types of organizations have been providing peer services for decades to individuals and communities impacted by substance use disorder, analog data-collecting for rendered services remained out-of-date and difficult to monitor.

From its inception, the RDP was designed to resolve the deficiencies of previous recordkeeping systems (both paper and electronic) while simultaneously increasing accessibility and data science capabilities. Until recently, cost was a barrier for organizations who wanted to move forward with an electronic system. RDP successfully mitigates the financial constraints by using a subscription service cost model, allowing participating agencies to easily collect and monitor critical data.

One of the main advantages of the RDP is the centralization of all data, easily allowing advanced analysis at the participant, grant, and organization level. Centralization significantly decreases the effort necessary to quantify the services provided by participant organizations. Below are several examples provided by data analysis from organizations using RDP in 2019 and 2020:

- 154,882 minutes of peer support via telephone
- 147,180 minutes of recovery coaching
- 1,562 referrals made (including treatment, supportive housing, SNAP, etc.)
- 2,522 groups provided (including recovery groups, community presentations, etc.)
- 2,743 participants served

The data analysis that has occurred with the RDP allows for the identification of gaps in service, impact of services measured by scientifically validated tools and increases in consistency in service.
Opioid Use Disorder Recovery Housing
Funding is utilized to support agencies that provide recovery housing to both women and men who are experiencing homelessness and are seeking a supportive living environment. Housing is in a peer-driven, recovery-based environment.

OUD Case Management Services
OUD Case Management Services offer supportive housing and intensive case management services to individuals with a history of OUD who are homeless or at risk for homelessness. Programs employ case managers and recovery support specialists to assist individuals in accessing public entitlements and maintaining employment.

200 Housing Subsidies

Atlantic 60  Burlington 40  Camden 40  Mercer 40  Monmouth 20
Funding is provided to *Oxford Houses* to provide administrative and programmatic oversight of the statewide network of peer-led group recovery homes in New Jersey. The *Oxford House* model offers recovery-oriented living as a choice in a person’s continuum of care. In response to the opioid overdose epidemic, DMHAS required Oxford Houses to:

- Conduct overdose specific annual trainings for the 14 Oxford House Chapters throughout the state.
- Maintain Naloxone kits on site.
- Make every effort to accept individuals prescribed MOUD, as well as other legitimately prescribed medications.
- Provide lockboxes for medication storage for Oxford Houses for women and children.
- Ensure Oxford House residents are responsible for their individual medication lockboxes.

**Women’s Intensive Supportive Housing**

The *Women’s Intensive Supportive Housing (WISH)* program provides permanent supportive housing for pregnant and/or parenting women with a co-existing substance abuse disorder and mental illness who are homeless or at risk of homelessness and being discharged from a licensed substance use disorder treatment facility and/or halfway house facility. The WISH team provides case management and supportive housing services for up to 10 women and their children.

A pilot program was created to help individuals who were homeless and or at-risk of homelessness. The program specifically focuses on pregnant women who are seeking opioid treatment services. The program started in 2009 and $1.7 million total funding has been allocated to support for 62 housing vouchers. Over time the program criteria has changed and now the program serves female parents who have an OUD.

<table>
<thead>
<tr>
<th>2019</th>
<th>2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>23 adults</td>
<td>41 children</td>
</tr>
</tbody>
</table>

The WISH program serves women with any substance use.

| 62 vouchers used |
The Addiction Training & Workforce Development (ATWD) program is delivered by the New Jersey Prevention Network (NJPN) and funded by DMHAS to provide required education towards licensure and certification in counseling of SUD and providing workforce development to maintain field standards. NJPN provides multi-level and various types of training to support initial and renewal licensure and certification requirements. Guided by national research and NJ-DMHAS standards, NJPN facilitates, participates, and provides training, technical assistance, and support to those entering the addiction services field and clinicians throughout New Jersey.

Throughout 2019-2020, the NJPN ATWD program provided 97 in-person and virtual trainings focused on Opioid specific education to 1,748 participants.

“While 2020 has been a challenging year for educators and professional trainers all over the United States, virtual technology has facilitated a fascinating new chapter for adults committed to staying the course. Although the learning curve has been tremendous for both the teacher and the student, it is our staff support that should be applauded for their technical support, savvy troubleshooting and behind the scenes research on effective and efficient application of virtual tools—they are truly indispensable in this “new normal”.”

- ATWD trainer feedback
Like most establishments across the United States, in March 2020, the COVID-19 pandemic caused a shutdown of all in-person operations at the New Jersey Prevention Network (NJPN). NJPN developed virtual modifications to the ATWD education delivery system to provide quality, synchronous, and interactive education and propel individual progress towards a drug and alcohol counselor certification. During this time, NJPN trainers and staff guided 103 counselor interns to complete their initial certification coursework and graduate through virtual learning. Participants in the ATWD program reported the virtual learning experience was less stressful and more accessible than in-person. Additionally, participants reported that not only did virtual learning help with their pursuit towards credential, but it also aided in providing a healthier work/life balance.
The Rutgers Center of Alcohol & Substance Use Studies (CAS) Education and Training Division provides alcohol and drug counselor education to New Jersey’s behavioral healthcare workforce. The center provides offerings in topics that appeal to all levels of individuals in the front line of addiction and behavioral health practice. CAS has provided scholarships for front line staff working in DMHAS treatment, recovery support, and prevention programs to attend courses, lectures, and conferences related to evidence-based treatment strategies and essential addiction-focused knowledge domains, including opioid related topics. The goal of the scholarship program is to ensure that evidence-based strategies are widely used across substance use and co-occurring treatment agencies.

Sample Seminars Offered
- Through a Trauma-Informed Lens: Rethinking Addiction Treatment
- Beyond Abstinence the Future of Addiction Treatment: New and Innovative Approaches to Treatment
- The Opioid Crisis: Where do we go from here?
- Evidence-Based Approaches for Co-Occurring Disorders
Project ECHO (Extension for Community Healthcare Outcomes) is a collaborative model of medical education, training and care management that empowers front-line providers to provide better care to more people, right where they live, through access to specialty knowledge, mentoring and community resources that support patient care. The ECHO program focuses on building provider capacity across a region by connecting a multi-disciplinary team of subject matter experts with local providers. In this way, the medical providers and addiction specialists along with their community partners expand their ability to provide access to care to patients in their own communities.

The Substance Use Disorder Project in New Jersey, funded through the federal Substance Abuse Prevention and Treatment Block Grant, has been training and educating primary care providers (PCPs) on substance use disorders since January, 2020. Topics focus on three critical areas of substance use disorders: specific substances, MOUD and implementation of best practices for screening, managing and treating patients in the primary care setting. In March of 2020, New Jersey’s SUD Project ECHO redirected its resources to provide ECHO sessions focused on COVID-19, Mental Health and SUD to meet the needs of those with a substance use disorder during the pandemic. Although the SUD ECHO Hub team has transitioned back to its original focus, virtual clinics continue to include discussions of the COVID-19 impact on patients with a substance use disorder in its curriculum.

The Maternal Child Health, Pregnant, and Parenting Women with Opioid Use Disorder (PPW OUD) Project ECHO provides education and training to primary care practitioners, SUD treatment providers, behavioral health practitioners, and other stakeholders in multiple clinic settings and at home, utilizing a web-based video collaboration between a multi-disciplinary team of specialists and primary care practitioners on best practices for the assessment, case management, intervention, treatment and recovery support services for PPW with an OUD. The goal is to increase the capacity and competency of providers, community support organizations and clinical teams to support prevention, treatment and recovery of PPW with OUD. ECHO will position communities to reduce the neonatal abstinence syndrome birth rates, improve use of medication assisted treatment, family formation and early infant development; improve access to physical and mental health care by educating more providers, midwives, doulas, and other health care professionals on best practices during prenatal and perinatal periods.
The purpose of the Evidence-Based Practice Initiative (EBPI) is to provide robust technical assistance (TA) to agencies that provide SUD services allowing them to systematically and sustainably implement the evidence-based practices (EBPs), motivational interviewing (MI) and cognitive behavioral therapy (CBT) within all levels of their organizations. The initiative offers consultation across provider agencies’ entire structure, provides training, coaching and fidelity monitoring in these EBPs, and addresses policies and procedures related to implementation and sustainability of the EBPI. Through the EBPI, agencies were able to fully support their staff’s effort to provide services that sustain clients’ recovery and ensure outcomes meaningful to the people they serve.

72 clinical supervisors and clinicians achieved certificates of competency in MI and CBT

7,762 total hours engaged in training, coaching and fidelity monitoring

180 hours of consultation offered to Executive Leadership on integrating MI and CBT into the agencies’ policies, procedures and culture

Agency Impact - Executive leadership, clinical supervisors and clinicians all cited examples of innovative strategies for revising policy and procedures that support the implementation of EBPs

Client Impact - Clinical supervisors and clinicians felt that the training, coaching and fidelity monitoring they received was effective in building rapport and offering quality services to the people they serve

87% of staff who earned their certificates of competency on average rated MI and CBT as effective in helping their clients achieve their treatment goals.

“The weekly exec team meetings were great—as we were dealing with COVID, they were a good opportunity to take a deep breath, step back, and think about the mission and how we want to move forward.” - Executive Leadership

“We are doing role playing and learning. It’s an ongoing process, so it’s okay and it’s a skill-build. Staff need to know it’s okay to not be perfect. Some of them are in sponge mode, learning everything” - Clinical Supervisor

“The most helpful thing that happened the entire time was a coaching session when the trainers provided feedback directly during a mock session. Immediate feedback of what went well, along with constructive feedback of what needed to change was extremely helpful.” - Counselor
As part of the Peer Recovery Support Training Initiative, New Jersey Prevention Network offers the 3-day Peer Ethics training and 5-day Connecticut Community for Addiction Recovery (CCAR) training as required by DMHAS for peer support workers to better enhance their skill set and prepare them to help those struggling with substance use disorder throughout the recovery process. These trainings are coordinated to accommodate the statewide DMHAS agencies and include subjects like: Code of Conduct & The Peer Movement; The Process of Change: Wellness & Self Care; and Strategies of Interaction.

DMHAS helped to establish two pathways to certification for the peer recovery specialists, including the Certified Peer Recovery Specialist (CPRS) through the Certification Board Inc. and National Certified Peer Recovery Support Specialist (NCPRSS), through NAADAC.

**Ethics**
Ethics training is a non-clinical, 3-day (18 hour), entry-level training for individuals providing Peer Recovery Support Services in New Jersey. Participants gain the skills and knowledge needed for ethical guidance to feel confident in their abilities to assist individuals throughout their recovery process.

**Recovery Coach Academy**
The CCAR Recovery Coach Academy® is a 5-day intensive training academy focusing on providing individuals with the skills needed to guide, mentor, and support anyone who seeks to enter or sustain long-term recovery from an addiction to alcohol and/or other substances.
Peer Recovery Support Trainings

Advanced Training
Advanced training programs were developed as areas of special interest arose throughout the evolution of peer recovery support. The following advanced trainings for peers were offered for recertification credits.

» Language of Care, Science of Change
» Medication-Assisted Recovery Training (MAR)
» Ethics II
» Peer Messaging
» Mental Health First Aid Training
» Self-Care Training
» Diversity & Inclusion
» HIV Training

Peer Supervisor Training
Specialized training program for supervisors, managers, and administrators who provide direct supervision to the NJ Peer workforce.

SIMmersion is an asynchronous online Advanced Training based on simulated conversations and role playing that allow peer recovery specialists to build skills at their own pace while receiving immediate feedback. The training modules included a simulated scenario that gives participants an opportunity to repeatedly practice building motivational skills during a brief conversation with a fictional client who is seeking recovery options. It is a training designed specifically by peer recovery specialists for peer recovery specialists working in various community settings.

364 participants
Commitment to Change with Jake Finney

11 participants
Maintaining Boundaries with Harold Daniels

90 participants
Ongoing Support with Paloma Alvarado
DMHAS contracted with the Camden Coalition of Healthcare Providers (CCHP) to identify and classify core competencies for the Opioid Overdose Recovery Program (OORP) patient navigators and the Support Teams for Addiction Recovery (STAR) case managers. A goal of this initiative was to craft standardized job descriptions and provide trainings and coaching for program staff based on the identified job responsibilities, experiences, and proficiency findings.

Through surveys, focus groups, and individual interviews with OORP and STAR staff, CCHP developed individualized trainings for each program. Facilitators will guide the trainings utilizing the COACH model, designed by the CCHP, which focuses on behavior change interventions in a wide range of settings. Additionally, COACH serves as a framework to build authentic healing relationships with individuals that empower them to take control of their health.

**OORP Patient Navigator Learning Objectives**

1. Acknowledge the role of stigma for substance use, and intersectional stigma - specifically related to race and class
2. Understand the research and foundational knowledge associated with harm reduction care management including:
   a. Increase confidence in ability to apply the harm reduction framework in a hospital and patient navigation context
3. Understanding the meaning of authentic healing relationships
4. Practice applying COACH behaviors to:
   a. Gather key patient information in a trauma-informed way
   b. Identify patient priorities to build and execute a patient centered care plan

**STAR Case Manager Learning Objectives**

1. Understanding the meaning of Authentic Healing Relationships
2. Understand the five behaviors of a COACH approach
3. Practice applying COACH behaviors to:
   a. Build authentic relationships with patients
   b. Identify patient priorities to build and implement a patient centered care plan
   c. Highlight and support patient effort and non-linear pathways
   d. Shift role to teaching, supporting, and coaching, rather than fixing
4. Strategies for building relationships with partners - specifically community asset mapping
5. Clarifying next steps for accessing and activating additional resources
DMHAS hosts an annual Opioid Summit, which began in 2019, to address the stigma and misinformation surrounding OUD and enhance the understanding of treatment options, such as MOUD.

Present and discuss theories, emerging issues and/or structures of OUD treatment and recovery maintenance.

Educate clinicians, peers, recovery specialists, medical professionals, criminal justice professionals and other stakeholders on the importance of integrative healthcare during the recovery process.

Reduce stigma and misinformation surrounding MOUD.

Demonstrate best practices for integrating MOUD within a comprehensive system of care.

Address the opportunities and barriers that treatment providers face within OUD treatment, prevention and recovery support services.

2019 Opioid Summit Keynote Speaker
Sam Quinones

Sam Quinones is a Los Angeles-based freelance journalist and author of three books of narrative nonfiction. His latest book is *Dreamland: The True Tale of America’s Opiate Epidemic* (Bloomsbury, 2015), for which he traveled across the United States.
Rutgers Interdisciplinary Opioid Trainers (RIOT) is a train-the-trainer educational program on MOUD, the opioid epidemic specific to New Jersey, and concepts of drug addiction specific to opioid use disorder, for graduate students at Rutgers University. Overdoses are at record breaking numbers and despite overwhelming evidence of its benefit, MOUD remains stigmatized and underutilized.

The goal of RIOT is to educate, support, and mentor graduate students to give free educational talks, using PowerPoint presentations, to the community. With RIOT, students are creating an impact to reduce the stigma of addiction by educating communities on the opioid crisis and usefulness of MOUD. By including various graduate schools, this project enriches the perspective of a variety of different health-related disciplines and allows students to learn from and interact with their future colleagues.

During the academic school year, graduate students deliver 45-60 minute presentations throughout New Jersey to:
- school groups
- municipal alliances
- providers of behavioral health or prevention services
- other small or large community businesses
- county, city, and state agencies
- Federally Qualified Health Centers (FQHCs), healthcare organizations
- primary care practices
- nursing associations
- counseling and social work organizations
- parent teacher organizations
- athletic associations
- civic and community service organizations

“"You all did a great job, I learned something new and I know the rest of my team did as well. Thank you all."”
- RIOT presentation participant

“"Thank you! This was a great presentation. I am impressed with your students!"”
- RIOT presentation participant
Peer Worker Supportive Services

Peer Support Services
In addition to initial and advanced peer recovery trainings, DMHAS developed a multitude of supportive services to assist peer workers during the COVID-19 crisis.

The Confab
The Confab was quickly developed by New Jersey Prevention Network as a proactive response to COVID-19. These collaborative meetings helped peers identify and relieve stress due to providing peer services in a challenging COVID environment by creating a safe space to discuss obstacles to care and share creative ideas to overcome these difficulties and further increase their ability to provide effective support.

Confab sessions welcomed guest speakers who are skilled in the facilitation of engaging and intentional conversations with participants on a variety of topics that promote self-care during a time of uncertainty surrounding racial inequities and social injustices.

Some Confab meetings featured guests speaking on topics including:

- Strategies for Environmental Wellness: Kelly Uhland
- Family Support and Wellness: Rocky Schwartz
- Liberating Recovery Spaces Part 2: Keith Murphy

Individual Peer Support Sessions
Individual peer support sessions are offered by professional counselors to assist peers who are currently working or volunteering in various peer recovery support settings. These sessions are held virtually and can assist any peer worker throughout the state of New Jersey. The sessions are designed to address life-work challenges and to help peer workers discover new strategies that can enhance and promote self-care, health, and overall wellness.
NJ’s Peer Recovery Support Summit
The Peer Recovery Support Summit, which was held in-person in 2019 and virtually in 2020, provided peer recovery support specialists opportunities to gain greater insight, become inspired, create connections, and add more tools to their toolbox to better serve those they are working with in the space of opioid recovery. Topics ranged from diversity and equity to the latest in best practices in care delivery.

The 2019 summit featured David Sheff, author of Beautiful Boy: A Father’s Journey Through His Son’s Addiction and Clean: Overcoming Addiction and Ending America’s Greatest Tragedy, as the keynote speaker and welcomed Ricky Byrd, guitarist and former member of Joan Jett and the Blackhearts, as a musical guest to perform for the about 350 attendees. (David Sheff pictured left)

The 2020 Peer Summit was held as a three-month series of virtual workshops, discussions, and recovery-oriented activities throughout the summer and fall of 2020 and served 400 participants. Don Coyhis, founder of the Wellbriety movement, and Dr. Juliana Mosley, expert in diversity and inclusion training, were featured speakers.
Appendix A

ACRONYMS

ASAM  American Society of Addiction Medicine
ATWD  Addiction Training and Workforce Development
CAS  Rutgers Center for Alcohol and Substance Use Studies
CBT  Cognitive Behavioral Therapy
CCAR  Connecticut Community for Addiction Recovery
CERTA  Channels, Enzymes, Receptors, Targeted Analgesia
CPRC  Community Peer Recovery Centers
CTI  Critical Time Intervention
CRAFT  Community Reinforcement Approach and Family Training
DCF  Department of Children and Families
DHS  Department of Human Services
DMHAS  Division of Mental Health and Addiction Services
DOC  Department of Corrections
DOH  Department of Health
EBPI  Evidence Based Practice Initiative
ED  Emergency Department
EMS  Emergency Medical Services
FSC  Family Support Centers
FQHC  Federally Qualified Health Center
HIPPA  Health Insurance Portability and Accountability Act
HRC  Harm Reduction Center
IME  Interim Management Entity
IOT-SEI  Integrated Opioid Treatment- Substance Exposed Infants
IRTS  Intensive Recovery Treatment Supports
LCADC  Licensed Clinical Alcohol and Drug Counselor
MAR  Medication Assisted Recovery
MHANJ  Mental Health Association of New Jersey
MI  Motivational Interviewing
MOUD  Medication for Opioid Use Disorder
MWRAP  Maternal Wrap Around Program
NAS  Neonatal Abstinence Syndrome
### Appendix A

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
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<tr>
<td>NJACCHO</td>
<td>New Jersey Association of County and City Health Officials</td>
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<td>NJRPA</td>
<td>New Jersey Parks and Recreation Association</td>
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<td>NJSAMS</td>
<td>New Jersey Substance Abuse Monitoring System</td>
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<td>NJSIAA</td>
<td>New Jersey State Interscholastic Athletic Association</td>
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<td>OBAT</td>
<td>Office-Based Addiction Treatment</td>
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<td>OOPP</td>
<td>Opioid Overdose Prevention Program</td>
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<tr>
<td>OOPN</td>
<td>Opioid Overdose Prevention Network</td>
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<td>OORP</td>
<td>Opioid Overdose Recovery Program</td>
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<tr>
<td>OUD</td>
<td>Opioid Use Disorder</td>
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<td>ORO</td>
<td>Opioid Reduction Options</td>
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<td>PPW</td>
<td>Pregnant and Parenting Women</td>
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<td>RCO</td>
<td>Recovery Community Organizations</td>
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<tr>
<td>RDP</td>
<td>Recovery Data Platform</td>
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<td>RIOT</td>
<td>Rutgers Interdisciplinary Opioid Trainers</td>
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<td>RS</td>
<td>Recovery Specialist</td>
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<td>SAMHSA</td>
<td>Substance Abuse and Mental Health Services Administration</td>
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<td>SDOH</td>
<td>Social Determinants of Health</td>
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<td>SEI</td>
<td>Substance Exposed Infants</td>
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<td>SEOW</td>
<td>State Epidemiological Outcomes Workgroup</td>
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<td>SOAP</td>
<td>Stop Opioid Abuse Program</td>
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<td>SOR</td>
<td>State Opioid Response</td>
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<td>SOS</td>
<td>Significant Other Survey</td>
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<td>SPF Rx</td>
<td>Strategic Prevention Framework for Prescription Drugs</td>
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<td>STAR</td>
<td>Support Teams for Addiction Recovery</td>
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<td>SUD</td>
<td>Substance Use Disorder</td>
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<td>TOP</td>
<td>Tackling Opioids Through Prevention</td>
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<td>TRS</td>
<td>Telephone Recovery Support</td>
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<td>WISE</td>
<td>Wellness Initiative for Senior Education</td>
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<td>WISH</td>
<td>Women’s Intensive Supportive Housing</td>
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</tbody>
</table>
Appendix B

PROVIDER INFORMATION BY PROGRAM

(See Appendix C for contact information)

Primary Prevention (Pages 5-11)

Athletes and Opioids Project & Prescription Drug Disposal and Safe Storage

New Jersey Prevention Network
Atlantic: Atlantic Prevention Resources Agency
Bergen: Children’s Aid and Family Services, The Center for Alcohol and Drug Resources
Burlington: Prevention Plus of Burlington County, Inc.
Camden: Camden County Council on Alcoholism & Drug Abuse, Inc.
Cape May: Cape Assist
Cumberland: The Southwest Council
Essex: Family Connections
Gloucester: The Southwest Council
Hudson: Partners in Prevention
Hunterdon: Prevention Resources, Inc.
Mercer: Mercer Council/Prevention Coalition
Middlesex: Wellspring Center for Prevention
Monmouth: Prevention First, a division of Preferred Behavioral Health Group
Morris: Prevention is Key
Ocean: RWJBarnabas Health, Institute for Prevention and Recovery
Passaic: United for Prevention in Passaic County
Salem: The Southwest Council
Somerset: EmPOWER Somerset
Sussex: Center for Prevention and Counseling
Union: Prevention Links
Warren: Family Guidance Center of Warren County-Prevention Connections

Alternative Approaches to Pain Management in Older Adults

Bergen: Children’s Aid & Family Services, The Center for Alcohol and Drug Resources
Burlington: Rowan College at Burlington County
Camden: Camden County Council on Alcoholism & Drug Abuse
Cape May: Cape May County Council/ Cape Assist
Cumberland: The Southwest Council
Essex: Family Connections
Gloucester: The Southwest Council
Hudson: NCADD Hudson- Partners in Prevention
Hunterdon: Prevention Resources
Appendix B

Mercer: Mercer Council on Alcoholism & Drug Addiction (MCADA)
Middlesex: Wellspring Center for Prevention
Monmouth: Family & Children’s Services
Morris: New Bridge Services
Ocean: Ocean County Health Department
Passaic: Children’s Aid & Family Services, The Center for Alcohol and Drug Resources
Salem: The Southwest Council
Somerset: Community in Crisis
Sussex: Center for Prevention and Counseling
Union: Prevention Link
Warren: Family Guidance Center of Warren County

Public Awareness Campaign for MOUD
Division of Mental Health and Addiction Services

Opioid Reduction Options
AtlantiCare Regional Medical Center at Newton Medical Center
Capital Health Regional Medical Center
Holy Name
RWJBarnabas- Community Medical Center
RWJBarnabas- Cooperman Barnabas Medical Center
RWJBarnabas- Monmouth Medical Center
RWJBarnabas- Monmouth Medical Center Southern Campus
RWJBarnabas- Robert Wood Johnson University Hospital Hamilton
RWJBarnabas- Robert Wood Johnson University Hospital Rahway
RWJBarnabas- Robert Wood Johnson University Hospital Somerset

Secondary Prevention (Pages 12-14)

Naloxone Distribution
Division of Mental Health and Addiction Services

Opioid Overdose Prevention Program
Northern Region: Program Prevention Is Key
Central Region: JSAS Healthcare
Southern Region: Urban Treatment Associates

Opioid Overdose Prevention Network
Rutgers University RWJMS Division of Addiction Psychiatry

American Society of Addiction Medicine Booklets
Division of Mental Health and Addiction Services
Appendix B

Treatment (Pages 15-20)

Building Capacity for MOUD
- Bergen New Bridge Medical Center
- Center for Family Services
- Family Connections, Inc.
- Hunterdon Drug Awareness Program
- Integrity House, Inc.
- Oaks Integrated Care
- Vantage Health Systems, Inc.

Integrated Opioid Treatment- Substance Exposed Infants
- Acenda Integrated Health
- Capital Health- For My Baby and Me Program
- Center for Great Expectations - START Program
- Cooper University Health - Center for Healing EMPOWR Program

County Correctional Facilities MOUD Initiative
- Division of Mental Health and Addiction Services

Low Threshold Buprenorphine Induction
- Visiting Nurse Association in Central Jersey
- South Jersey AIDS Alliance

Expansion Telehealth
- Division of Mental Health and Addiction Services

Recovery Support (Pages 21-37)

Opioid Overdose Recovery Program
- Atlantic: AtlantiCare Behavioral Health
- Bergen: Children's Aid and Family Services
- Burlington: Oaks Integrated Care
- Camden: Center for Family Services
- Cape May: Cape Regional Medical Center
- Cumberland: Inspira Health Network
- Gloucester: Center for Family Services
- Hunterdon: Hunterdon Health Care
- Hunterdon: Hunterdon Medical Center, Emergency
- Mercer: Mercer Council on Alcoholism and Drug Addiction
Appendix B

Morris: Prevention is Key
Passaic: Eva’s Village
Salem: The Southwest Council
Sussex: Center for Prevention & Counseling
Warren: Family Guidance Center

Support Teams for Addiction Recovery

Atlantic: Atlantic Care Behavioral Health
Bergen: Children’s Aid and Family Services
Burlington: Oaks Integrated Care, Inc.
Camden: Center for Family Services
Cape May: Center for Family Services
Cumberland: Oaks Integrated Care, Inc.
Essex: RWJBarnabas Health
Gloucester: Center for Family Services
Hudson: RWJBarnabas Health
Hunterdon: Rutgers University Behavioral Health Care
Mercer: Rutgers University Behavioral Health Care
Middlesex: RWJBarnabas Health
Monmouth: Preferred Behavioral Health
Morris: Care Plus
Ocean: Integrity House
Passaic: Care Plus
Salem: Center for Family Services
Somerset: Richard Hall Community Mental Health and Wellness Center
Sussex: Center for Prevention and Counseling
Union: Prevention Links
Warren: Care Plus

Telephone Recovery Support

Rutgers University Behavioral Health Care

Family Support Centers

Northern Region: CarePlus NJ
Central Region: Hunterdon, Mercer, and Somerset: Prevention Resources
Central Region: Middlesex, Monmouth, and Union: Prevention Links
Southern Region: Center for Family Services
Appendix B

Community Peer Recovery Centers

Atlantic: John Brooks Recovery Center
Bergen: Bergen New Bridge Medical Center
Cumberland: Cumberland County Department of Human Services
Essex: Morris County Prevention is Key
Gloucester: Center for Family Services- Living Proof Recovery Center at Rowan College
Morris: Prevention is Key
Sussex: Center for Prevention & Counseling
Union: Prevention Links
Warren: Family Guidance Center of Warren County

Maternal Wrap Around Program

Ocean & Monmouth: JSAS Healthcare Inc
Hunterdon, Mercer, Middlesex, Somerset, Essex, Hudson, Union: Rutgers University Behavioral Health Care
Atlantic, Burlington, Camden, Cape May, Cumberland, Gloucester & Salem: Southern New Jersey Perinatal Cooperative- Project Embrace
Morris, Sussex & Warren: Zufall Health

College Recovery Services

Kean University
Montclair State University
Ocean County College
Ramapo College
Rowan University
Rutgers University (Newark and New Brunswick)
Stockton University
The College of New Jersey

Intensive Recovery Treatment Supports

Rutgers University Behavioral Health Care

Recovery Data Platform

Prevention Links

Housing (Pages 38-39)

SUD Housing - OUD Recovery Housing

Integrity House
Freedom House
John Brooks Recovery Center
Appendix B

SUD Housing- OUD Case Management
- Career Opportunity Development, Inc.
- CPC Behavioral Healthcare
- Oaks Integrated Care
- Legacy Treatment Services

MADI Housing
- Career Opportunity Development, Inc.
- Resources for Human Development

Professional Training (Pages 40-49)

Addiction Training and Workforce Development
- New Jersey Prevention Network

Rutgers Center of Alcohol and Substance Use Studies
- Rutgers Project ECHO
- Rutgers Robert Wood Johnson Medical School

Evidence-Based Practice Initiative
- JBS International worked with:
  - Catholic Charities, Diocese of Metuchen
  - Helping Hand Behavioral Health
  - John Brooks Recovery Center
  - Stress Care of New Jersey

Peer Recovery Support Trainings
- New Jersey Prevention Network

Patient Navigator and Case Manager Training
- Camden Coalition of Healthcare Providers

Opioid Summit
- Division of Mental Health and Addiction Services

Rutgers Interdisciplinary Opioid Trainers (RIOT)
- Rutgers Robert Wood Johnson Medical School

Peer Worker Support Services (Pages 50-51)

Peer Supportive Services
- New Jersey Prevention Network
### Appendix C

#### PROVIDER CONTACT INFORMATION

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<td><a href="http://www.acendahealth.org">www.acendahealth.org</a></td>
<td>844-422-3632</td>
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<td>Atlantic Prevention Resources</td>
<td><a href="http://www.atlprev.org">www.atlprev.org</a></td>
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<td>Atlanticare Behavioral Health</td>
<td><a href="http://www.atlanticare.org">www.atlanticare.org</a></td>
<td>609-645-7600</td>
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<td>Bergen New Bridge Medical Center</td>
<td><a href="http://www.newbridgehealth.org">www.newbridgehealth.org</a></td>
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<td>Camden County Council on Alcoholism &amp; Drug Abuse</td>
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<td>856-427-6553</td>
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<td>Cape May County Council/ Cape Assist</td>
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<td>609-522-5960</td>
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<td><a href="http://www.careplusnj.org">www.careplusnj.org</a></td>
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<td>Catholic Charities, Diocese of Metuchen</td>
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<td>732-324-8200</td>
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<td>856-964-1990</td>
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<tr>
<td>Center for Prevention &amp; Counseling</td>
<td><a href="http://www.centerforprevention.org">www.centerforprevention.org</a></td>
<td>973-383-4787</td>
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<tr>
<td>Children’s Aid and Family Services</td>
<td><a href="http://www.cafsnj.org">www.cafsnj.org</a></td>
<td>201-261-2800</td>
</tr>
<tr>
<td>Community in Crisis</td>
<td><a href="http://www.communityincrisis.org">www.communityincrisis.org</a></td>
<td>973-876-3378</td>
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</table>
## Appendix C

### Cooper University Health-Center for Healing EMPOWR Program
- Website: [www.cooperhealth.org/services/center-healing](http://www.cooperhealth.org/services/center-healing)
- Phone: 856-342-3040

### Eva’s Village
- Website: [www.evansvillage.org](http://www.evansvillage.org)
- Phone: 973-523-6220

### Family & Children’s Services
- Website: [www.fcsmonmouth.org](http://www.fcsmonmouth.org)
- Phone: 732-222-9111

### Family Connections
- Website: [www.familyconnectionsnj.org](http://www.familyconnectionsnj.org)
- Phone: 973-675-3817

### Family Guidance Center of Warren County
- Website: [www.fgcwc.org](http://www.fgcwc.org)
- Phone: 908-689-1000

### Helping Hand Behavioral Health
- Website: [www.helpinghandbehavioralhealth.com](http://www.helpinghandbehavioralhealth.com)
- Phone: 856-881-9000

### Holy Name
- Website: [www.holyname.org](http://www.holyname.org)
- Phone: 201-833-3000

### Hunterdon Health Care
- Website: [www.hhsnj.org](http://www.hhsnj.org)
- Phone: 908-507-9352

### Inspira Health Network
- Website: [www.ihn.org](http://www.ihn.org)
- Phone: 856-641-7803

### Integrity House
- Website: [www.integrityhouse.org](http://www.integrityhouse.org)
- Phone: 973-623-0600

### John Brooks Recovery Center
- Website: [www.jbrcnj.org](http://www.jbrcnj.org)
- Phone: 609-345-2020

### JSAS Healthcare
- Website: [www.jsashealthcare.org](http://www.jsashealthcare.org)
- Phone: 732-988-8877

### Mercer Council on Alcoholism and Drug Addiction
- Website: [www.mercercouncil.org](http://www.mercercouncil.org)
- Phone: 609-396-5874

### Morris County Prevention is Key
- Website: [www.mcpijk.org](http://www.mcpijk.org)
- Phone: 973-625-1998

### Partners in Prevention
- Website: [www.pipnj.org](http://www.pipnj.org)
- Phone: 201-552-2264

### New Bridge Services
- Website: [www.newbridge.org](http://www.newbridge.org)
- Phone: 973-839-2520

### New Jersey Prevention Network
- Website: [www.njpn.org](http://www.njpn.org)
- Phone: 732-367-0611

### Oaks Integrated Care
- Website: [www.oaksintcare.org](http://www.oaksintcare.org)
- Phone: 609-261-0705

### Ocean County Health Department
- Website: [www.ochd.org](http://www.ochd.org)
- Phone: 732-341-9700

### Partners in Prevention
- Website: [www.pipnj.org](http://www.pipnj.org)
- Phone: 201-552-2264
### Appendix C

<table>
<thead>
<tr>
<th>Organization</th>
<th>Website/Link</th>
<th>Phone</th>
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<tbody>
<tr>
<td>Preferred Behavioral Health</td>
<td><a href="http://www.preferredbehavioral.org/contact-us/">www.preferredbehavioral.org/contact-us/</a></td>
<td>732-367-4700</td>
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<td>Prevention First</td>
<td><a href="http://www.preferredbehavioral.org/prevention-first/">www.preferredbehavioral.org/prevention-first/</a></td>
<td>732-663-1800</td>
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<tr>
<td>Prevention Is Key</td>
<td><a href="http://www.preventioniskey.org">www.preventioniskey.org</a></td>
<td>973-625-1143</td>
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<td>Prevention Links</td>
<td><a href="http://www.preventionlinks.org">www.preventionlinks.org</a></td>
<td>732-381-4100</td>
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<td>Prevention Plus</td>
<td><a href="http://www.prevplus.org">www.prevplus.org</a></td>
<td>609-261-0001</td>
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<tr>
<td>Prevention Resources</td>
<td><a href="http://www.njprevent.com">www.njprevent.com</a></td>
<td>908-782-3909</td>
</tr>
<tr>
<td>Richard Hall Community Mental Health and Wellness Center</td>
<td><a href="http://www.co.somerset.nj.us/government/human-services/mental-health">www.co.somerset.nj.us/government/human-services/mental-health</a></td>
<td>908-725-2800</td>
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<tr>
<td>Rowan College at Burlington County</td>
<td><a href="http://www.rcbc.edu">www.rcbc.edu</a></td>
<td>856-222-9311</td>
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<tr>
<td>Rutgers Center of Alcohol and Substance Use Studies</td>
<td><a href="http://www.alcoholstudies.rutgers.edu/">www.alcoholstudies.rutgers.edu/</a></td>
<td>848-445-2190</td>
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<tr>
<td>Rutgers Robert Wood Johnson Medical School</td>
<td><a href="http://www.ruriot.org">www.ruriot.org</a></td>
<td>848-228-2554</td>
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<tr>
<td>Rutgers Robert Wood Johnson Medical School</td>
<td><a href="http://www.projectecho.rutgers.edu/">www.projectecho.rutgers.edu/</a></td>
<td>732-235-6200</td>
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<tr>
<td>Rutgers University Behavioral Health Care</td>
<td><a href="http://www.ubhc.rutgers.edu/clinical/community/community-based-programs.xml">www.ubhc.rutgers.edu/clinical/community/community-based-programs.xml</a></td>
<td>732-235-6184</td>
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<tr>
<td>Rutgers University RWJMS Division of Addiction Psychiatry</td>
<td><a href="http://www.rwjms.rutgers.edu/addiction">www.rwjms.rutgers.edu/addiction</a></td>
<td>732-235-4341</td>
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<tr>
<td>RWJBarnabas- Community Medical Center</td>
<td><a href="http://www.rwbjh.org/treatment-care/institute-for-prevention-and-recovery/">www.rwbjh.org/treatment-care/institute-for-prevention-and-recovery/</a></td>
<td>833-233-4377</td>
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<tr>
<td>South Jersey AIDS Alliance</td>
<td><a href="http://www.southjerseyaidsalliance.org">www.southjerseyaidsalliance.org</a></td>
<td>609-347-1085</td>
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<tr>
<td>Southern New Jersey Perinatal Cooperative- Project Embrace</td>
<td><a href="http://www.snjpc.org">www.snjpc.org</a></td>
<td>856-675-5310</td>
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<tr>
<td>Stress Care of New Jersey</td>
<td><a href="http://www.stresscareclinic.com/">www.stresscareclinic.com/</a></td>
<td>732-679-4500</td>
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<tr>
<td>The Southwest Council</td>
<td><a href="http://www.southwestcouncil.org">www.southwestcouncil.org</a></td>
<td>856-794-1011</td>
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<tr>
<td>United for Prevention in Passaic County</td>
<td><a href="http://www.up-in-pc.org">www.up-in-pc.org</a></td>
<td>973-720-3146</td>
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<tr>
<td>Urban Treatment Associates</td>
<td></td>
<td>856-338-1811</td>
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<tr>
<td>Vantage Health Systems, Inc.</td>
<td><a href="http://www.vantagenj.org/">www.vantagenj.org/</a></td>
<td>201-567-0059</td>
</tr>
<tr>
<td>Visiting Nurse Association in Central Jersey</td>
<td><a href="http://www.vnachc.org">www.vnachc.org</a></td>
<td>732-774-6333</td>
</tr>
<tr>
<td>Wellspring Center for Prevention</td>
<td><a href="http://www.wellspringprevention.org">www.wellspringprevention.org</a></td>
<td>732-254-3344</td>
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<tr>
<td>Zufall Health</td>
<td><a href="http://www.zufallhealth.org/services/community-programs/maternal-recovery-support-services/">www.zufallhealth.org/services/community-programs/maternal-recovery-support-services/</a></td>
<td>973-328-3344</td>
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</table>
The project described was supported by the Substance Abuse Prevention and Treatment Block Grant, Grant Number TI084660 from the Substance Abuse and Mental Health Services Administration.

Contact Information:
Toll-free: 1-800-382-6717
dmhas@dhs.nj.gov