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Over the past four years, New Jersey has continued to transform opioid settlement resources into meaningful investments that strengthen the State's response to the opioid epidemic. Through strategic investments in prevention, treatment, recovery, harm reduction, housing, and supportive services, New Jersey is working to expand access to care, reduce overdose deaths and other harms, and support individuals, families, and communities affected by opioid use.

Allowable uses of the Opioid Settlement Funds include:

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

The New Jersey Department of Human Services is pleased to present the fourth annual report on the use of New Jersey's Opioid Settlement Funds. This report builds on the State's previous annual reports and reflects continued progress in translating settlement resources into programs, services, and infrastructure designed to meet the evolving needs of New Jersey communities.

The following report presents State-level investments during the reporting period and highlights how these resources are being used to advance New Jersey's long-term strategy to prevent opioid-related harms, expand pathways to treatment and recovery, and strengthen the systems of care that support individuals and communities affected by the opioid epidemic.

Opioid Settlement Funding Report		
The State of New Jersey		
	Contact:	opioidsettlement@dhs.nj.gov
Fiscal Year: 2026		
1	What is the total amount of opioid abatement funds that your subdivision received during the current reporting period (7/1/2025 - 6/30/2026)?	\$37,085,907.05
2	What is the amount of accrued interest on the total amount of opioid abatement funds that your subdivision has received during the current reporting period (7/1/2025 - 6/30/2026)? Please include dollars and cents (e.g., 100.23):	\$8,287,581.31
3	What is the total amount of opioid abatement funds that your subdivision has received since the distribution of opioid abatement funds began in 2022?	\$246,262,172.40
4	What is the total amount of opioid abatement funds that your subdivision spent/expended during the current reporting period (7/1/2025 - 6/30/2026)? Please include dollars and cents (e.g., 100.23):	\$90,634,976.98
	You will be required to answer specific questions about the expenditures below in order for your annual report to be considered complete.	
5	What amount of opioid abatement funds did your subdivision appropriate/encumber but not yet spend during the current reporting period (7/1/2025 - 6/30/2026)?	\$238,219,599.84
6	What amount of opioid abatement funds did your subdivision spend on administrative expenses during the current reporting period (7/1/2025 - 6/30/2026)?	\$151,760.35
	You must also provide details about administrative expenses in Question 8a below.	

6a	Provide details regarding any administrative expenses spent during the current reporting period (7/1/2025 - 6/30/2026).	During the reporting period, the State of New Jersey incurred administrative expenses related to personnel supporting the administration and oversight of opioid settlement funds. These personnel costs supported activities necessary to ensure the effective, transparent, and compliant management of settlement resources. Administrative activities included coordinating settlement-funded initiatives; developing and managing reporting processes; collecting, reviewing, and analyzing expenditure and programmatic information; monitoring implementation; providing technical assistance and oversight; supporting stakeholder engagement; and preparing required State-level reports and public-facing information. Personnel also supported the administration of settlement agreements and the coordination of activities across State agencies and eligible subdivisions. The administrative personnel expenses reflect the increasing scope and complexity of New Jersey's settlement responsibilities as implementation has expanded. These resources are necessary to maintain appropriate oversight and accountability and to ensure that settlement funds are administered in accordance with applicable requirements and directed toward their intended purposes.
7	What amount of unspent/uncommitted opioid abatement funds from any reporting year does your subdivision currently have on hand?	\$0.00

8	What were your subdivision's overarching goals and values in its use of opioid abatement funds during the current reporting period (7/1/2025 - 6/30/2026)?	New Jersey's approach to addressing the opioid crisis continues to evolve as the State builds on lessons learned through the implementation of the New Jersey Opioid Recovery and Remediation Advisory Council Strategic Plan and four years of opioid settlement investments. The State remains focused on reducing overdose deaths and other harms associated with opioid use disorder (OUD), while strengthening the systems, services, and community supports needed to promote treatment, recovery, and long-term wellness. Settlement spending decisions are informed by the State's experience implementing opioid response initiatives and by ongoing assessment of community needs and emerging trends. Current priorities include expanding access to medications for opioid use disorder (MOUD) and other treatment services, strengthening harm reduction and overdose prevention, and supporting community- and peer-based recovery services. At the same time, the State recognizes that sustainable progress requires addressing the broader social and structural factors that can prevent individuals from accessing and remaining engaged in care and recovery. Equity continues to be central to the State's approach. New Jersey is committed to directing settlement resources toward communities and populations disproportionately affected by the opioid crisis, while reducing barriers that limit access to services and supports. Data, community input, and demonstrated need are increasingly important in guiding investment decisions and identifying opportunities to strengthen the effectiveness and sustainability of settlement-funded initiatives. As New Jersey enters its fourth year of reporting on opioid settlement investments, the State's focus extends beyond responding to immediate needs to building lasting capacity and strengthening the infrastructure necessary for a sustained response to the opioid crisis. By combining life-saving interventions with investments in treatment, recovery, prevention, and supportive services, New Jersey seeks to achieve measurable improvements in health and well-being while strengthening communities' ability to respond to the ongoing and evolving impacts of the epidemic.
9	Which official(s) were involved in deciding how to spend opioid abatement funds during the current reporting period (7/1/2025 - 6/30/2026)?	During the current reporting period, the New Jersey Opioid Recovery and Remediation Advisory Council played a central role in providing recommendations regarding the use of opioid abatement funds. The Advisory Council reviewed priorities and proposed investments and made recommendations to the Governor regarding the allocation of settlement funds. The Governor made the final spending decisions, informed by the Advisory Council's recommendations, statewide priorities, community needs, and the allowable uses of opioid settlement funds.

10	Which resources did your subdivision use when deciding to spend opioid abatement funds during the current reporting period (7/1/2025 - 6/30/2026)?	The State of New Jersey determined how to use opioid abatement funds through a comprehensive, evidence-informed process that considers both statewide priorities and the evolving needs of communities. Funding decisions were guided by the allowable uses of opioid settlement funds, the priorities established in the New Jersey Opioid Recovery and Remediation Advisory Council Strategic Plan, and statewide needs identified through available epidemiological and programmatic data. As settlement implementation has progressed, the State has also drawn on lessons learned from prior years to refine its approach and identify opportunities to strengthen the reach, effectiveness, and sustainability of funded initiatives. Information from the implementation and monitoring of existing programs helps inform where continued investment is needed, where approaches may need to be strengthened, and where emerging needs warrant new or expanded strategies. Community perspectives and the experiences of individuals directly impacted by the opioid crisis remain important to this process. Public input, community engagement, and the expertise of the New Jersey Opioid Recovery and Remediation Fund Advisory Council help ensure that funding priorities are responsive to the realities experienced across the State. The Advisory Council brings together perspectives from public health, health care, and individuals with lived experience of the opioid crisis. By integrating data, strategic priorities, community input, and lessons from ongoing implementation, New Jersey seeks to make informed and responsible use of settlement resources. This approach supports investments that address immediate needs while building the capacity, infrastructure, and systems necessary to achieve sustained improvements for individuals, families, and communities affected by the opioid crisis.
	List all that apply, including, but not limited to, the following:	
	(1) Any evidence-based or evidence-informed practices or strategies;	
	(2) The "Schedule B" list of approved opioid remediation uses attached as Exhibit A to the January 28, 2022 "Memorandum of Agreement Between the State of New Jersey and Local Governments on Opioid Litigation Recoveries" to which your subdivision is a signatory;	
	(3) A needs assessment;	
11	(4) A strategic plan; and/or	Yes
	(5) An epidemiological analysis;	
	During the current reporting year (7/1/2025 - 6/30/2026), did your subdivision engage the public (e.g., through town hall meetings, online surveys, or other means of communicating with stakeholders) prior to deciding how to use the opioid abatement funds you received?	

11a	If yes, provide details about your public engagement/input efforts.	Public engagement remains an important component of New Jersey's approach to opioid settlement funding and continues to inform the State's priorities and investments. The State recognizes that effective and responsive strategies should reflect the experiences and perspectives of individuals and families affected by the opioid crisis, as well as service providers, community-based organizations, and other stakeholders working to address its impact. New Jersey has established multiple avenues for gathering and incorporating community input. Previous engagement efforts have included an online public input portal opened between August 31, 2022 and October 31, 2022 that received more than 500 submissions, regional public listening sessions, key informant interviews, and focus groups with individuals with current or past experiences with opioid use. These efforts provided valuable perspectives on treatment and recovery, barriers to care, overdose prevention, and the needs of communities across the State. As a part of the strategic plan, the State also conducted targeted outreach in 2025 to communities disproportionately impacted by the opioid crisis, older adults, families affected by overdose, and community-based organizations. These engagements have helped identify service gaps, better understand barriers to accessing care and support, and identify opportunities to strengthen services and investments. Information from all of these efforts and the portal helped shape the strategic plan, which is the guiding document for helping the State to identify how to spend settlement funds. The New Jersey Opioid Recovery and Remediation Advisory Council continues to provide an important forum for public and stakeholder input, while the opioid settlement mailbox [opioidsettlement@dhs.nj.gov] provides an ongoing mechanism for residents, providers, organizations, and other stakeholders to share feedback and recommendations. Together, these efforts support an ongoing, two-way dialogue between the State and the communities it serves and help ensure that settlement-funded investments remain responsive to evolving needs and informed by community perspectives and lived experience.
12	For how many years have settlement spending allocations already been decided?	3 - 5 years
13	Does your subdivision have a strategic plan regarding the use of opioid abatement funds?	Yes
	If yes, choose "Yes" and upload/link to the strategic plan or summarize the plan in Question 15a	
13a	Can we post your strategic plan online?	Yes
		https://www.nj.gov/opioidfunds/strategic-plan/
14	Have you completed a Risk Assessment profile for demographic or geographic impact?	No, but we plan to in the future
15	Did your subdivision fund any programs using opioid abatement funds during the current reporting year (7/1/2025 - 6/30/2026)?	Yes

	A) For new programs, use the "Add Program" tab to report on each new program. B) For previously-reported programs, use the "Update" tab in the 'Prior Fiscal Year Programs' section to provide updates on programs reported during prior fiscal years. If you reported spending any opioid abatement funds during the current reporting year (7/1/2025 - 6/30/2026) in Question 6, you must answer the following questions for each program funded by opioid abatement funds.	Please see list of new and updates for previously reported programs below.
	2026 Fiscal Program List	
1	What is the name/title of the program?	Harm Reduction Center (HRC) Continuation and Service Expansion
2	List all agencies, organizations, or entities that received funding for this program.	NJ Department of Health
3	In which category or categories does each agency, organization, or entity that received funding for this program belong? Select all that apply.	State Department
4	What is the primary problem being addressed by this program?	Overdose prevention, infectious disease transmission prevention

5	Briefly describe the program's purpose and key activities.	Funds will support core harm reduction services in a three-pronged approach: (1) authorized brick-and-mortar Harm Reduction Centers across New Jersey; (2) expansion of mobile or community outreach for high risk or vulnerable populations; and (3) integration of harm reduction into existing health care infrastructure. These resources would support a combination of opening additional authorized sites, expanding the services offered at existing sites, and continuing funding to existing sites over time. Funding can support infrastructure, supplies, and/or operations including staffing. There will be an emphasis on hub-and-spoke strategies to nimbly respond to emergent needs and reach diverse communities. Funds for health-related needs will support the hiring of medical staff, including but not limited to physicians and/or advanced practitioners at existing and newly created harm reduction sites. This will allow for medical assessment and treatment including medication assisted treatment and integrated testing for HIV, hepatitis, and STIs. The remaining funds will be utilized to integrate harm reduction into existing health care infrastructure and to create partnerships between Harm Reduction Centers and community or health care organizations to conduct outreach and community engagement activities, including the distribution of information and harm reduction supplies to high-risk areas that may not be aware of existing Harm Reduction Centers or do not yet have a Harm Reduction Center nearby.
6	What is the target population for this program?	Individuals experiencing Homelessness; Individuals who Use Drugs; Members of the General Public
7	On what date was this program funded? (Use the format MM/DD/YYYY.)	9/17/2025
8	What is the total amount of funding for this program?	\$118,681,215.00
8a.	Of the total amount, how much has been spent (in the current reporting year)?	\$0.00
8b.	Of the total amount, how much has been appropriated/encumbered but not yet spent?	\$118,681,215.00
9	How often is your subdivision disbursing funds to this program?	Annually
10	On what date was this program launched? (Use the format MM/DD/YYYY.)	6/29/2026
11	Choose the duration of the program from the list below.	5 years
12	What is the number of unduplicated individuals served by this program?	9,097 (estimate based on SFY26 data)

13	What is the intended impact of this program?	Reduced overdose morbidity and mortality Reduced transmission of injection drug use related infectious diseases, including hepatitis C and HIV Increased linkage to care for people who use drugs, including referrals to SUD treatment, housing, primary care, etc.
14	Which key performance indicators are you tracking to ensure success of the program? List all that apply, including, but not limited to, the following:	Number of participants served Number of harm reduction supplies distributed (e.g naloxone kits, drug disposal packets) Number of training/education sessions Number of services provided/encounters Number of referrals to treatment
15	How frequently are you measuring the key performance indicators listed above?	Quarterly
16	What outcomes or impact does the program aim to achieve? How do you plan to measure or track that impact?	Reduced overdose morbidity and mortality – measured through naloxone incidents, unintentional overdose deaths Increased linkage to care for people who use drugs, including referrals to SUD treatment, housing, primary care, etc. – measured through increased referrals in the HRC database. Increased access to health supplies measured through KPIs
17	Primary Category (Please select the category that fits the primary focus of this program):	Harm Reduction and Overdose Prevention
18	The following are other categories that may apply (include all categories with the exception of the Primary category you chose above).	Wraparound and Connected Care Supports
19	Select the "Schedule B" approved strategy or strategies that best match the primary focus of this program.	Address the Needs of Criminal Justice-Involved Persons, Prevent Overdose Deaths and Other Harms (Harm Reduction)
20	Describe how this program will address opioid use disorder and any co-occurring substance use disorders or mental health conditions through evidence-based or evidence-informed practices or strategies.	Harm Reduction strategies, including syringe service programs, is an evidence-based approach that has decades of peer-reviewed evidence demonstrating a positive impact on overdose prevention, prevention infectious disease transmission such as HIV and hepatitis C, and increasing linkage to care for people who use drugs. Many of New Jersey's Harm Reduction Centers including both core harm reduction services (overdose prevention, safer use supplies, referral to testing/treatment) as well as health care services through the Harm Reduction Health and low-threshold buprenorphine programs. These enhanced services may include STI testing/treatment, pregnancy testing, mental health support, and same-day access to medications for opioid use disorder. New Jersey's Harm Reduction Centers engage with many individuals who are disconnected from the healthcare/treatment/recovery systems of care and build trust and rapport with these individuals, eventually re-connecting them to care and support. Harm Reduction Centers are a critical component of the substance use treatment and recovery continuum in New Jersey.
21	Identify the procurement method utilized for this program, describe the procurement process, and explain why the procurement method identified was used for this program.	Harm Reduction Center grants will be awarded through Competitive Request for Proposals. Grantees will be eligible for renewal for up to three years based on performance. Direct Service grants are the primary mechanism for the Division of Syndemic and Substance Use Services to contract with direct services agencies.

	2026 Fiscal Program List	
1	What is the name/title of the program?	Study about State-level Administrative Barriers to Care
2	List all agencies, organizations, or entities that received funding for this program.	NJ Department of Human Services
3	In which category or categories does each agency, organization, or entity that received funding for this program belong? Select all that apply.	State Department
4	What is the primary problem being addressed by this program?	As the State continues to prioritize a public health approach to stemming the opioid crisis and implementing a harm reduction framework, this study would focus on identifying potential administrative policy changes that could better facilitate access to care for residents who use drugs or who are living with substance use disorder.
5	Briefly describe the program's purpose and key activities.	The purpose of this program is to take a public health approach to stemming the opioid crisis while establishing a harm reduction framework. Key activities may include: • Assessing policies enacted within existing state programs that support residents who use drugs and residents with substance use disorder • Identifying administrative policy changes to remove barriers to care • Assessing policies for alignment with best practices and state regulations • Supporting state funded programs in removing barriers to care
6	What is the target population for this program?	Members of the General Public
7	On what date was this program funded? (Use the format MM/DD/YYYY.)	12/23/2025
8	What is the total amount of funding for this program?	\$250,000.00
8a.	Of the total amount, how much has been spent (in the current reporting year)?	\$0.00
8b.	Of the total amount, how much has been appropriated/encumbered but not yet spent?	\$250,000.00
9	How often is your subdivision disbursing funds to this program?	One time only
10	On what date was this program launched? (Use the format MM/DD/YYYY.)	1/4/2027
11	Choose the duration of the program from the list below.	One time only
12	What is the intended impact of this program?	The intended impact of this program is to reduce barriers to care by conducting a study focused on identifying potential administrative policy changes.

13	Which key performance indicators are you tracking to ensure success of the program? List all that apply, including, but not limited to, the following:	
14	Other:	Increase in access to care
15	What outcomes or impact does the program aim to achieve? How do you plan to measure or track that impact?	Reduce restrictions to care for individuals who use drugs and individuals living with substance use disorder. Impact will be tracked through the progression from identifying barriers, to developing recommendations, supporting administrative changes, and assessing progress towards improved access to care using measures such as time from initial contact/referral to time of service initiation, referral completion rates, service initiation rates, provider-reported and client-reported administrative burden, service utilization among previously underserved populations, and continuity of care after initial connection.
16	Primary Category (Please select the category that fits the primary focus of this program):	Harm Reduction and Overdose Prevention
17	The following are other categories that may apply (include all categories with the exception of the Primary category you chose above).	Treatment Workforce Development and Capacity Building
18	Select the "Schedule B" approved strategy or strategies that best match the primary focus of this program.	Research
19	Describe how this program will address opioid use disorder and any co-occurring substance use disorders or mental health conditions through evidence-based or evidence-informed practices or strategies.	By conducting a study on State-level administrative barriers to care, it provides an opportunity to better facilitate access to care for individuals with opioid use disorder and any co-occurring substance use disorders or mental health conditions. This includes evidence-based strategies such as medications for opioid use disorder (MOUD) and harm reduction practices.
20	Identify the procurement method utilized for this program, describe the procurement process, and explain why the procurement method identified was used for this program.	In accordance with the Department of Human Services procurement rules.
	2026 Fiscal Program List	
1	What is the name/title of the program?	Monitoring and Evaluation of State-level Settlement-Funded Programs
2	List all agencies, organizations, or entities that received funding for this program.	NJ Department of Human Services
3	In which category or categories does each agency, organization, or entity that received funding for this program belong? Select all that apply.	State Department
4	What is the primary problem being addressed by this program?	This program addresses the need for a comprehensive, coordinated approach to monitoring and evaluating opioid settlement-funded programs across New Jersey. While individual programs collect program-specific data, there is a need to address the overall scope and impact of settlement investments at the

		State level. This will allow for gaps to be identified, assess the impact of investments, and inform future spending decisions.
5	Briefly describe the program's purpose and key activities.	The purpose of this program is to establish a multi-component Statewide monitoring and evaluation framework for programs funded through opioid settlement dollars. Key activities may include: • Monitoring the scope, reach, and implementation of settlement-funded programs • Tracking Statewide indicators associated with the goals and priorities of the Strategic Plan • Assessing programs outcomes and identifying implementation barriers • Providing findings to the Advisory Council and State agencies to inform future decisions.
6	What is the target population for this program?	Members of the General Public
7	On what date was this program funded? (Use the format MM/DD/YYYY.)	12/23/2025
8	What is the total amount of funding for this program?	\$3,000,000.00
8a.	Of the total amount, how much has been spent (in the current reporting year)?	\$0.00
8b.	Of the total amount, how much has been appropriated/encumbered but not yet spent?	\$3,000,000.00
9	How often is your subdivision disbursing funds to this program?	Annually
10	On what date was this program launched? (Use the format MM/DD/YYYY.)	10/1/2026
11	Choose the duration of the program from the list below.	3 years
12	What is the intended impact of this program?	The intended impact is to improve the State's ability to understand and maximize the effectiveness of opioid settlement investments. The program is intended to identify successful programs and areas for improvement, understand existing gaps, and ensure that future settlement investments are informed by data and evidence.
13	What outcomes or impact does the program aim to achieve? How do you plan to measure or track that impact?	Improved identification of gaps in services and populations that may be underserved as well as a better ability to assess the scope and reach of opioid settlement-funded investments. The impact will be tracked through a monitoring and evaluation framework, including program-specific process and outcome measures and Statewide indicators. Findings will be shared with the Advisory Council to inform decisions about continuing, expanding, or modifying programs.
14	Select the "Schedule B" approved strategy or strategies that best match the primary focus of this program.	Leadership, Planning and Coordination, Research

15	Describe how this program will address opioid use disorder and any co-occurring substance use disorders or mental health conditions through evidence-based or evidence-informed practices or strategies.	The program will indirectly address opioid use disorder and co-occurring substance use disorders or mental health conditions through the systematic evaluation of programs designed to address these conditions. It establishes the infrastructure needed to determine whether settlement-funded initiatives are being implemented effectively and achieving their intended outcomes. This will allow the State to expand effective approaches, modify programs, and redirect resources when needed.
16	Identify the procurement method utilized for this program, describe the procurement process, and explain why the procurement method identified was used for this program.	In accordance with the Department of Human Services procurement rules.
17	If you would like to provide any additional details about this program not already included above, you may do so here.	As part of its Strategic Plan, the Advisory Council proposed a monitoring and evaluation framework. Building upon program-specific process and outcomes metrics and program oversight, funding this framework would help the State holistically consider the overall impact of settlement funded projects in addressing the opioid crisis. The multi-component monitoring and evaluation framework aims to assess the scope and reach of the investments made using opioid settlement funds and to track progress on a set of statewide indicators linked to the goals of the Strategic Plan. This will also offer information to the Advisory Council and state agencies that may inform out-year continuation, expansion, or elimination of programs.
	2026 Fiscal Program List	
1	What is the name/title of the program?	Bridge Access to Community-Based Substance Use Treatment
2	List all agencies, organizations, or entities that received funding for this program.	NJ Department of Human Services
3	In which category or categories does each agency, organization, or entity that received funding for this program belong? Select all that apply.	State Department
4	What is the primary problem being addressed by this program?	Substance and Opioid Use Disorder (OUD) Treatment for Adults

5	Briefly describe the program's purpose and key activities.	The purpose of the NJSI and SAPTI programs are to reimburse licensed, co-occurring Provider Agencies for SUD treatment and Enhancement services provided to eligible New Jersey residents 18 years of age or older who are assessed to be in need of the treatment offered and have income levels up to 350% of the FPL and do not have any other third-party health insurance or Medicaid coverage. Key activities include managing the available funding in a prior-authorization claims payment system to reimburse the NJSI and SAPTI contracted Provider Agencies and to maximize access to Ambulatory and Residential ASAM Levels of Care treatment and Enhancement services designed to meet the clinical needs of adults with Opioid Use Disorder (OUD) and other SUDs. The SAPTI offers a Methadone Outpatient Program (MOP) benefit package, which is reimbursed at a weekly bundled rate for treatment, medication and other enhancement services for individuals with Opioid Use Disorder (OUD) being served at an Opioid Treatment Program. Intensive Outpatient Program (IOP) and Long Term Residential (LTR) with Methadone are also available in this program as a result of this funding. The NJSI offers Ambulatory Withdrawal Management (AWM), Standard Outpatient Program (OP), IOP, Halfway House (HWH), Short Term Residential (STR) and LTR and Enhancement services. This program uniquely serves individuals who benefit from parallel care in OP or IOP while they are being treated in HWH LOC.
6	What is the target population for this program?	Individuals in Treatment; Individuals who Use Drugs
7	On what date was this program funded? (Use the format MM/DD/YYYY.)	9/2/2025 (Emergency Allocation) and 12/23/2025
8	What is the total amount of funding for this program?	\$19,300,000.00 total (\$4,300,000 on 9/2/25 and \$15,000,000 on 12/23/25)
8a.	Of the total amount, how much has been spent (in the current reporting year)?	\$4,429,804.37
8b.	Of the total amount, how much has been appropriated/encumbered but not yet spent?	\$14,870,195.63
9	How often is your subdivision disbursing funds to this program?	One time only
10	On what date was this program launched? (Use the format MM/DD/YYYY.)	10/1/2025
11	Choose the duration of the program from the list below.	Less than 1 year
12	What is the number of unduplicated individuals served by this program?	NJSI: 649 SAPT: 1,037 Total: 1,679 (7 served in both NJSI and SAPT)
13	What is the intended impact of this program?	The program's impact is to reduce instances of substance dependency and prevent opioid-related incidents among New Jersey residents. This is achieved by delivering SUD, Medication-Assisted Treatment (MAT) and Opioid Replacement

		Therapy to meet the clinical needs of individuals with SUD and OUD.
14	Which key performance indicators are you tracking to ensure success of the program? List all that apply, including, but not limited to, the following:	
	Number of participants served:	1,679
	Number of services provided/encounters:	58,479 units of service
	Number of referrals to treatment	1,686
15	How frequently are you measuring the key performance indicators listed above?	Monthly
16	What outcomes or impact does the program aim to achieve? How do you plan to measure or track that impact?	Program Aims and Impact: The program aims to address the clinical needs of individuals with SUD and OUD by utilizing Medication-Assisted Treatment (MAT) and Opioid Treatment Services (OTS). The ultimate goals are to reduce substance dependency, promote long-term recovery, and prevent opioid-related incidents. Measurement and Tracking Strategy: To track this impact, the program monitors patient claims data to identify and evaluate service utilization patterns and quantify overall access to treatment. Furthermore, programmatic and fiscal teams conduct monthly Utilization Management (UM) meetings to analyze these data trends, cross-reference clinical outputs with budgetary performance, and optimize access to care.
17	Primary Category (Please select the category that fits the primary focus of this program):	Treatment
18	The following are other categories that may apply (include all categories with the exception of the Primary category you chose above).	Recovery Supports
19	Select the "Schedule B" approved strategy or strategies that best match the primary focus of this program.	Treat Opioid Use Disorder (OUD), Support People in Treatment and Recovery, Address the Needs of Pregnant or Parenting Women and their Families, including Babies with Neonatal Abstinence Syndrome, Appropriate Opioid Prescribing and Dispensing, Prevent Overdose Deaths and Other Harms (Harm Reduction)
20	Describe how this program will address opioid use disorder and any co-occurring substance use disorders or mental health conditions through evidence-based or evidence-informed practices or strategies.	NJSI and SAPT FFS utilize a comprehensive, evidence-based approach to treat OUD and co-occurring conditions: • Evidence-Based Placement (ASAM LOC): Providers utilize the evidence-based ASAM Levels of Care to accurately assess, place, and transition individuals into the most appropriate ambulatory or residential clinical settings. • Targeted OUD Interventions: Access to Medication-Assisted Treatment (MAT) is integrated into treatment plans to support stabilization and recovery for individuals with Opioid Use Disorders. • Integrated Co-Occurring Care: Behavioral Health and Medical treatment enhancements allow providers to deliver concurrent services, effectively treating co-occurring mental health

		conditions and medical complexities alongside primary substance use disorders.
21	Identify the procurement method utilized for this program, describe the procurement process, and explain why the procurement method identified was used for this program.	The SUD FFS program utilized an open-enrollment procurement method via the existing NJSI and SAPT Initiative networks. These networks were established through a standard application process, allowing an eligible, licensed Provider Agency to enroll. Operationally, procurement is managed through a prior-authorization process for ASAM Levels of Care and clinical Enhancements, with reimbursements distributed upon the submission of service claims. This method was selected because it maximizes patient access across a pre-qualified statewide network while utilizing utilization management business rules to ensure strict fiscal oversight and cost-efficiency.
22	If you would like to provide any additional details about this program not already included above, you may do so here.	Due to increased costs and longer stays for individuals in substance use disorder treatment, federal substance use block grant funding and existing dedicated state funding cannot meet all needs. Supplementing limited federal funds, this investment will help prevent waiting lists and delays in treatment access for uninsured individuals. The fee-for-service (FFS) treatment initiative enables State and federal SAMHSA resources to pay for treatment and other ancillary services that are not part of the Medicaid benefit for individuals 18 years of age and older who are uninsured and have an income below 350% of the federal poverty level. The FFS initiative funds ambulatory and residential treatment, including outpatient, intensive outpatient, methadone outpatient, inpatient withdrawal management, short-term residential, halfway house, and long-term residential services.
	2026 Fiscal Program List	
1	What is the name/title of the program?	Perinatal Center of Excellence (PCOE)
2	List all agencies, organizations, or entities that received funding for this program.	NJ Department of Health
3	In which category or categories does each agency, organization, or entity that received funding for this program belong? Select all that apply.	State Department
4	What is the primary problem being addressed by this program?	To improve health outcomes for pregnant and parenting individuals with co-occurring substance use and mental health conditions, which remain the primary drivers of pregnancy-associated deaths in New Jersey.

5	Briefly describe the program's purpose and key activities.	Trauma-informed, comprehensive perinatal care for patients with substance use disorder (SUD) and co-occurring mental health is most effective when it addresses the specific antenatal, intrapartum, and postpartum challenges faced by this vulnerable population, yet this care is not accessible throughout New Jersey. This funding would support a pilot Perinatal Center of Excellence (PCOE) within an acute care maternity hospital. PCOE will include five core components: (1) fully integrated ambulatory care that includes substance use and mental health disorder treatment; (2) social drivers of health screening and services; (3) specialized acute care; (4) harm reduction; and (5) academic training, workforce development, and dissemination of best practices. Families experiencing substance use and/or mental illness before, during and after pregnancy, show improved outcomes when whole-family care is provided through an integrated, longitudinal, chronic disease care-based model. To facilitate warm handoffs across the care continuum, the hub awarded would establish or strengthen transfer relationships with acute care facilities of varying acuity as well as inpatient and outpatient treatment facilities. The hub awarded would include a dedicated care team to address perinatal patients with behavioral health disorders, whether arising from or cooccurring with pregnancy.
6	What is the target population for this program?	Pregnant and Parenting Individuals and their Families, including Babies with Neonatal Abstinence Syndrome
7	On what date was this program funded? (Use the format MM/DD/YYYY.)	12/23/2025
8	What is the total amount of funding for this program?	\$6,229,140.00
8a.	Of the total amount, how much has been spent (in the current reporting year)?	\$0.00
8b.	Of the total amount, how much has been appropriated/encumbered but not yet spent?	\$6,229,140.00
9	How often is your subdivision disbursing funds to this program?	Annually
10	On what date was this program launched? (Use the format MM/DD/YYYY.)	1/4/2027
11	Choose the duration of the program from the list below.	2 years
12	What is the number of unduplicated individuals served by this program?	0 individuals served to date; program has not yet launched.
13	What is the intended impact of this program?	The intended impact of the Perinatal Center of Excellence program is to improve health outcomes for pregnant and parenting individuals experiencing substance use and/or mental health conditions by strengthening access to comprehensive, coordinated, evidence-based perinatal care. The program is intended to build provider and system capacity, improve identification and connection to appropriate services, strengthen education and training, support research and innovation, and

		inform policy and advocacy efforts that address pregnancy-associated morbidity and mortality.
14	Which key performance indicators are you tracking to ensure success of the program? List all that apply, including, but not limited to, the following:	
	Number of participants served:	Establish Year 1 baseline; increase individuals served annually thereafter. Track unduplicated pregnant and parenting individuals and families served through PCOE activities and report quarterly.
	Reduction in opioid-related incidents:	Establish baseline during Year 1 and demonstrate a measurable reduction from baseline over the program period. Track opioid-related incidents among the applicable population and calculate percentage change from baseline.
	Number of harm reduction supplies distributed (e.g naloxone kits, drug disposal packets):	Program has not yet launched; distribution will be tracked by item type and quantity once PCOE activities begin.
	Number of services provided/encounters:	Establish Year 1 baseline and annual target. Track qualifying clinical, care-coordination, educational, and supportive encounters and report quarterly.
15	How frequently are you measuring the key performance indicators listed above?	Quarterly
16	What outcomes or impact does the program aim to achieve? How do you plan to measure or track that impact?	The program aims to improve health outcomes and strengthen the systems serving pregnant and parenting individuals with co-occurring substance use and mental health conditions. Expected outcomes include increased access to comprehensive and coordinated care; improved provider knowledge, skills, and capacity; increased connections to appropriate treatment and supportive services; strengthened use of evidence-informed practices; increased research and innovation; and strengthened policy and advocacy efforts addressing perinatal substance use and mental health. Impact will be monitored through programmatic and performance data reported by participating PCOEs, including individuals served, services and encounters provided, referrals and connections to care, education and training activities, participation in training, research and innovation activities, policy and advocacy activities, and other agreed-upon performance measures. Data will be reviewed periodically to assess progress toward program goals and identify opportunities for improvement.
17	Primary Category (Please select the category that fits the primary focus of this program):	Wraparound and Connected Care Supports
18	The following are other categories that may apply (include all categories with the exception of the Primary category you chose above).	Primary Prevention, Education, and Training; Treatment; Workforce Development and Capacity Building

19	Select the "Schedule B" approved strategy or strategies that best match the primary focus of this program.	Treat Opioid Use Disorder (OUD), Connections to Care, Address the Needs of Pregnant or Parenting Women and their Families, including Babies with Neonatal Abstinence Syndrome
20	Describe how this program will address opioid use disorder and any co-occurring substance use disorders or mental health conditions through evidence-based or evidence-informed practices or strategies.	The Perinatal Center of Excellence program will address opioid use disorder and co-occurring substance use and mental health conditions through a comprehensive, coordinated, and evidence-informed approach to perinatal care. PCOE's will support the integration of behavioral health and substance use considerations into perinatal services, promote appropriate screening, assessment, referral, treatment, and care coordination, and strengthen connections between healthcare, behavioral health, substance use treatment, and other supportive systems. Through education and training, PCOE's will build provider knowledge and capacity related to evidence-informed approaches for pregnant and parenting individuals with substance use and mental health conditions. Research and innovation activities will support identification and dissemination of effective practices, while policy and advocacy activities will address system-level barriers and promote policies that improve access to high-quality care. The overall approach is intended to improve continuity of care, strengthen connections to appropriate treatment and supports, and improve health outcomes for pregnant and parenting individuals and their families.
21	Identify the procurement method utilized for this program, describe the procurement process, and explain why the procurement method identified was used for this program.	The Office of Women's Health will issue a Request for Applications (RFA) to identify eligible organizations to serve as Perinatal Centers of Excellence. The RFA process will allow eligible organizations to submit applications describing their qualifications, proposed approach, capacity, and ability to implement the PCOE model. Applications will be reviewed and evaluated according to established eligibility and selection criteria, with awards made to organizations that best meet the program requirements.
	2026 Fiscal Program List	
1	What is the name/title of the program?	Capital Investments in Substance Use Treatment Providers
2	List all agencies, organizations, or entities that received funding for this program.	NJ Department of Human Services
3	In which category or categories does each agency, organization, or entity that received funding for this program belong? Select all that apply.	State Department
4	What is the primary problem being addressed by this program?	This program will address the limited availability of capital funding for substance use treatment providers to maintain, modernize, and expand their physical infrastructure and transportation capacity. Adequate infrastructure is essential to ensure providers can expand their capacity to serve individuals with substance use disorders while making necessary facility and vehicle repairs, expand treatment space, and make necessary improvements to meet evolving quality standards.

5	Briefly describe the program's purpose and key activities.	The program will provide capital funding to substance use treatment providers for repairs, enhancements, and expansion of treatment infrastructure. Key activities may include: • Expanding existing facilities to accommodate additional patients • Purchasing or improving mobile units • Making necessary facility improvements to meet licensing and regulatory standards • Supporting infrastructure to implement a whole-person approach to substance use treatment.
6	What is the target population for this program?	Individuals in Recovery; Individuals in Treatment; Individuals who Use Drugs
7	On what date was this program funded? (Use the format MM/DD/YYYY.)	12/23/2025
8	What is the total amount of funding for this program?	\$8,000,000.00
8a.	Of the total amount, how much has been spent (in the current reporting year)?	\$0.00
8b.	Of the total amount, how much has been appropriated/encumbered but not yet spent?	\$8,000,000.00
9	How often is your subdivision disbursing funds to this program?	One time only
10	On what date was this program launched? (Use the format MM/DD/YYYY.)	1/4/2027
11	Choose the duration of the program from the list below.	One time only
12	What is the number of unduplicated individuals served by this program?	0 individuals served to date; program has not yet launched.
13	What is the intended impact of this program?	The intended impact is to increase capacity, accessibility, and the sustainability of substance use treatment services throughout New Jersey. It also aims to reduce infrastructure-related barriers to treatment access.
14	Which key performance indicators are you tracking to ensure success of the program? List all that apply, including, but not limited to, the following:	Number of participants served
15	How frequently are you measuring the key performance indicators listed above?	Quarterly
16	What outcomes or impact does the program aim to achieve? How do you plan to measure or track that impact?	Increase treatment capacity among funded providers as well as increase access to treatment through mobile units and transportation services. Impact can be tracked through provider-level reporting and monitoring of capital projects.
17	Primary Category (Please select the category that fits the primary focus of this program):	Treatment

18	The following are other categories that may apply (include all categories with the exception of the Primary category you chose above).	Harm Reduction and Overdose Prevention; Recovery Supports; Wraparound and Connected Care Supports
19	Select the "Schedule B" approved strategy or strategies that best match the primary focus of this program.	Treat Opioid Use Disorder (OUD), Support People in Treatment and Recovery, Connections to Care, Prevent Overdose Deaths and Other Harms (Harm Reduction)
20	Describe how this program will address opioid use disorder and any co-occurring substance use disorders or mental health conditions through evidence-based or evidence-informed practices or strategies.	By strengthening the infrastructure necessary to deliver evidence-based substance use treatment, opioid use disorder and any co-occurring disorders can be addressed. Capital investments will allow treatment providers to expand and modernize their facilities to provide treatment and recovery services.
21	Identify the procurement method utilized for this program, describe the procurement process, and explain why the procurement method identified was used for this program.	In accordance with the Department of Human Services procurement rules.
	2026 Fiscal Program List	
1	What is the name/title of the program?	Family and Community Support Group Capacity Grants
2	List all agencies, organizations, or entities that received funding for this program.	NJ Department of Human Services
3	In which category or categories does each agency, organization, or entity that received funding for this program belong? Select all that apply.	State Department
4	What is the primary problem being addressed by this program?	This program will address the significant impact of substance use disorder, including opioid use and opioid overdose, on families and communities, including the need for accessible family support, recovery, prevention, and harm reduction resources. It also addresses a capacity gap among small community-based organizations that provide these supports but may lack sufficient resources to sustain or expand their services.
5	Briefly describe the program's purpose and key activities.	The program will build the capacity of small non-profit and community-based organizations serving families and loved ones affected by substance use disorder. Grants will provide funding that will allow eligible organizations to address specific community needs. Key activities may include: • Operating or expanding family and community support grants • Providing harm reduction and prevention supports • Providing recovery-related services for individuals and their families • Offering bereavement, memorial, and remembrance activities for individuals lost to substance use
6	What is the target population for this program?	Individuals in Recovery; Individuals in Treatment; Members of the General Public

7	On what date was this program funded? (Use the format MM/DD/YYYY.)	9/17/2025
8	What is the total amount of funding for this program?	\$12,000,000.00
8a.	Of the total amount, how much has been spent (in the current reporting year)?	\$0.00
8b.	Of the total amount, how much has been appropriated/encumbered but not yet spent?	\$12,000,000.00
9	How often is your subdivision disbursing funds to this program?	Annually
10	On what date was this program launched? (Use the format MM/DD/YYYY.)	7/14/2026
11	Choose the duration of the program from the list below.	3 years
12	What is the number of unduplicated individuals served by this program?	0 individuals served to date; program has not yet launched.
13	What is the intended impact of this program?	The intended impact of this program is to strengthen the support and resources available to families and communities affected by substance use disorder. This will be done through increasing the capacity of community-based organizations to provide the appropriate services. The program is intended to improve access to recovery and prevention supports while strengthening family and community connections.
14	Which key performance indicators are you tracking to ensure success of the program? List all that apply, including, but not limited to, the following:	Number of participants served Number of harm reduction supplies distributed (e.g., naloxone kits, drug disposal packets) Number of training/education sessions Number of services provided/encounters
15	How frequently are you measuring the key performance indicators listed above?	Quarterly
16	What outcomes or impact does the program aim to achieve? How do you plan to measure or track that impact?	Increase access to family and community-based supports through expanding the capacity of existing community-based organizations. There will also be an increase in opportunities for families and communities to participate in memorial and remembrance activities for individuals lost to the opioid epidemic. Monthly data will be collected from organizations to track demographics and units of services delivered.
17	Primary Category (Please select the category that fits the primary focus of this program):	Wraparound and Connected Care Supports
18	The following are other categories that may apply (include all categories with the exception of the Primary category you chose above).	Recovery Supports; Workforce Development and Capacity Building
19	Select the "Schedule B" approved strategy or strategies that best match the primary focus of this program.	Support People in Treatment and Recovery

20	Describe how this program will address opioid use disorder and any co-occurring substance use disorders or mental health conditions through evidence-based or evidence-informed practices or strategies.	This program utilizes a family and community-centered approach, recognizing that substance use disorder affects the individual's family, loved ones, and broader community and that these populations also require ongoing support. Evidence-informed strategies supported through the grants may include peer support groups, recovery supports, and harm reduction efforts. Given the flexible nature of the grants, it allows organizations to respond to co-occurring substance use disorder and mental health conditions by connecting families and communities to appropriate resources.
21	Identify the procurement method utilized for this program, describe the procurement process, and explain why the procurement method identified was used for this program.	In accordance with the Department of Human Services procurement rules.
	2026 Fiscal Program List	
1	What is the name/title of the program?	Housing Continuum Expansion
2	List all agencies, organizations, or entities that received funding for this program.	NJ Department of Human Services
3	In which category or categories does each agency, organization, or entity that received funding for this program belong? Select all that apply.	State Department
4	What is the primary problem being addressed by this program?	This program addresses the interconnected challenges of housing instability, substance use disorder, and other unmet medical and behavioral health needs. Unhoused individuals often face barriers in accessing substance use treatment and other primary care. This program is designed to address those barriers through a culturally responsive, 24/7 model that integrates housing, healthcare, harm reduction, and substance use treatment.
5	Briefly describe the program's purpose and key activities.	The purpose of the program is to provide integrated, low barrier housing, healthcare, harm reduction, and recovery services to unhoused or unstably housed individuals with substance use, mental health, and acute or chronic healthcare needs. This program includes eight core components: • Intensive case management and care coordination • Harm reduction and recovery housing • Medical services including medication assisted treatment/medications for opioid use disorder, chronic disease management, PEP/PrEP, hepatitis C treatment, and wound and injection site care • Certification for up to 10 providers, including specific provider training • Establishment of a Community Advisory Board that oversees program development and implementation • Targeted participant and staff incentives • Low-barrier engagement center • Program evaluation

6	What is the target population for this program?	Individuals experiencing Homelessness; Individuals in Recovery; Individuals in Treatment; Individuals involved with the Criminal Justice System; Individuals who Use Drugs
7	On what date was this program funded? (Use the format MM/DD/YYYY.)	12/23/2025
8	What is the total amount of funding for this program?	\$10,500,000.00
8a.	Of the total amount, how much has been spent (in the current reporting year)?	\$0.00
8b.	Of the total amount, how much has been appropriated/encumbered but not yet spent?	\$10,500,000.00
9	How often is your subdivision disbursing funds to this program?	Annually
10	On what date was this program launched? (Use the format MM/DD/YYYY.)	1/4/2027
11	Choose the duration of the program from the list below.	3 years
12	What is the number of unduplicated individuals served by this program?	0 individuals served to date; program has not yet launched.
13	What is the intended impact of this program?	The intended impact is to reduce barriers to substance use treatment and healthcare while improving housing stability and health outcomes among individuals experiencing homelessness or housing instability and co-occurring substance use, mental health, and medical conditions.
14	Which key performance indicators are you tracking to ensure success of the program? List all that apply, including, but not limited to, the following:	Number of participants served Number of harm reduction supplies distributed (e.g naloxone kits, drug disposal packets) Number of training/education sessions Number of services provided/encounters
	Other:	Housing Stability Health and behavioral health outcomes Emergency department/hospital use Benefits enrollment Economic Stability
15	How frequently are you measuring the key performance indicators listed above?	Quarterly
16	What outcomes or impact does the program aim to achieve? How do you plan to measure or track that impact?	Improve housing stability, substance use treatment engagement, harm reduction, and overall health among participants. Impact can be tracked through service data as well as participant feedback
17	Primary Category (Please select the category that fits the primary focus of this program):	Housing
18	The following are other categories that may apply (include all categories with the exception of the Primary category you chose above).	Harm Reduction and Overdose Prevention; Recovery Supports; Treatment; Wraparound and Connected Care Supports

19	Select the "Schedule B" approved strategy or strategies that best match the primary focus of this program.	Treat Opioid Use Disorder (OUD), Support People in Treatment and Recovery, Connections to Care, Prevent Overdose Deaths and Other Harms (Harm Reduction)
20	Describe how this program will address opioid use disorder and any co-occurring substance use disorders or mental health conditions through evidence-based or evidence-informed practices or strategies.	This program uses an integrated model to address opioid use disorder and co-occurring substance use disorders and mental health conditions. Direct access to medications for opioid use disorder (MOUD), harm reduction services, and recovery housing in combination with case management will be offered to individuals.
21	Identify the procurement method utilized for this program, describe the procurement process, and explain why the procurement method identified was used for this program.	In accordance with the Department of Human Services procurement rules.
	2026 Fiscal Program List	
1	What is the name/title of the program?	Peers in SUD Residential Settings
2	List all agencies, organizations, or entities that received funding for this program.	NJ Department of Human Services
3	In which category or categories does each agency, organization, or entity that received funding for this program belong? Select all that apply.	State Department
4	What is the primary problem being addressed by this program?	Gap in peer services within residential settings.
5	Briefly describe the program's purpose and key activities.	Funds support hiring and deploying of Peer Recovery Specialists to provide non-clinical assistance and recovery supports services to assist with issues that often occur concurrently with a substance use disorder, such as homelessness, incarceration, legal issues, employment, education, transportation, need for social services, health care, child welfare involvement, child care, health insurance, documentation, etc. to individuals receiving substance use treatment in residential settings, including inpatient withdrawal management, short-term and long-term residential, and halfway houses.
6	What is the target population for this program?	Individuals in Treatment
7	On what date was this program funded? (Use the format MM/DD/YYYY.)	9/2/2025
8	What is the total amount of funding for this program?	\$2,000,000.00
8a.	Of the total amount, how much has been spent (in the current reporting year)?	\$1,800,426.86
8b.	Of the total amount, how much has been appropriated/encumbered but not yet spent?	\$199,573.14
9	How often is your subdivision disbursing funds to this program?	One time only

10	On what date was this program launched? (Use the format MM/DD/YYYY.)	10/1/2025
11	Choose the duration of the program from the list below.	Others
11(a)	Choose the duration of the program from the list below. - Others	This program received a one-time emergency allocation due to loss of ARPA funding.
12	What is the number of unduplicated individuals served by this program?	12,565
13	What is the intended impact of this program?	Peers will work with individuals to assist in resolution of issues that often occur concurrently with a substance use disorder.
14	Which key performance indicators are you tracking to ensure success of the program? List all that apply, including, but not limited to, the following:	
	Number of participants served:	12,565
	Other:	Clients referred to the next Level of Care.
15	How frequently are you measuring the key performance indicators listed above?	Quarterly
16	What outcomes or impact does the program aim to achieve? How do you plan to measure or track that impact?	With Peer support in addiction treatment, the goal is to reduce substance use, improve engagement and substance-related outcomes. This will be measured by tracking clients that achieved reduction in substance use and clients that are referred to the next level of care.
17	Primary Category (Please select the category that fits the primary focus of this program):	Treatment
18	The following are other categories that may apply (include all categories with the exception of the Primary category you chose above).	Recovery Supports
19	Select the "Schedule B" approved strategy or strategies that best match the primary focus of this program.	Treat Opioid Use Disorder (OUD), Support People in Treatment and Recovery, Prevent Misuse of Opioids, Prevent Overdose Deaths and Other Harms (Harm Reduction)
20	Describe how this program will address opioid use disorder and any co-occurring substance use disorders or mental health conditions through evidence-based or evidence-informed practices or strategies.	Studies have shown the importance of Peer Recovery Specialist involvement in SUD treatment and long-term recovery support. Because of the knowledge gained through lived experience of addiction and recovery, and specialized training received, Peers provide emotional, informational, instrumental and affiliation support as well as share knowledge and information about the recovery process and often provide skills training related to achieving and maintaining a life in recovery.
21	Identify the procurement method utilized for this program, describe the procurement process, and explain why the procurement method identified was used for this program.	In accordance with the Department of Human Services procurement rules.
	2026 Fiscal Program List	

1	What is the name/title of the program?	Maternal Wraparound Program (M-WRAP)
2	List all agencies, organizations, or entities that received funding for this program.	NJ Department of Human Services
3	In which category or categories does each agency, organization, or entity that received funding for this program belong? Select all that apply.	State Department
4	What is the primary problem being addressed by this program?	The M-WRAP program seeks to solve the high rates of adverse birth outcomes and systemic barriers faced by pregnant and postpartum women struggling with substance use disorders, particularly opioid and heroin addiction. MWRAP provides intensive case management and Peer recovery support services during pregnancy and up to one year after the birth event.
5	Briefly describe the program's purpose and key activities.	M-WRAP 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 end of the pregnancy. 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. Recovery Support Specialists provide non-clinical assistance, and recovery supports while maintaining follow-up with the women and their infants: 1. Prepare of Family Care Plan 2. Case management 3. Make referral for treatment as needed 4. Support justice involved consumers as needed 5. Guide consumers with issues of childcare, supporting housing, and other family related needs.
6	What is the target population for this program?	Pregnant and Parenting Individuals and their Families, including Babies with Neonatal Abstinence Syndrome
7	On what date was this program funded? (Use the format MM/DD/YYYY.)	9/2/2025
8	What is the total amount of funding for this program?	\$1,050,000.00
8a.	Of the total amount, how much has been spent (in the current reporting year)?	\$444,480.00
8b.	Of the total amount, how much has been appropriated/encumbered but not yet spent?	\$605,520.00
9	How often is your subdivision disbursing funds to this program?	One time only
10	On what date was this program launched? (Use the format MM/DD/YYYY.)	10/1/2025
11	Choose the duration of the program from the list below.	Others
11(a).	Choose the duration of the program from the list below. - Others	This program received a one-time emergency allocation due to loss of ARPA funding.
12	What is the number of unduplicated individuals served by this program?	265

13	What is the intended impact of this program?	To alleviate barriers to services for pregnant women who are dependent on substances 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.
14	Which key performance indicators are you tracking to ensure success of the program? List all that apply, including, but not limited to, the following:	
	Number of participants served:	265 in total PPW 91 Babies/births 73 Children <1 18 Dependent children 1-17yrs 83
	Increased community awareness (please describe):	Peer Recovery Specialists conducted monthly community outreach to encourage enrolment into program, and Case Managers provide periodic follow-up recovery support services.
	Number of referrals to treatment:	(n=91 Pregnant and Parenting Women, PPW) MAT 14%, n=91 PPW (Buprenorphine and Methadone) Co-occurring MH 56% Justice involved 13% Only 1 case of NAS reported
15	How frequently are you measuring the key performance indicators listed above?	Quarterly
16	What outcomes or impact does the program aim to achieve? How do you plan to measure or track that impact?	1. Sustained Recovery - increased retention in substance use disorder treatment programs and reduced postpartum relapse rates. 2. Continuous Peer Support - ongoing engagement with non-clinical peer recovery specialists to build long-term sobriety strategies. 3. Stabilized Social Determinants - measurable improvements in life domains, resulting in stable housing, reliable transportation, and financial or employment assistance. 4. Healthy Births - higher rates of full-term pregnancies and healthier birth weights due to early, consistent prenatal medical care. 5. Mitigated Exposure Risks - lower incidence or reduced severity of Neonatal Abstinence Syndrome (NAS) in newborns. 6. Active Case Planning - establishing definitive, safe infant care plans and securing parenting resources prior to hospital discharge. 7. Alleviated Barriers - total elimination of service gaps through unified, comprehensive care coordination across medical and state agencies. 8. Family Preservation - safe, stable home environments that allow mothers to maintain custody and successfully care for their infants during the critical first year.
17	Primary Category (Please select the category that fits the primary focus of this program):	Wraparound and Connected Care Supports

18	The following are other categories that may apply (include all categories with the exception of the Primary category you chose above).	Diversion and Re-entry Support; Harm Reduction and Overdose Prevention; Recovery Supports
19	Select the "Schedule B" approved strategy or strategies that best match the primary focus of this program.	Address the Needs of Criminal Justice-Involved Persons, Address the Needs of Pregnant or Parenting Women and their Families, including Babies with Neonatal Abstinence Syndrome, Prevent Misuse of Opioids, Prevent Overdose Deaths and Other Harms (Harm Reduction)
20	Describe how this program will address opioid use disorder and any co-occurring substance use disorders or mental health conditions through evidence-based or evidence-informed practices or strategies.	Cases identified in this category are referred.
21	Identify the procurement method utilized for this program, describe the procurement process, and explain why the procurement method identified was used for this program.	As per Department of Human Services procurement rules, DMHAS issued a Request for Proposal (RFP) to develop the MWRAP Initiative for intensive case management and recovery support services to pregnant women with opioid dependence and other substances; 5 statewide contracts were awarded serving 7 regions, all 21 counties identified in the regions.
22	If you would like to provide any additional details about this program not already included above, you may do so here.	Data from the NJ Maternal Mortality Report (2016-2018) indicates that pregnant and parenting women are most vulnerable to relapse and overdose due to substance use from day 43 to one year after the birth event. This is a critical period as pregnant women with mental health issues and substance use disorder face complex challenges that can serve as barriers to treatment. Pregnant women fear seeking treatment for substance use disorder and prenatal care because of the stigma associated. They may experience elevated risks due to fear of child welfare involvement, legal repercussions or experience increased psychological distress due to limited resources and support. MWRAP assists pregnant women to access care, addresses barriers, provides intensive case management and the recovery supports needed to help improve maternal health outcomes during this critical period from pregnancy and up to one year after the birth event. The goal is to help mom sustain a healthy recovery, reduce relapse rates and overdoses that could unfortunately result in death.
	2026 Fiscal Program List	
1	What is the name/title of the program?	Recovery Management Check-Up
2	List all agencies, organizations, or entities that received funding for this program.	NJ Department of Human Services
3	In which category or categories does each agency, organization, or entity that received funding for this program belong? Select all that apply.	State Department
4	What is the primary problem being addressed by this program?	The program addresses gaps in continuity of care and recovery support after discharge from SUD treatment that can create barriers to sustained recovery and increase vulnerability to relapse.

5	Briefly describe the program's purpose and key activities.	The goal of the Recovery Management Check-up program is: 1) To provide a regionalized and innovative recovery program to individuals recovering from SUD in the northern region of New Jersey 2) To engage and coordinate an integrated person-centered recovery support services to individual/clients in recovery 3) To help identify, improve and sustain the recovery capital for individuals recovering from SUD. The Recovery Management Check Up (RMC) program facilitates a seamless and coordinated point of transition from treatment to community-based support services, with peer recovery specialists (PRSs) providing check-up services for discharged clients to support their independent living and success with recovery. Upon discharge from substance use disorder (SUD) treatment, participants are connected with a peer recovery specialist who conducts a check-up via phone, virtual meeting, face-to-face meeting, or text messaging/chat—consistent with the participants' preference—on a monthly basis (or more frequently at the participant's request). During the check in, the peer assists the participant in identifying areas in which they need support, including wraparound supports like housing, food, and transportation; behavioral health supports, such as a recovery community center, harm reduction center, or counseling; and primary care access. The peer identifies local resources and facilitates a warm connection between the participant and the provider.
6	What is the target population for this program?	Individuals in Recovery
7	On what date was this program funded? (Use the format MM/DD/YYYY.)	9/2/2025
8	What is the total amount of funding for this program?	\$3,500,000.00
8a.	Of the total amount, how much has been spent (in the current reporting year)?	\$798,514.00
8b.	Of the total amount, how much has been appropriated/encumbered but not yet spent?	\$2,701,486.00
9	How often is your subdivision disbursing funds to this program?	Annually
10	On what date was this program launched? (Use the format MM/DD/YYYY.)	10/1/2025
11	Choose the duration of the program from the list below.	3 years
12	What is the number of unduplicated individuals served by this program?	1,231
13	What is the intended impact of this program?	To provide recovery support to identified individuals recovering from OUD post discharge from licensed treatment facilities or in other recovery setting in the community. The aim is to help them increase their recovery capital, as they continue their recovery journey in the community.

14	Which key performance indicators are you tracking to ensure success of the program? List all that apply, including, but not limited to, the following:	
	Number of participants served:	1,231
	Number of services provided/encounters:	9,239
	Increased community awareness (please describe):	244 outreach meetings conducted at treatment facilities and recovery centers. This does not account for the number of information materials shared to the public through different forums, including various tabling events.
	Number of referrals to treatment	23
	Other:	Other referrals made to MH treatment, housing, employment, medical and social entitlement etc., were not formally tracked.
15	How frequently are you measuring the key performance indicators listed above?	Monthly
16	What outcomes or impact does the program aim to achieve? How do you plan to measure or track that impact?	Key outcomes include: • Increased engagement with peer recovery support and community-based services following discharge from SUD treatment. • Increased connections to and utilization of needed services, including treatment and behavioral health services, harm reduction services, primary care, housing, food, transportation, and other wraparound supports. • Improved recovery capital, including strengthened social, community, health, and other resources that support sustained recovery. • Improved continuity and coordination of care during the transition from treatment to community-based recovery. • Increased participant engagement in recovery and improved ability to maintain recovery and independent living. The program will track these outcomes through participant-level program records and routine Recovery Management Check-Up contacts. Peer recovery specialists will document the frequency and type of participant contacts, areas of need identified during check-ups, referrals and warm connections made to community resources, and participants' engagement with those services. The program will also track participation and service utilization over time to assess whether individuals remain connected to appropriate recovery and support services following discharge. Where feasible, participant feedback and measures of recovery and stability will be used to assess the effectiveness of the program and identify opportunities for improvement.
17	Primary Category (Please select the category that fits the primary focus of this program):	Recovery Supports
18	The following are other categories that may apply (include all categories with the exception of the Primary category you chose above).	Harm Reduction and Overdose Prevention; Wraparound and Connected Care Supports
19	Select the "Schedule B" approved strategy or strategies that best match the primary focus of this program.	Support People in Treatment and Recovery, Connections to Care, Prevent Overdose Deaths and Other Harms (Harm Reduction)

20	Describe how this program will address opioid use disorder and any co-occurring substance use disorders or mental health conditions through evidence-based or evidence-informed practices or strategies.	RMC program is not a clinically based intervention. RMC providers use at least one of these evidence-based/evidence-informed techniques as may be determined by client's unique needs(s): - o Motivational Interviewing: to focus on stages of change - o Mental Health First Aid: to improve self-awareness and personal - o Trauma Informed Care: to convey better understanding and empathy The following supplemental interventions may be implemented by the CPRS on an individual basis: - o Individual Recovery Planning – the CPRS will empower client develop Individual Recovery Plan (IRP) rooted in the recovery capital framework - o Health Education – Where possible, the CPRS will provide education around health and safety considerations, including and not limited to overdose prevention, medication assisted recovery, smoking cessation, and sexual health. - o Rapid Treatment Reengagement – CPRS will assess for signs of recurrence of use and whether re-engagement in treatment is needed. If necessary, CPRS will facilitate rapid treatment admission.
21	Identify the procurement method utilized for this program, describe the procurement process, and explain why the procurement method identified was used for this program.	RMC was initially funded in October 2023 through federal Covid-19 Supplement/ARPA grants. The award was done through a formal Request for Proposal (RFP), which was a competitive bidding process. The exercise resulted in the award of three grants to two successful bidders; Prevention Is Key and Prevention Links. The former got the award for the northern region, while the latter received two awards for the central and southern regions of the state.
22	If you would like to provide any additional details about this program not already included above, you may do so here.	Each of the 3 regions of the RMC are required to serve a specified number of persons discharged from substance use disorder (SUD) treatment or those identified to be in a recovery in their region. The northern region (Bergen, Essex, Hudson, Morris, Sussex, Somerset and Warren counties) is expected to up to 200 monthly. The central (Hunterdon, Mercer, Middlesex, Monmouth, Somerset, and Union) and southern (Atlantic, Burlington, Camden, Cape May, Cumberland, Gloucester, Ocean and Salem counties) regions are projected to serve up to 220 individuals monthly.
	2025 Fiscal Program List	
1	Program Name/Title	Opioid Crisis Emergency Response
2	Have there been any modifications or expansions to this program since the initial report? :	No modifications/expansions
3	Amount expended in this reporting period (7/1/2025 - 6/30/2026):	\$0.00
4	Is there anything else you would like to share or highlight regarding the progress and impact of this program? :	No
5	Last Updated Date :	9/9/2026

	2025 Fiscal Program List	
1	Program Name/Title	Legal Services for Individuals with Substance Use Disorder (SUD)
2	Have there been any modifications or expansions to this program since the initial report? :	Yes, other modifications/expansions
	2a) If yes, please explain:	There was an addendum to the original contract that authorized MLP attorneys to serve as primary counsel in Superior Court for all matters, except criminal cases and matters involving the State Public Defender. These changes became effective February 23, 2026.
3	Amount expended in this reporting period (7/1/2025 - 6/30/2026):	\$1,550,000.65
4	Medical Legal Partnership Program	A medical-legal partnership (MLP) is a collaboration between health care providers and legal personnel (attorneys and legal navigators) to address social needs that impact health. Navigators will provide one-to-one assistance to individuals to connect them to community resources and assist with navigating legal resources and needs.
	Number of service hours registered by FTE Attorney	5,113.3
	Number of service hours registered by FTE Navigator	6,354
	Number of unduplicated individuals receiving legal services	773
	Total number of individuals served	1,220
	Number of legal cases opened	707
	Number of legal cases resolved	530
	Number of clients represented in criminal matters	372
	Number of clients represented in civil matters	451
	Number of clients represented in immigration matters	1
	Number of clients represented with employment matters	21
	Number of clients represented with housing instability	182
	Number of clients represented with family law matters	240
	Total number of benefit denial appeals (i.e. SSI, SSDI, Medicaid, etc.)	43
	Total number of individuals linked to government programs (i.e. Housing, Insurance, Medicaid/Medicare, etc)	189
	Number of Naloxone kits distributed	279
	Number of individuals presenting with co-occurring disorders	387

	Number of individuals who represent historically marginalized, transient, or harder to reach communities, or regions of the state. (specified racial and ethnic groups, underserved and LGBTQIA+ communities, etc.)	205
	Feedback and Testimonials	<i>It was a very helpful and positive interaction. I'm very pleased with the assistance.</i>
		<i>(The program staff) absolutely helped me in so many ways, she is the reason I'm able to leave and hug my daughter today. Thank you!</i>
		<i>I am very grateful for all the help I received from (the program staff) and all the other counselors and CIT. I have learned a lot from () and I'm leaving feeling empowered and healthy. I appreciate the way staff treated me with respect and dignity, they built me up and treated me in a way that worked best for me. Thank You ()</i>
		<i>(The program staff) was awesome. She did her job and did it very well, helped me through a lot.</i>
		<i>I am very appreciative of the service I received and what's being provided.</i>
		<i>I am grateful and appreciative of the opportunity to be a part of (this) program</i>
		<i>Thank you so much for the service that is now available to us</i>
		<i>Just want to say thank you and that this is a great thing you're doing for people trying to better their lives.</i>
		<i>The availability and ease in attaining such services helped give me confidence in navigating uncertain matters I may need assistance with going forward especially when it comes to financial barriers that may be in place if I were to try and proceed on my own</i>
		<i>This program is truly awesome. The staff is very helpful.</i>
5	Regional Legal Services Program	This program will help address legal and social issues that present as barriers to accessing needed services (medical, behavioral health, housing, insurance, entitlements, etc.) for individuals with a SUD and to reduce the burden of outstanding legal issues that negatively impact an individual's recovery process and ability to successfully live in the community of their choosing. The goal is to avoid incarceration whenever safely possible and to address any social inequities from a legal perspective. In this model, attorneys along with navigators will serve individuals who have a SUD, individuals who use drugs, and individuals who are in recovery.
	Number of service hours registered by FTE Attorney	898.8
	Number of service hours registered by FTE Navigator	1,298
	Number of unduplicated individuals receiving legal services	138
	Total number of individuals served	148
	Number of legal cases opened	145
	Number of legal cases resolved	50
	Number of clients represented in criminal matters	0

	Number of clients represented in civil matters	50
	Number of clients represented in immigration matters	0
	Number of clients represented with employment matters	0
	Number of clients represented with health insurance matters	3
	Number of clients represented with housing instability	22
	Number of clients represented with family law matters	6
	Total number of benefit denial appeals (i.e. SSI, SSDI, Medicaid, etc.)	0
	Total number of individuals linked to government programs (i.e. Housing, Insurance, Medicaid/Medicare, etc.)	13
	Number of individuals trained in overdose prevention	156
	Number of Naloxone kits distributed	0
	Number of individuals presenting with co-occurring disorders	8
	Number of individuals who represent historically marginalized, transient, or harder to reach communities, or regions of the state. (specified racial and ethnic groups, underserved and LGBTQIA+ communities, etc.)	36
6	Is there anything else you would like to share or highlight regarding the progress and impact of this program? :	No
7	Last Updated Date :	8/31/2026
	2025 Fiscal Program List	
1	Program Name/Title	Youth Substance Use Initiative Expansion
2	Have there been any modifications or expansions to this program since the initial report? :	No modifications/expansions
3	Amount expended in this reporting period (7/1/2025 - 6/30/2026):	\$1,680,000.00
4	What key performance indicators are you tracking to ensure success of the program (for example, # of services provided, # of people served, # of naloxone kits distributed)?	
	Participants demographics:	Youth 13-17.9 yrs old with substance use disorder and may include a co-occurring mental health diagnosis statewide.
	Number of participants successfully discharged:	27 unduplicated youth

	Number of participants still in care:	54 remain in treatment
	Number of participants referred to a higher level of care	8 youth required higher level of care
	Number of services provided/encounters:	24 hours a month /per youth on average
	Number of training/education sessions:	Staff from all eight (8) providers attended a total of 15 CYBER training sessions with PerformCare, CSOC's contracted system's administrator, to utilize the client electronic management system. In addition, staff from providers have access to monthly trainings by Rutgers TTA and include those required by CSOC for agency staff to attend.
	Increased community awareness (please describe):	235 unduplicated outreach activities reported by agencies to CSOC system partners and community stakeholders to build community awareness of the service.
5	Is there anything else you would like to share or highlight regarding the progress and impact of this program? :	Transportation is provided by all programs and has provided youth and young adults in all 10 regions the opportunity to attend therapy
6	Last Updated Date :	8/31/2026
	2024 Fiscal Program List	
1	Program Name/Title	Community Peer Recovery Centers Expansion
2	Have there been any modifications or expansions to this program since the initial report? :	No modifications/expansions
3	Amount expended in this reporting period (7/1/2025 - 6/30/2026):	\$5,868,709.00
4	What key performance indicators are you tracking to ensure success of the program (for example, # of services provided, # of people served, # of naloxone kits distributed)?	
	Number of participants served (unduplicated):	58,400
	Number of harm reduction supplies distributed (e.g naloxone kits, drug disposal packets):	Naloxone – 3,084
	Number of participants who received services:	
	Recovery Housing	908
	Recovery Coaching or Peer Coaching	7,267
	Employment Support	2,542
	Basic Needs-Food, Clothing, Emergency Shelter	2,307
	Case Management/Individual Services Coordination	3,774
	Community Resources	9,561
	Cultural, Historical & Gender Issues	651
	Educational Support	1,107
	Harm reduction	2,534

	Life Skills	2,928
	Outreach	12,040
	Parenting/Childcare Resources	723
	Recovery Support	16,603
	Relapse Prevention	5,162
	Self-Help & Recovery Support Groups	10,687
	Social/Recreational	6,151
	Spiritual and Faith Based	837
	Substance Abuse Education	4,990
	Transportation	3,172
	Treatment/care support/system navigation	2,443
	Wellness activities	2,599
	Number of sessions:	
	Number of group recovery support meetings held (virtual and in person)	8,565
	Number of individual meetings held (virtual and in person)	17,978
	Number of community activities (virtual and in person)	3,007
	Number of phone, text, and email contacts (a participant may be contacted in multiple ways/times)	17,526
	Number of referrals to services made (e.g. recovery housing, community resources)	17,663
	Number of referrals to treatment	2,443
5	Is there anything else you would like to share or highlight regarding the progress and impact of this program? :	Yes

	5a) If yes, please explain:	Funding for this program is braided - both SAMHSA (\$100,000 per center) and Opioid Settlement Funds (\$275,000 per center). New Jersey's 21 Community Peer Recovery Centers (CPRC), serve as a vital Hub for the recovery community in each county providing peer-to-peer recovery support services and activities that include but are not limited to access to resources on substance use disorder and behavioral health, medication assisted treatment and Naloxone training and kits. Peer recovery coaching is available at each recovery center to help individuals develop personal recovery plans; access safe social events and activities; mutual support groups, wellness activities; and special programs to address special issues and concerns. CPRCs stress multiple pathways of recovery to help maintain and sustain recovery capital and overall quality of life among people who participate in recovery community center services. With expanded funding via Opioid Settlement Funds, CPRCs expanded to reflect strategic personnel changes, budget adjustments, and project expansions aimed at enhancing service delivery and accessibility across the recovery centers in each county. All CPRCs were able to increase their hours of operation to 45 hours per week, including evening and weekend hours to accommodate their county recovery center needs. Most centers also expanded staffing to support programming and extended hours by adding more staff and volunteers; as well as collaboration with Workforce Development programs for peer training and peer certification requirements. Others were able to expand staff by adding Community Engagement Coordinators and Outreach Coordinators to enhance accessibility and outreach efforts. Some centers made budget adjustments which shifted funds from physical space to mobile outreach including the purchase of vehicles for service mobilization throughout the county. Most CPRCs have found that being a Hub for the county meant increasing visibility and space for activities to support expanded participant engagement. To better capture recovery support data, agencies who were previously not using the Recovery Data Platform (RDP) were trained on how to use the RDP to document peer support services and data; and all CPRCs continue to be trained on the CPRC requirement to capture intake and follow up data for engagement and outcomes.
6	Last Updated Date :	8/31/2026
	2024 Fiscal Program List	
1	Program Name/Title	Housing Options for Individuals with Substance Use Disorder (SUD)
2	Have there been any modifications or expansions to this program since the initial report? :	No modifications/expansions
3	Amount expended in this reporting period (7/1/2025 - 6/30/2026):	\$5,344,564.75

4	Oxford House	July 1st, 2025, through June 30th, 2026, Oxford House, Inc. (OHI), funded by Opioid Settlement Grant (OSG), recruited, hired, and trained three Oxford House (OH) outreach staff, one Oxford House (OH) resource coordinator, and one Oxford House (OH) training and education coordinator. Under guidance from the OH Regional Manager and other senior staff, ten (10) new Oxford Houses opened, providing an additional eighty-two (82) beds. OSG New Jersey Oxford Houses served two hundred seventy-seven (277) individuals and sustained an average monthly abstinence rate of 91.9%. Oxford House reports that all bills and rent are current in each house despite the recent increase in housing costs. Oxford House assigned a staff person to focus solely on the education of naloxone and medications for those recovering from substance use disorders (SUD), including opioid use disorders (OUD). This staff person is expanding the availability of beds for people with OUD by challenging recovery biases and educating members on overdose reversal. Additionally, the staff educates Oxford House members and Oxford House contract staff. Education includes up-to-date resources and information on the prevention and treatment of opioid misuse so house members and Oxford House contract staff can easily access resources and understand the issues related to opioid misuse. Oxford House is now providing peer-based training to its chapters and residents on opioid overdose prevention, along with outreach and education led by residents on the effectiveness of medication-assisted recovery. Oxford House staff organized twenty-four (24) naloxone training courses across the state, both online and in-person, which provided naloxone training to four hundred eighty-two (482) participants. New Jersey Oxford House continues to work with local partners like Hope One and Rutgers Medical Institute to offer naloxone kits. Over two hundred fifteen (215) naloxone kits were provided to participants in attendance. In addition, members are provided with monthly introductory workshops about the Oxford House Model. These workshops include vital information about opioid overdose and the positive impact of medications for recovery in Oxford House.
	Number of new Houses	10
	Number of new beds	82
	Number of individuals served	277
	Number of harm reduction supplies distributed (e.g naloxone kits, drug disposal packets):	Naloxone Kits - 215
	Number of training/education sessions	24
	Number of individual trained	482
	Number of individuals referred to treatment	15
	Number of services provided/encounters:	81
	Community Awareness Events	165

5	Shelter Beds	The temporary shelter housing services program is intended to address housing needs for individuals being discharged from SUD treatment and/or individuals with a history of SUD who are currently unhoused. Communities of color were prioritized during the selection process to better address housing needs within this population. The program is intended to serve as a bridge to permanent housing, allowing participants to receive the support and services they need, including case management services. Individuals served in this initiative will also have access to housing subsidies and Oxford Housing through the case management agencies. A total of six agencies were awarded across the State, for a total of 150 beds, to serve approximately 450 individuals annually.
	Number of individuals referred to this program	817
	Referral Source Breakdown (from number of individuals referred):	
	Residential	447
	Outpatient	134
	Community	100
	Self	73
	Other	63
	Number of unduplicated individuals served by this program	338
	Number of individuals linked to case management	286
	Total number of individuals served	701
	Number of individuals linked to permanent housing	62
	Number of individuals linked to temporary housing	31
	Number of individuals trained in overdose prevention	196
	Number of Naloxone kits distributed	165
	Number of overdose prevention education sessions	45
	Number of housing vouchers distributed	80
	Success Stories	<i>A client entered the program seeking support for opioid use disorder after experiencing ongoing challenges with maintaining recovery and housing stability. Upon admission, the client was connected with Medication-Assisted Treatment (MAT) services to ensure continuity of care and reduce the risk of relapse. Through collaboration between the care coordination team, the MAT provider, and community partners, the client's medication services were successfully established without interruption. The client attended appointments consistently, remained engaged in treatment, and actively participated in case management services focused on recovery, housing, employment readiness, and overall wellness.</i> <i>As the client's recovery progressed, they demonstrated increased stability, improved physical and mental health, and a strong commitment to maintaining sobriety. With ongoing support, the client secured safe, permanent housing and developed a</i>

		<i>sustainable recovery plan that included continued MAT, outpatient treatment, and community-based support services.</i>
		<i>"When the client entered the Shelter, he faced numerous challenges that placed him at risk of long-term homelessness. After losing his housing in July 2025, he arrived at the shelter with limited resources, no family support, and multiple mental health diagnoses. He was also navigating life on parole while working to regain his medical insurance, making his path toward stability even more complex. From the beginning, he demonstrated a willingness to engage in services and work toward improving his circumstances. He actively participated in case management, maintained communication with his treatment providers through the MASSH program, and remained committed to achieving his long-term goals. He completed all shelter requirements, including obtaining necessary medical clearances, and consistently saved a portion of his SSI income in preparation for future housing. Recognizing his need for long-term support, he inquired about the Substance Use Disorder (SUD) Housing Program, which provided intensive case management and access to additional housing resources. Through ongoing collaboration between shelter staff and community partners, he remained engaged in services and successfully navigated the housing process. As a result of his dedication and the comprehensive support he received, he was approved for permanent supportive housing through the SUD program. He successfully transitioned into his own apartment with a lifetime housing voucher, providing him with the long-term housing stability necessary to continue managing his mental health, maintain his independence, and focus on his future "</i>
		<i>"The client's journey demonstrates resilience, determination, and the power of continued recovery. He began experiencing homelessness on February 27, 2024, after a bus accident resulted in the loss of his employment and housing stability. After staying with family and friends in Camden, NJ, he sought emergency shelter, where he connected with case management services to address his immediate needs and work toward long-term stability. During his time at the shelter, he was open about his recovery journey and the challenges he had overcome. He shared that he experienced three relapses and an overdose throughout his journey; however, he continued to seek support, return to recovery resources, and remain committed to making positive changes in his life. Through dedication and perseverance, he maintained his sobriety, continued attending NA and AA meetings, and became a strong advocate for recovery within the shelter community. He actively worked toward rebuilding his independence by participating in the Re-Entry Program to</i>

		<i>pursue his CDL license and improve his employment opportunities. He also became a source of encouragement for others by returning to the shelter to facilitate men's groups, where he shared his personal experiences and provided guidance and support to individuals facing similar challenges. Through his commitment to recovery, personal growth, and housing goals, he successfully transitioned from shelter into permanent housing. His journey reflects his strength, accountability, and determination to create a more stable future. His willingness to overcome setbacks and use his experiences to inspire others highlights the significant progress he has made. He continues to serve as an example that change is possible with dedication, support, and perseverance."</i>
		<i>"The client's journey reflects resilience, determination, and the ability to overcome significant life challenges. She began experiencing homelessness in October 2025 following the passing of her father, which resulted in her losing her previous housing after being removed from the home by her stepmother. Upon entering the shelter, she connected with case management services to address her immediate needs, access resources, and work toward regaining stability. During her time at the shelter, she was open about the challenges she faced, including managing her mental health diagnoses, as well as addressing ongoing medical concerns. She remained engaged with her treatment providers and continued taking steps to prioritize her overall well-being. She also became involved in the (SUD) Program at the shelter, where she received additional support, structure, and resources to assist her in reaching her personal goals and maintaining stability. She actively participated in the housing process and worked closely with case management to identify available resources and housing opportunities. She was connected with supportive services, including a referral to Garden State for additional housing assistance. Through her dedication, follow-through, and continued engagement with services, she successfully obtained permanent housing and was able to transition out of shelter. In addition to securing stable housing, she made significant personal and professional progress by returning to work as a barber. Reconnecting with her career allowed her to regain a sense of independence, purpose, and confidence while continuing to build a more stable future for herself. Her journey is a testament to her strength, perseverance, and commitment to personal growth. Through utilizing available resources, participating in supportive programming, advocating for herself, and remaining focused on her goals, she was able to overcome homelessness, obtain permanent housing, and return to a career she is passionate about. Her success highlights the positive impact of supportive services and her determination to continue moving forward."</i>

5	Case Management Services	Case management services are intended to be provided to adults with substance use disorder who are currently staying in DMHAS Opioid-Settlement funded temporary shelter beds and need long-term housing placement. Case managers will help connect individuals with resources in their area, entitlements, and assist them in securing permanent housing. DMHAS made four regional awards, covering Northern (2), Central (1), and Southern (1) in response to the shelter bed assigned locations.
	Number of people referred to this program	286
	Number of unduplicated individuals served by this program	260
	Number of individuals who have moved to permanent housing	42
	Number of individuals who were referred to SUD or co-occurring services	103
	Individuals linked to entitlements or benefits	
	Medicaid	44
	SNAP	107
	SSI	27
	County Board of Social Services (start up funds assistance)	51
6	Is there anything else you would like to share or highlight regarding the progress and impact of this program? :	No
7	Last Updated Date :	8/31/2026
	2024 Fiscal Program List	
1	Program Name/Title	Emergency Opioid Settlement Funding for Harm Reduction Supplies: Xylazine Test Strip Program
2	Have there been any modifications or expansions to this program since the initial report? :	Yes - Program has ended/will not be continued
3	Amount expended in this reporting period (7/1/2025 - 6/30/2026):	\$0.00
4	What key performance indicators are you tracking to ensure success of the program (for example, # of services provided, # of people served, # of naloxone kits distributed)?	
	Number of harm reduction supplies distributed (e.g naloxone kits, drug disposal packets):	Xylazine test strips: 1,125 Basic hygiene kits: 4,043 Wound care kits: 1,860
5	Is there anything else you would like to share or highlight regarding the progress and impact of this program? :	No

6	Last Updated Date :	9/9/2026
	2024 Fiscal Program List	
1	Program Name/Title	Harm Reduction Expansion Activities
2	Have there been any modifications or expansions to this program since the initial report? :	Yes - Program has ended/will not be continued
3	Amount expended in this reporting period (7/1/2025 - 6/30/2026):	\$12,000,000.00
4	What key performance indicators are you tracking to ensure success of the program (for example, # of services provided, # of people served, # of naloxone kits distributed)?	
	Number of participants served:	9,097
	Number of Naloxone materials dispensed	29,333
	Number of Fentanyl Test Strips materials dispensed	52,390
	Number of Xylazine Test Strips dispensed	42,870
	Number of Safer Injection Kits materials dispensed	35,267
	Number of Safer Smoking Kits materials dispensed	72,353
	Number of Safer Snorting Kits materials dispensed	18,043
	Number of Wound Care Kits materials dispensed	14,342
	Number of Other Harm Reduction materials dispensed	127,339
	Number of encounters (harm reduction visits)	39,613
	Number of Weather Items materials dispensed	8,242
	Number of Food Items materials dispensed	36,262
	Number of Syringes distributed	2,548,245
	Number of harm reduction sessions	31,529
	Referrals to Substance Use Disorder Treatment	321
	Referrals to Harm Reduction Health	648
	Referrals to HIV Testing	745
	Referrals to Viral Hepatitis Testing	138
	Referrals to STI Testing	139
	Referrals to Mental Health Services	146
5	Is there anything else you would like to share or highlight regarding the progress and impact of this program? :	No
6	Last Updated Date :	9/9/2026

	2024 Fiscal Program List	
1	Program Name/Title	Mobile Medication for Addiction Treatment (MAT) Expansion
2	Have there been any modifications or expansions to this program since the initial report? :	No modifications/expansions
3	Amount expended in this reporting period (7/1/2025 - 6/30/2026):	\$2,381,717.00
4	New Mobile Medication Unit Sites	JSAS Healthcare: Received delivery of its Mobile Medication Unit (MMU) on July 17, 2025, and is currently working toward Opioid Treatment Program (OTP) licensure through the New Jersey Department of Health, Certificate of Need and Licensing (CN&L). The agency held a ribbon-cutting ceremony for the new vehicle and program initiative on November 14, 2025. New Brunswick Counseling Center: Received delivery of two Mobile Medication Units on October 23, 2025, designated for its New Brunswick and Mount Holly locations. The agency is currently working toward OTP licensure through the New Jersey Department of Health, Certificate of Need and Licensing (CN&L).
	Replacement Mobile Medication Units (MMUs) for Existing Medication Assisted Treatment Initiative (MATI)	Iron Recovery Wellness (Trenton): Received delivery of its replacement MMU late March 2026. The agency is currently working toward OTP licensure through the New Jersey Department of Health, Certificate of Need and Licensing (CN&L). Organization for Recovery (Plainfield): Received delivery of its replacement MMU on June 30, 2026. The agency is currently working toward OTP licensure through the New Jersey Department of Health, Certificate of Need and Licensing (CN&L). Paterson Counseling Center (Paterson): Delivery of the replacement MMU is still pending. The vendor currently anticipates delivery in late July or early August 2026. Upon receipt of the vehicle, the agency will begin the process of obtaining licensure for the replacement MMU through the New Jersey Department of Health, Certificate of Need and Licensing (CN&L).
5	Is there anything else you would like to share or highlight regarding the progress and impact of this program? :	Under the original implementation plan, funding was allocated to replace an existing Mobile Medication Unit at Urban Treatment Associates (UTA) in Camden. However, the agency voluntarily terminated its license in February 2025. Following this closure, the DMHAS Fiscal Unit determined that sufficient funding was not available within the existing DMHAS budget to support the establishment of a replacement program. As a result, the Program Unit was directed not to issue a new Request for Proposal (RFP) to replace the previous contract. Consequently, \$325,000 originally designated for replacement of the UTA Mobile Medication Unit was not expended.
6	Last Updated Date :	8/31/2026
	2024 Fiscal Program List	

1	Program Name/Title	NJ Keeping Families Together (KFT) Expansion
2	Have there been any modifications or expansions to this program since the initial report? :	Yes, modification to funding amount
	2a) If yes, please explain:	Additional funding of \$4,860,000 over 3 years (\$1,620,000 annually). This additional funding would expand the existing KFT program, which provides direct support services to families, as well as vouchers and rental subsidies for housing costs. Aftercare and “move on services” to ensure stability 12 months post-discharge would be included as a new addition to the program. The NJ KFT intervention leverages the Housing First approach to provide comprehensive support to parents with OUD that includes access to housing, case management, linkage to community services, and therapeutic services. Research has consistently demonstrated that the Housing First strategy can be an effective path to housing for people with substance use disorders. These additional resources will support the replenishment of housing vouchers, as well as maintain both model and Motivational Interviewing training.
3	Amount expended in this reporting period (7/1/2025 - 6/30/2026):	\$2,685,000.00
4	What key performance indicators are you tracking to ensure success of the program (for example, # of services provided, # of people served, # of naloxone kits distributed)?	
	Number of participants served:	Over 664 families served
5	Is there anything else you would like to share or highlight regarding the progress and impact of this program? :	Yes

	5a) If yes, please explain:	• The initial tranche of Opioid funding (\$8.1M) for KFT was meant to expand services to 65 new families. Since this award, however, housing, energy, transportation and staffing costs have increased considerably. Every aspect of providing housing and services has increased. Therefore, expansion was not possible. • The full award (\$8.1M) instead is being used to maintain the current 664 KFT participants. DCF shared these concerns with the Opioid Council in April and May (2025) and were encouraged to apply for a second tranche of Opioid funding. • DCF learned in December 2025 that it was awarded a second tranche of \$4.86M. As of 6/30/26, these funds were not distributed DCF. Ahead of DHS distributing these funds, DCF must submit an updated scope of work, updated budget and an MOU amendment. The submission of these finalized updated documents are in process. During this reporting period please note the following KFT program highlights: • Nationally recognized by the Aspen Institute for integration of multi-sector partnerships to support family stability. https://ascend.aspeninstitute.org/stability-starts-at-home-preventing-crisis-through-integrated-housing-and-food-systems/ • The KFT Statewide Convening was held on February 4, 2026. This annual event gathered over 150 multisector stakeholders to share programmatic lessons learned, best practices and emerging trends among the KFT community of practice. • The KFT Randomized Control Study (RCT) launched in November 2025. The evaluation is being conducted by the Urban Institute; a nationally recognized leading research organization dedicated to developing evidence-based insights that improve people's lives and strengthen communities.
6	Last Updated Date :	9/3/2026
	2024 Fiscal Program List	
1	Program Name/Title	Rapid Referral Platform for Low Threshold Medication Access for Opioid Use Disorder
2	Have there been any modifications or expansions to this program since the initial report? :	No modifications/expansions
3	Amount expended in this reporting period (7/1/2025 - 6/30/2026):	\$6,500,000.00
4	What key performance indicators are you tracking to ensure success of the program (for example, # of services provided, # of people served, # of naloxone kits distributed)?	
	Number of participants served:	1,204

	Reduction in opioid-related incidents:	During the reporting period, suspected opioid overdose events and overdose reversals were monitored as part of statewide surveillance. These indicators provide context for the environment in which the RRM Program operates and are not intended to represent outcomes attributable solely to the RRM Program. From July 2025 to June 2026, the number of “opioid related incidents” – defined as an incident where a first responder administered at least one dose of naloxone – decreased by approximately 4% from 915 to 880.
	Number of training/education sessions:	74
	Number of services provided/encounters:	1,340
	Increased community awareness (please describe):	Harm Reduction Vending Machine Presentations/MATTERS presentations
	Number of referrals to treatment	62
5	Is there anything else you would like to share or highlight regarding the progress and impact of this program? :	Yes
	5a) If yes, please explain:	NJDOH awarded Pre-Hospital Follow up and Treatment Program to University Hospital EMS, Virtua Health EMS, and Cooper University Health Care EMS. NJDOH also advanced implementation of the MATTERS Harm Reduction Vending Machine initiative. Outreach to prospective host organizations began in February 2026. Since project initiation, initial discussions and presentations have been completed with 19 potential host partners, resulting in the successful execution of three Memoranda of Understanding (MOUs) to date. The MATTERS Harm Reduction Vending Machine presentations provide community partners with information on how the vending machines can address the urgent and immediate needs of individuals at risk of overdose or other drug-related harms by providing a safe, anonymous point of access to lifesaving resources and supplies
6	Last Updated Date :	8/31/2026
	2023 Fiscal Program List	
1	Program Name/Title	Opioid Recovery and Remediation Advisory Council – Strategic Plan
2	Have there been any modifications or expansions to this program since the initial report? :	Yes - Program has ended/will not be continued
3	Amount expended in this reporting period (7/1/2025 - 6/30/2026):	\$0.00
4	What key performance indicators are you tracking to ensure success of the program (for example, # of services provided, # of people served, # of naloxone kits distributed)?	
	Other:	Completion of the Strategic Plan within budget
5	Is there anything else you would like to share or highlight regarding the	No

	progress and impact of this program? :	
6	Last Updated Date :	8/31/2026
	2023 Fiscal Program List	
1	Program Name/Title	Opioid Crisis Emergency Response
2	Have there been any modifications or expansions to this program since the initial report? :	Yes - Program has ended/will not be continued
3	Amount expended in this reporting period (7/1/2025 - 6/30/2026):	\$0.00
4	What key performance indicators are you tracking to ensure success of the program (for example, # of services provided, # of people served, # of naloxone kits distributed)?	
	Other:	No update as of 6/30/2026
5	Is there anything else you would like to share or highlight regarding the progress and impact of this program? :	No
6	Last Updated Date :	8/31/2026
	2026 Fiscal Program List	
	ATLANTIC HEALTH SYSTEM, INC.	
1	What is the name/title of the program?	Expanding Access to Treatment and Recovery for Opioid Use Disorder Services Across Atlantic Health
2	List all agencies, organizations, or entities that received funding for this program.	Atlantic Health System, Inc.
3	In which category or categories does each agency, organization, or entity that received funding for this program belong? Select all that apply.	Hospital/Healthcare Provider (including Mental Health or Substance Use Treatment Provider)
4	What is the primary problem being addressed by this program?	Patients with opioid use disorder (OUD) are frequently encountered across emergency, inpatient, and behavioral health settings; however, gaps persist in timely initiation of medication-assisted treatment (MAT), continuity of care following high-risk encounters, retention across acute partial hospitalization (APH) programs, intensive outpatient program (IOP), and outpatient settings, and access to medications for uninsured or underinsured patients.

5	Briefly describe the program's purpose and key activities.	Activity & Method 1: Expand access to comprehensive OUD treatment services This initiative will expand timely access to evidence-based treatment for OUD across the continuum of care by funding key multidisciplinary positions. The program will support: • 3 addiction-trained psychiatrists • 4 peer recovery specialists embedded in acute care and ambulatory settings (3 full-time personnel and 1 consultant via Prevention is Key dedicated to grant activities) These roles will enhance capacity to identify, initiate, and sustain treatment for individuals with OUD, particularly those presenting in emergency department (ED) and inpatient settings. Patients will be identified and engaged at critical touchpoints, including ED visits and inpatient admissions, using a structured, team-based approach: • Early identification and engagement: - o Targeted screening for substance use in ED and inpatient settings - o Bedside engagement by peer recovery specialists • Clinical assessment and treatment initiation - o Psychiatrists will provide diagnostic evaluations, initiate MOUD, and develop care plans - o Coordination with peers to ensure integration with BH and medical teams • Care navigation: - o Warm handoffs will be facilitated by peers to the appropriate level of care, including: Acute Partial Hospitalization (APH), Intensive Outpatient Programs (IOP), and Office-Based Addiction Treatment (OBAT) for longitudinal care. - o Care coordinator assistance with scheduling follow-up appointments and transportation if needed for those who are uninsured/underinsured. • OBAT expansion - o Expansion of our OBAT program which embeds MAT in primary care visits. Currently the OBAT sees patients with OUD, AUD, and stimulant use disorder. Patients are often seen on a monthly basis, or more frequently if indicated. The OBAT receives referrals across the system including ED, inpatient, and ambulatory care practices. Family Medicine residents are also closely involved in this program. Additional peer support is needed for care coordination for patient navigation. Activity & Methods 2: Increase access to medications for opioid use disorder (MOUD) This initiative will expand access to medications for opioid use disorder (MOUD) by enhancing infrastructure for MOUD including injectable therapies and reducing financial barriers to treatment. The program will support the development of injection clinic capacity and provide medication cost coverage for uninsured and underinsured patients, ensuring continuity of evidence-based treatment across care settings. • Improve injection clinic capacity and access • Medication cost coverage - o Develop eligibility criteria and workflows for identifying patients at the point of care (ED, inpatient, and outpatient settings) - o Implement standardized processes for medication access, billing support, and patient navigation - o Launch pilot program at MMC and NMC outpatient
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		pharmacies to support dispensing and MOUD cost coverage for uninsured and underinsured patients - o Expansion to OMC/Liss Pharmacy and CentraState once piloted at MMC and NMC ensuring alignment of workflows and access pathways across all participating sites - o Coordinate with pharmacy, case management, and financial counseling teams to align coverage with existing assistance programs and benefits - o Coordinate medication access efforts with existing OUD treatment pathways (ED, inpatient, APH, IOP, OBAT) to ensure seamless initiation and continuation of MOUD - o Support meds to beds/bedside delivery where feasible to reduce treatment gaps at discharge Activity & Methods 3: Provide transportation assistance to support OUD treatment engagement This initiative will reduce transportation-related barriers to care by providing financial and logistical support for patients with opioid use disorder (OUD) to attend essential treatment-related services and access medications. The program will prioritize uninsured and underinsured individuals who face challenges accessing consistent care due to transportation limitations. • Establish a fund to cover transportation costs (e.g., rideshare, medical transportation services) for uninsured and underinsured patients • Eligible transportation will include travel to: - o Primary Care Provider (PCP) appointments - o Behavioral Health/Addiction Medicine visits (including psychiatry, counseling, and OBAT) - o Higher levels of care (e.g., APH, IOP programs) - o Pharmacy visits for MOUD pickup and continuity of medication access • Standardize eligibility criteria and approval workflows at the point of care (ED, inpatient, and outpatient settings) • Enable ride coordination at time of discharge to ensure patients can attend follow-up appointments or obtain medications. Activity & Methods 4: Increase access to naloxone and harm reduction resources across the health system This initiative will expand access to naloxone and harm reduction resources across the health system, with a focus on ensuring that patients at risk for opioid overdose receive naloxone at discharge and have access to low-barrier distribution points in the community. The program will strengthen overdose prevention efforts by normalizing naloxone prescribing and leveraging innovative distribution models. • Expanded naloxone prescribing at discharge - o Broaden naloxone prescribing criteria beyond current New Jersey co-prescribing requirements to include: § Patients with known or suspected OUD § Patients with a history of overdose § Patients receiving high-risk opioid regimens or concurrent sedating medications § Patients identified through clinical judgment as being at elevated risk - o Integrate naloxone prescribing into standard discharge workflows (e.g., order sets, discharge checklists) - o Support bedside delivery where feasible to ensure naloxone is in-hand prior to discharge - o Provide education to patients and caregivers on overdose
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		recognition and naloxone administration • 10 Naloxone vending machines and harm reduction kits - o Deploy naloxone vending machines at strategic, high-impact locations across the health system and community-facing areas - o Engage a naloxone vending machine consultant/vendor to: § Identify optimal placement based on patient volume, overdose trends, and accessibility § Advise on operational logistics, including stocking, security, and maintenance - o Stock machines with: § Naloxone (e.g., intranasal formulations) § Harm reduction kits (e.g., educational materials, fentanyl test strips, xylazine test strips) - o Ensure machines are low-barrier and stigma-reducing Activity & Methods 5: Expand contingency management supporting addiction care Contingency Management is supported by the strategic plan objective for technology innovation supporting addiction care. AH plans to partner with DynamiCare to meaningfully strengthen patient engagement and retention. The program offers clinical support through specialized admissions staff (supervised peer recovery specialists) who help patients master technology, including smartphone use and breathalyzer/saliva testing, with financial incentives to encourage engagement. The technology is app-based, with smart cards used for incentives, breathalyzer kits, and video self-assessed urine testing remotely monitored and saliva drug testing. • There are only a small number of commercial insurance-covered patients in our SUD population. Grant funding would support access to this technology, clinical support, education, and incentive program for the uninsured and underinsured patient populations. • The goal is to improve continuity of care from ED and inpatient settings into OBAT and ongoing care with a focus on high-risk patients transitioning out of acute care. Activity & Methods 6: Expand Data Analytics and Reporting Infrastructure to Support Continuous Quality Improvement in OUD Care Given the complexity of integrating data across inpatient, emergency, and ambulatory settings, dedicated data consultants are essential to design, build, and maintain reliable reporting infrastructure. Investment in data consultant expertise ensures that reporting tools are not only technically robust but also clinically meaningful and actionable. Without dedicated support, data extraction and analysis would be fragmented, delayed, and resource-intensive for clinical teams, limiting the program's ability to rapidly identify trends and respond to emerging needs. By building a sustainable data infrastructure, this project will enable ongoing performance monitoring, accountability, and scalability of opioid stewardship and OUD initiatives across the health system, ultimately improving patient outcomes and ensuring alignment with best practices in equitable, patient-centered care. • Data consultants and data tool development will support: - o Data integration and validation: Aggregating data from multiple sources (EHR, prescribing data, behavioral health referrals) and ensuring accuracy, consistency, and
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		interoperability across sites. - o Dashboard and report development: Creating real-time, user-friendly dashboards (e.g., via Power BI or similar tools) to track key opioid stewardship and OUD metrics at the system, site, and provider level. - o Metric standardization: Defining and operationalizing standardized metrics aligned with state requirements, evidence-based guidelines, and organizational priorities (e.g., naloxone at discharge rates, MOUD initiation, treatment retention, opioid prescribing patterns) - o Stratification and equity analysis: Enabling stratification of data by demographics, insurance status, and clinical characteristics to identify disparities and ensure equitable access to pain management and OUD treatment services. - o Ongoing data quality monitoring: Establishing processes for routine validation and troubleshooting to ensure data integrity over time.
6	What is the target population for this program?	Individuals in Treatment Individuals who Use Drugs Individuals in Recovery
7	On what date was this program funded? (Use the format MM/DD/YYYY.)	6/30/2025
8	What is the total amount of funding for this program?	\$5,000,000.00
8a.	Of the total amount, how much has been spent (in the current reporting year)?	\$5,000,000.00
8b.	Of the total amount, how much has been appropriated/encumbered but not yet spent?	\$0.00
9	How often is your subdivision disbursing funds to this program?	Annually
10	On what date was this program launched? (Use the format MM/DD/YYYY.)	6/30/2026
11	Choose the duration of the program from the list below.	2 years
12	What is the number of unduplicated individuals served by this program?	22,963

13	What is the intended impact of this program?	The intended impact of the program is to improve access to and continuity of evidence-based treatment for individuals with opioid use disorder (OUD) across the Atlantic Health System. The program is designed to address gaps in timely treatment initiation, care transitions, treatment retention, medication access, and coordination of supportive services, particularly for individuals who are uninsured or underinsured and those transitioning from emergency and inpatient settings to ongoing care. Through expanded clinical capacity, peer recovery support, medication access, transportation assistance, harm reduction services, contingency management, and improved data infrastructure, the program aims to increase engagement in treatment, strengthen successful transitions to ongoing care, improve treatment retention, and reduce barriers that can interrupt access to MOUD and other services. As a new program, its longer-term intended impact is to establish a more coordinated, accessible, and sustainable system of OUD care across participating sites. The program also seeks to strengthen the health system's ability to monitor outcomes, identify gaps in care, address disparities, and use data for continuous quality improvement, ultimately supporting improved patient outcomes and more equitable access to treatment and recovery services.
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14	Which key performance indicators are you tracking to ensure success of the program? List all that apply, including, but not limited to, the following:	Data will be systematically collected through the EHR, pharmacy dispensing systems, and program-specific tracking tools. Activity 1 metrics: • Number of patients engaged by funded positions (psychiatrists, peers) • Number of ED and inpatient encounters with documented OUD screening and intervention • Number of patients initiated on MOUD during ED, inpatient, and outpatient encounters • Number of referrals and successful warm handoffs to APH, IOP, and OBAT • Total number of unique patients with OUD treated across the system compared to pre-grant baseline • Achieve $\geq 70\%$ successful transitions • Improve 30-day follow-up completion and retention across the care continuum Activity 2 metrics: • Number of patients receiving MOUD through medication assistance funding • Number of prescriptions filled for MOUD at pilot and expansion pharmacy sites • Number of long-acting injectable MOUD administrations across sites • Increase in total number of patients receiving MOUD compared to baseline • Proportion of uninsured/underinsured patients successfully initiated and maintained on MOUD • Medication adherence and persistence (e.g., refill rates, repeat injections where applicable) • Successful transition of patients from acute care settings to outpatient MOUD continuation Activity 3 metrics: • Number of patients receiving transportation assistance • Number and type of rides provided • Percentage of eligible patients offered transportation support • Improvement in appointment attendance rates for OUD-related services (PCP, BH/addiction, APH/IOP, OBAT) • Increase in successful follow-up after ED or inpatient discharge • Retention in treatment at 30, 60, and 90 days among patients receiving transportation support Activity 4 metrics: • Number of naloxone prescriptions written at discharge • Percentage of eligible patients receiving naloxone at discharge • Number of naloxone kits dispensed via vending machines • Number of harm reduction kits distributed • Proportion of patients leaving the hospital with naloxone in-hand Activity 5 metrics: • Number of patients enrolled in contingency management program • Percentage of patients actively using the platform • Program completion and retention rates • Attendance at scheduled follow up appointments • Medication adherence rates • MOUD initiation and retention rates
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		Activity 6 metrics: • Number of dashboards/reports developed • Time from project start to dashboard deployment • Establishment of standardized metric definitions • Data accuracy/validation rate
15	How frequently are you measuring the key performance indicators listed above?	Quarterly
16	What outcomes or impact does the program aim to achieve? How do you plan to measure or track that impact?	Use of Data for Continuous Quality Improvement • Data will be reviewed on a regular cadence (e.g., monthly and quarterly) by program leadership and multidisciplinary stakeholders. • Monitor progress toward defined access, engagement, and retention goals for OUD treatment services • Identify gaps in care (e.g., missed opportunities for naloxone distribution or MOUD initiation) • Inform targeted interventions (e.g., provider education, workflow redesign, clinical decision support) • Evaluate the effectiveness of implemented initiatives and adjust strategies in real time
17	Primary Category (Please select the category that fits the primary focus of this program):	Treatment
18	The following are other categories that may apply (include all categories with the exception of the Primary category you chose above).	Harm Reduction and Overdose Prevention Wraparound and Connected Care Supports

19	Select the "Schedule B" approved strategy or strategies that best match the primary focus of this program.	Treat Opioid Use Disorder (OUD) Support People in Treatment and Recovery Prevent Overdose Deaths and Other Harms (Harm Reduction)
20	Describe how this program will address opioid use disorder and any co-occurring substance use disorders or mental health conditions through evidence-based or evidence-informed practices or strategies.	The program will address opioid use disorder (OUD) through an integrated, evidence-based approach focused on expanding access to medications for opioid use disorder (MOUD), improving treatment engagement and retention, and strengthening continuity of care across emergency, inpatient, and outpatient settings. Strategies include standardized screening and clinical assessment, timely initiation and continuation of MOUD, medication access and assistance, peer recovery support, warm handoffs to ongoing treatment, transportation assistance, and coordination with primary care, behavioral health, addiction treatment, and community-based services. The program will also incorporate harm reduction strategies, including naloxone distribution and expanded access to harm reduction resources, as well as contingency management to support treatment engagement and retention. For individuals with co-occurring substance use or mental health needs, the program will emphasize coordinated access to behavioral health, addiction treatment, primary care, and supportive services based on individual needs. Peer navigation, clinical assessment, warm handoffs, and coordinated transitions are intended to reduce barriers to care and support continued engagement in services. Program data from electronic health records, pharmacy dispensing, and program tracking will be routinely reviewed to monitor treatment access, MOUD initiation, transitions, follow-up, and retention; identify gaps or disparities; and inform continuous quality improvement.
	2026 Fiscal Program List	
	COOPER UNIVERSITY HEALTH CARE	
1	What is the name/title of the program?	Center for Healing Programs
2	List all agencies, organizations, or entities that received funding for this program.	Cooper University Health Care
3	In which category or categories does each agency, organization, or entity that received funding for this program belong? Select all that apply.	Hospital/Healthcare Provider (including Mental Health or Substance Use Treatment Provider)
4	On what date was this program funded? (Use the format MM/DD/YYYY.)	06/30/2025
5	What is the total amount of funding for this program?	\$15,000,000.00
5a.	Of the total amount, how much has been spent (in the current reporting year)?	\$15,000,000.00
5b.	Of the total amount, how much has been appropriated/encumbered but not yet spent?	\$0.00
6	How often is your subdivision disbursing funds to this program?	Annually

7	On what date was this program launched? (Use the format MM/DD/YYYY.)	06/30/2026
8	Choose the duration of the program from the list below.	3 years
	Center for Healing Program 1	
1	What is the name/title of the program?	Housing Continuum Program
2	What is the primary problem being addressed by this program?	Expanding access to safe, stable, and supportive housing across Southern New Jersey for individuals who use substances.
3	Briefly describe the program's purpose and key activities.	By providing both emergency and long-term housing options, Center For Healing (CFH) can support patients in recovery with basic needs. Key components include: A. Partnering with subrecipients to offer streamlined entry to emergency shelter beds for patients with a substance use disorder (SUD) coming from Cooper University Health Care, as well as connecting these individuals to ongoing housing support services and continued evidence-based SUD treatment B. Expanding our partnership with the Camden Coalition as part of the Housing First program, dedicating 12 housing vouchers for CFH patients and their families and ongoing wrap around support services to keep 30 individuals housed. C. Launching three new transitional, harm reduction focused sober living or supportive residences in South Jersey, for specific communities with an unmet need, including: (1) women with an SUD; (2) pregnant and parenting individuals with an SUD; and (3) people with an SUD in Cape May County. D. Provide transportation for patients who use substances through transport in a CFH outreach vehicle.
4	What is the target population for this program?	Individuals experiencing Homelessness Individuals in Treatment Individuals in Recovery Individuals who Use Drugs Pregnant and Parenting Individuals and their Families, including Babies with Neonatal Abstinence Syndrome
5	What is the number of unduplicated individuals served by this program?	A. Emergency Housing Beds: this will serve approximately 500 unhoused individuals over the course of three years (estimated 167 per year once operational). B. Camden Coalition Housing Vouchers: this will provide long-term housing and wrap around services for 30 individuals / families over three years to both help individuals obtain tenant-based vouchers, as well as keep them stably housed. C. Sober Living and Supportive Houses: this will provide approximately 25 people with long-term housing per year

6	What is the intended impact of this program?	The proposed Housing Continuum Program will address the intersection of people with an SUD who are also unstably housed and who may also have other complex medical and psychiatric care needs. Individuals experiencing homelessness often face co-occurring substance use disorders and severe mental illness, which significantly worsen health outcomes and drive frequent, costly utilization of emergency and hospital services. Current shelter systems present substantial barriers to entry by requiring an in-person visit to the Board of Social Services, which is often infeasible for patients with significant mental or physical illness and demands a level of executive function that cannot be consistently expected from individuals with an active SUD. Even when these hurdles are overcome, a bed is not guaranteed, leaving many without safe shelter. While Camden County works to expand access to low-income housing, there remains a dearth of access to, and support through housing vouchers, as well as low availability of community-rooted sober living options in the county. Current sober living infrastructure faces significant barriers that limit its effectiveness and accessibility. Start-up costs for establishing and maintaining these facilities are often prohibitively high, creating financial obstacles for expansion and sustainability. Many programs lack a harm reduction approach, often requiring strict abstinence, which excludes individuals who are not yet ready for complete sobriety and undermines engagement. Additionally, these homes frequently operate without strong connections to evidence-based treatment for SUDs, resulting in environments that provide housing but fail to integrate critical therapeutic and recovery supports. Compounding these challenges, sober living facilities often function in isolation from other essential support networks, particularly in the medical sphere, leading to fragmented care and missed opportunities for comprehensive, coordinated interventions that address both health and housing needs.
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7	Which key performance indicators are you tracking to ensure success of the program? List all that apply, including, but not limited to, the following:	A. Housing Outcomes a. Number of individuals placed in emergency, transitional, and permanent housing through program pathways. b. Engagement in Care c. Number of housed individuals accessing harm reduction, recovery, and wraparound support services, including medical care, behavioral health, and case management d. Long-term Health and Utilization Evaluation Metrics e. Number of emergency department visits and inpatient admissions among program participants compared to baseline f. Medications for addiction treatment uptake (e.g., buprenorphine, methadone, injectable formulations) among individuals placed in permanent supportive housing and/or sober living. g. ED and Inpatient staff subjective/qualitative experiences caring for unhoused individuals with SUD, related care throughput and access B. Program Capacity and Reach a. Number of housing units, vouchers, and sober living beds made available through the initiative b. Unduplicated clients served annually C. Client-Centered Outcomes a. Self-reported improvements in quality of life and recovery readiness, collected through validated qualitative research methods.
8	How frequently are you measuring the key performance indicators listed above?	Quarterly
9	What outcomes or impact does the program aim to achieve? How do you plan to measure or track that impact?	The CFH Housing Continuum Program will be evaluated through a structured monitoring and quality improvement framework coordinated by the Cooper CFH's Grants and Research Department. Impact will be measured using both process and outcome indicators, tracked continuously, and analyzed quarterly. Data will be collected via electronic health records, community partner and stakeholder reports (i.e. qualitative assessment of ED throughput and discharge delays), and case management documentation, with continuous quality analysis to inform program adjustments and sustainability.
10	Primary Category (Please select the category that fits the primary focus of this program):	Housing
11	The following are other categories that may apply (include all categories with the exception of the Primary category you chose above).	Diversion and Re-entry Support Recovery Supports Treatment Wraparound and Connected Care Supports
12	Select the "Schedule B" approved strategy or strategies that best match the primary focus of this program.	Treat Opioid Use Disorder (OUD) Support People in Treatment and Recovery Connections to Care Address the Needs of Pregnant or Parenting Women and their Families, including Babies with Neonatal Abstinence Syndrome Prevent Overdose Deaths and Other Harms (Harm Reduction)

13	Describe how this program will address opioid use disorder and any co-occurring substance use disorders or mental health conditions through evidence-based or evidence-informed practices or strategies.	This program will address opioid use disorder (OUD) and co-occurring SUDs through a comprehensive, evidence-informed approach that prioritizes a continuum of housing stability and integrated care. First, CFH will implement a Housing First model, recognizing that stable housing is foundational to recovery and improved health outcomes. For individuals requiring structured environments, we will develop evidence-based housing options tailored for women in Camden, parenting women in Camden, and residents in Cape May County, ensuring seamless integration of evidence-based substance use treatment services through in person and telemedicine care within Cooper's CFH. Intensive case management will be embedded within the Housing Continuum Program to provide support in the transition from emergency to longer term housing.
	Center for Healing Program 2	
1	What is the name/title of the program?	Harm Reduction Services Program
2	What is the primary problem being addressed by this program?	The Harm Reduction Expansion builds on a decade of proven strategies by Cooper's CFH to meet patients where they are and reduce harm associated with substance use.
3	Briefly describe the program's purpose and key activities.	Cooper's Center for Healing (CFH) is committed to strengthening partnerships and expanding access to harm reduction services for individuals who use substances throughout Southern New Jersey. Key components include: A. Enhancing existing and launching new partnerships to increase access to harm reduction services with community partners in Camden and Cape May counties. This initiative will include overdose education, naloxone distribution, HIV testing, and the provision of sterile syringes, safe-use equipment, and fentanyl/xylazine test strips to reduce SUD-related morbidity and mortality. To strengthen support services, Seeds of Hope (a faith-based organization) currently partners with CFH to host community breakfasts for unhoused individuals, where CFH deploys its mobile unit to provide evidence-based SUD treatment every other Saturday. Seeds of Hope also facilitates support groups for vulnerable populations, including individuals engaged in sex work, who face heightened SUD risks. B. Advancing toxico-surveillance efforts to monitor and respond to changes in the opioid drug supply, including emerging substances and shifts in potency. C. Expanding access to infectious disease treatments for Hepatitis C, Syphilis, and other sexually transmitted infections, as well as HIV prevention.
4	What is the target population for this program?	Individuals experiencing Homelessness Individuals who Use Drugs Members of the General Public

5	What is the number of unduplicated individuals served by this program?	A. Increase access to harm reduction services: • Camden area harm reduction partnership: 250 clients per year • SJAA harm reduction partnership: 200 clients per year • Seeds of Hope partnership: 100 clients per year B. Toxicsurveillance expansion: All Cooper providers and the patients they treat for SUDs as well as treatment providers accessing SNJMATCOE trainings and the patients they treat for SUDs. C. Expanding Access to infectious disease treatments and prevention: Patients with Hep C, Syphilis or other infectious diseases, and patients at risk of contracting HIV - 150 patients per year.
6	What is the intended impact of this program?	The proposed Harm Reduction Expansion builds on a decade of proven strategies by Cooper's CFH to meet patients where they are and reduce harm associated with substance use. CFH currently employs a comprehensive approach that includes: • Medication for Addiction Treatment: Prescribing evidence-based medications to reduce overdose risk and support recovery. From January through October 2025, CFH administered 3,667 injectable MAT doses. • Drug Testing Kits: Providing patients with tools to identify substances such as fentanyl in their supply, empowering safer use. • Weekly Medical Group Visits: CFH hosts group sessions led by counselors, therapists, and navigators. These visits foster community, empowerment, and fellowship while a multidisciplinary team, including physicians, nurses, and navigators, addresses individual medical and social needs. • Peer Support Programs: CFH offers navigation services across nine Cooper Camden ambulatory sites, inpatient units at Camden hospital, and the Camden ED. • Community Engagement in Correctional Settings: In 2025, CFH collaborated with the Camden Correctional Facility to provide weekly peer-led support groups for people currently incarcerated, strengthening connections and easing transitions to SUD treatment upon release. • Education: Every patient interaction includes education on the complexities of substance use, delivered by physicians, APPs, nurses, and navigators. • Community Partnerships: CFH also maintains a formal partnership with Camden Area Health Education Center (Camden AHEC), a community-based organization operating a syringe access program twice weekly in Camden. CFH provides medical care, navigation support, and collaborative care coordination which has resulted in 847 patient encounters to date since the partnership began in the Spring of 2024. Services provided include the prescription and administration of long-acting injectable medications to treat opioid use disorder, testing for and treatment of HIV, hepatitis C, and syphilis, as well as the prescription of Pre-Exposure Prophylaxis (PrEP) to prevent HIV. This partnership extends CFH's commitment to low-barrier, evidence-based care by providing medical care in the community regardless of a patient's insurance status or ability to pay. This proposed expansion will use a comprehensive, multifaceted approach to significantly broaden harm reduction services throughout South Jersey.

7	Which key performance indicators are you tracking to ensure success of the program? List all that apply, including, but not limited to, the following:	Key performance indicators include: • The number of harm reduction supplies distributed by type and location • The number of individuals served by the new and expanded harm reduction partnerships • Overdose deaths in Camden and Cape May counties • The number of toxicosurveillance clinician alerts and interim reports that are sent out • The number of toxic surveillance trainings, papers, and presentations • The number of HIV, syphilis, and hepatitis C tests administered • The number of patients on HIV prevention medications, • The number of individuals who receive Hep C treatment and the individuals who successfully complete treatment • The number of individuals who receive Syphilis treatment
8	How frequently are you measuring the key performance indicators listed above?	Quarterly
9	What outcomes or impact does the program aim to achieve? How do you plan to measure or track that impact?	This program will be evaluated through a structured monitoring, quality improvement and evaluation framework developed by CFH's Grants and Research Department. Impact will be measured using both process and outcome indicators, tracked continuously, and analyzed quarterly. A. Harm Reduction partnerships: Data will be collected from electronic health records and community partner reports. The focus of the evaluation will be on access and engagement as well as harm reduction services provided. B. Toxicosurveillance: Data will be collected via electronic health records, State reports, forensic laboratories, state police, and the NJ Drug Enforcement Agency. The evaluation will focus on the number of toxicosurveillance trainings, publications, and presentations. C. Infectious Disease Treatment: Data will be collected via electronic health records, focus will be on increased identification and initiative of treatment, as well as successful completion and ongoing adherence.
10	Primary Category (Please select the category that fits the primary focus of this program):	Harm Reduction and Overdose Prevention
11	The following are other categories that may apply (include all categories with the exception of the Primary category you chose above).	Primary Prevention, Education, and Training Recovery Supports Workforce Development and Capacity Building
12	Select the "Schedule B" approved strategy or strategies that best match the primary focus of this program.	Support Individuals in Treatment and Recovery Connections to Care Prevent Overdose Deaths and Other Harms (Harm Reduction) First Responders Leadership, Planning and Coordination Training Research

13	Describe how this program will address opioid use disorder and any co-occurring substance use disorders or mental health conditions through evidence-based or evidence-informed practices or strategies.	Harm reduction is an evidence-based approach grounded in decades of research demonstrating its effectiveness. Strategies such as syringe service programs and naloxone distribution have been studied extensively and shown to lower rates of HIV and hepatitis transmission, prevent overdose-related mortality, and increase engagement with treatment services. These interventions are supported by public health data and endorsed by organizations such as the Centers for Disease Control and Prevention, the World Health Organization, and the Substance Abuse and Mental Health Services Administration. Toxicosurveillance relies on systematic data collection, analysis, and interpretation to guide clinical and public health responses to changes in the drug supply. This evidence-based approach synthesizes real-time information from multiple validated sources, such as forensic laboratories, hospital toxicology reports, law enforcement data, and drug-checking programs, to identify emerging substances, contamination patterns, and potency shifts in the drug supply. By using empirical data rather than anecdotal observations, toxicosurveillance enables clinicians and health systems to make informed decisions, develop timely treatment protocols, and implement harm reduction strategies grounded in scientific evidence. Its emphasis on continuous monitoring and data-driven insights ensures that interventions are responsive to actual trends and patient outcomes are improved. Treatment of infectious diseases has a strong evidence base demonstrating improvements in individual health outcomes as well as helping reduce the transmission of infectious disease. At the system level access to treatment not only improves population health, but also provides downstream cost savings. Infectious disease such as Hepatitis C and HIV have undergone major innovations in the past decades, resulting in the ability to cure Hep C, and control and prevent HIV. Despite these innovations people who use drugs face barriers to treatment including stigma, navigation of prior authorizations, and competing priorities that may make it difficult to adhere to treatment. Supportive care management has been shown to increase uptake of these medications and treatments.
	Center for Healing Program 3	
1	What is the name/title of the program?	PATH (Providing Access to Treatment and Hope)
2	What is the primary problem being addressed by this program?	Through its extensive network of inpatient and outpatient substance use programs, Emergency Department (ED) initiatives, and community outreach services, Cooper's Center for Healing (CFH) has identified persistent gaps in low-barrier access to treatment for patients with substance use disorders (SUDs).

3	Briefly describe the program's purpose and key activities.	This program aims to close those gaps with the Providing Access to Treatment and Hope (PATH) program which will use a comprehensive, multifaceted approach to significantly broaden treatment services throughout South Jersey. The program includes the following components: A. Renovating and outfitting a medical clinic, and providing ongoing medical services at new Multi-Agency Drop-in Center (MAC), providing SUD treatment and wrap around services B. Expanded inventory of SUD medications available for inpatients at Cooper Hospital and Cooper Cape Regional C. Expansion of SUD treatment access in Cape May County by funding the SUD medications and supporting transportation for patients who use substances to medical treatment and social services in support of their recovery. D. Navigator support for patients with SUDs within skilled nursing facilities (SNFs) E. Expansion of SUD treatment, mental health services, and outreach for unhoused individuals through street medicine and mobile services F. Integration of Virtual Nursing into the ED G. Integration of telemedicine into low barrier community sites H. Expansion of integrated complex pain treatment and research
4	What is the target population for this program?	Individuals experiencing Homelessness Individuals in Treatment Individuals in Recovery Individuals involved with the Criminal Justice System Individuals who Use Drugs Pregnant and Parenting Individuals and their Families, including Babies with Neonatal Abstinence Syndrome
5	What is the number of unduplicated individuals served by this program?	Anticipated number of unduplicated clients this program will reach annually that would not be served absent this settlement funding. A. Drop-in Center: 250 unduplicated clients annually (once operational) B. Cooper Camden and Cooper Cape Medication Inventory: 90 clients C. Cape May County SUD Treatment Expansion: 150 clients D. Navigation for Skilled Nursing Facilities: 100 clients E. Expansion of SUD treatment, mental health services, and outreach for unhoused individuals through street medicine and mobile services: 200 clients F. Virtual Nursing within Cooper Camden's ED: 100 clients G. Telemedicine Community Site Expansion: 150 clients H. Complex Pain Treatment and Research Expansion: 250 clients
6	What is the intended impact of this program?	This proposed expansion will use a comprehensive, multifaceted approach to significantly broaden treatment services throughout South Jersey .At the core of this proposal is the timely, low barrier, evidence-based and compassionate delivery of treatment services and addressing the recurring gaps that limit access and delivery of care.

7	Which key performance indicators are you tracking to ensure success of the program? List all that apply, including, but not limited to, the following:	A. A new Camden drop-in center providing SUD treatment and wrap around services a. Number of unique clients served b. Patients receiving MAT & naloxone c. Wound care and infectious disease screenings d. Individuals who receive treatment for infectious disease e. Vaccinations administered f. Behavioral health visits g. Primary care visits h. MAT retention at 30 and 90 days B. Expanded inventory of SUD medications available for inpatients at Cooper Hospital a. Inventory and utilization of injectable buprenorphine and naltrexone b. Number of patients receiving injectable buprenorphine during hospitalization c. Number of doses administered d. Percentage of patients linked to outpatient addiction treatment within 14 days of discharge if discharged to home e. Readmission rate for opioid-related complications within 30 days C. Expansion of SUD treatment access in Cape May County a. Number of new outpatient addiction treatment appointments scheduled b. Number of inpatient addiction consults completed c. Number of MAT initiations in outpatient and inpatient settings d. Number of injectable MAT doses administered e. Percentage linked to outpatient addiction treatment within 14 days f. Retention rate in MAT at 30 and 90 days g. Readmission rate for opioid-related complications within 30 days D. Navigator support for patients with SUDs within SNFs a. Number of patients with SUD receiving care coordination in SNFs per month b. Percentage of patients successfully linked to outpatient addiction treatment within 14 days of SNF discharge c. Number of HCV treatment pathways initiated for patients with SUD d. Reduction in hospital readmissions for opioid-related complications within 30 days E. Expansion of SUD treatment, mental health services, and outreach for unhoused individuals through street medicine and mobile services a. Number of unique clients served b. Number of MAT prescriptions c. Number of injectable MAT doses administered d. Number of mental health screenings completed e. Number of psychiatric medication initiations or adjustments f. Referrals to ongoing mental health or addiction care g. Safe sex practices information including condoms distributed h. Wound care encounters completed i. Number of unique clients with primary care needs addressed F. Percentage of clients linked to outpatient addiction or mental
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		health treatment Integration of Virtual Nursing into the ED a. Number of ED staff trained on virtual nursing workflows b. Number of rooms wired with technology for utilization c. Reduction in ED length of stay for patients receiving virtual nursing G. Integration of telemedicine into low barrier community sites a. Number of unique clients served via telehealth b. Average time from referral to telehealth appointment c. Number of MAT prescriptions via telehealth d. Number of follow-up telehealth visits completed e. Number of counseling sessions conducted virtually H. Expansion of integrated complex pain treatment and research a. Number of patients with SUD referred for pain consults b. Number of regional anesthesia procedures performed c. Reduction in opioid use during hospitalization d. Incidence of opioid-related complications e. Publication or presentation outputs (abstracts, papers, conferences) f. Number of clinicians trained in RA techniques for SUD patients g. Number of patients seen by outpatient complex pain team h. Reduction in total hospital/in-patient days for patients enrolled in complex pain program.
8	How frequently are you measuring the key performance indicators listed above?	Quarterly
9	What outcomes or impact does the program aim to achieve? How do you plan to measure or track that impact?	The PATH program will be evaluated through a structured monitoring, quality improvement and evaluation framework coordinated by Cooper's CFH Grants and Research Department. Impact will be measured using both process and outcome indicators, tracked continuously, and analyzed quarterly. Data will be collected via electronic health records, community partner and stakeholder reports (i.e. qualitative assessment of ER throughput and discharge delays), and case management documentation, with continuous quality analysis to inform program adjustments and sustainability. The focus of the evaluation will be on access and engagement, clinical services, continuity of care, harm reduction and wrap-around services, impact and outcomes and research in the form of publications and presentations.
10	Primary Category (Please select the category that fits the primary focus of this program):	Treatment
11	The following are other categories that may apply (include all categories with the exception of the Primary category you chose above).	Harm Reduction and Overdose Prevention Wraparound and Connected Care Supports

12	Select the "Schedule B" approved strategy or strategies that best match the primary focus of this program.	Treat Opioid Use Disorder (OUD) Support Individuals in Treatment and Recovery Connections to Care Address the Needs of Criminal Justice-Involved Persons Address the Needs of Pregnant or Parenting Women and their Families, including Babies with Neonatal Abstinence Syndrome Appropriate Opioid Prescribing and Dispensing Prevent Overdose Deaths and Other Harms (Harm Reduction) Research
13	Describe how this program will address opioid use disorder and any co-occurring substance use disorders or mental health conditions through evidence-based or evidence-informed practices or strategies.	SUDs remain one of the most pervasive and costly public health challenges in the United States. Millions of Americans are affected each year, with ripple effects that extend to families, healthcare systems, and communities. Overdose deaths, driven largely by synthetic opioids like fentanyl and contaminants like xylazine and most recently medetomidine, continue to be significant, while alcohol and stimulant use also contribute to significant morbidity and mortality. Contributing factors such as trauma, lack of housing, mental health conditions, social isolation, and economic instability deepen vulnerability and make recovery more difficult. Despite the scale of the problem, stigma and limited access to evidence-based care often prevent people from seeking or receiving the help they need. Addressing SUDs requires strengthening the continuum of care at every stage—from prevention to recovery support. Expanding access to MAT, such as buprenorphine, methadone, and naltrexone, is critical, as these treatments markedly reduce overdose risk and improve long-term outcomes. Integrated care models that combine medical treatment, mental health services, and harm-reduction strategies through a mobile unit or drop-in center help meet patients where they are and reduce the immediate risks associated with substance use. Ensuring that care is accessible not only in EDs, primary care settings, and perinatal care, but also in community settings and a low barrier drop-in center can increase early intervention and engagement.
	Center for Healing Program 4	
1	What is the name/title of the program?	Whole-person Recovery Access Program (WRAP)
2	What is the primary problem being addressed by this program?	The core problem this program will target is that, despite strong clinical services, patients with opioid and other substance use disorders still face major social barriers—housing, transportation, food insecurity, stigma, re-entry challenges, rural access, and workforce shortages—that prevent them from engaging in and sustaining treatment.

3	Briefly describe the program's purpose and key activities.	WRAP will use opioid settlement funding to expand wraparound and low-barrier supports around this clinical backbone. Key components include: A. New Camden drop-in center programming and staffing: This funding would supplement Camden County's contract with a social service agency to run the operations and services of the Multi-Agency Center (MAC). B. Cape May expansion: Additional support for Cape CARES to grow navigation and drop-in services in an under-resourced coastal county. C. Education and workforce development: Expansion of addiction medicine curriculum at CMSRU (reaching 100+ medical students per year), creation of a primary care chronic pain curriculum and practice integration and physician-led engagement with NJ schools to train faculty on SUD, reduce stigma, and improve adolescent identification and referral.
4	What is the target population for this program?	Children and Young Adults - 14-18 (high school aged) Children and Young Adults - 19-24 (post-grad through college) Healthcare Personnel and Workforce Individuals experiencing Homelessness Individuals in Recovery Individuals in Treatment Individuals involved with the Criminal Justice System Individuals who Use Drugs Members of the General Public Pregnant and Parenting Individuals and their Families, including Babies with Neonatal Abstinence Syndrome
5	What is the number of unduplicated individuals served by this program?	A. Camden drop-in center: 250 unduplicated clients annually (once operational) B. Cape May County drop-in center expansion: 150 clients annually C. Education and workforce development: a. CMSRU Addiction Medicine Education expansion: 100+ CMSRU learners per year b. School Engagement: 10 schools engaged, reaching hundreds of faculty members, staff, students, and families
6	What is the intended impact of this program?	This program will use a comprehensive, multifaceted approach to significantly broaden wraparound services throughout South Jersey. SUDs, specifically the opioid epidemic, continue to devastate communities across New Jersey, with Camden and surrounding counties experiencing some of the highest rates of overdose and opioid-related hospitalizations in the state. While medications for opioid use disorder (MOUD) and evidence-based treatment models have proven effective, many individuals face persistent barriers that prevent them from accessing and sustaining care. These barriers, stemming from inaccessible social support services, include transportation challenges, housing instability, food insecurity, and lack of employment opportunities. For patients who are uninsured or underinsured, nearly 74% of CFH's population falls into these categories; these obstacles are compounded by financial strain and systemic inequities. Without addressing these social determinants of health, even the most advanced clinical interventions cannot achieve their full potential, and patients fall to the ED for support which is not well-equipped to address social support needs. The fragmentation of necessary services across medical, behavioral, and social domains leaves patients with little to no

	resources with the patients having to navigate multiple systems without coordinated support to meet their basic needs. This lack of integration leads to gaps in care, missed appointments, and disengagement from treatment. For example, individuals in recovery often have difficulties accessing social services because of transportation, perceived or real stigma, and other reasons, increasing the likelihood of substance use and overdose. These systemic gaps perpetuate cycles of addiction and instability, placing patients at high risk for adverse outcomes. The problem is further exacerbated for vulnerable populations such as pregnant and parenting people, individuals involved in the legal system, and those living in rural areas. Pregnant patients with opioid use disorder (OUD) face stigma and limited access to wraparound services, which can result in poor maternal and neonatal outcomes. Justice-involved individuals often encounter barriers to re-entry, including employment discrimination and housing restrictions, which hinder recovery. Rural patients face geographic isolation and limited transportation options, making it difficult to access specialized addiction care. These disparities underscore the urgent need for a comprehensive, patient-centered approach that addresses both clinical and non-clinical needs. Cape May County in particular, faces a growing need for wraparound services tailored to individuals struggling with substance use disorders, particularly those impacted by opioids and co-occurring mental health conditions. Many residents encounter barriers such as stigma, transportation challenges, and fragmented care systems. Cape CARES offers critical outreach, Narcan training, and immediate linkage to treatment, yet the program is limited by funding. A need exists to integrate stigma free engagement, housing assistance, peer recovery coaching, and case management to address the social determinants of health that often derail recovery while collaborating with evidence-based medication services. With overdose rates and relapse risks remaining high, expanding wraparound services is essential to ensure continuity of care, reduce emergency interventions, and foster long-term stability for individuals and families affected by addiction Finally, the current workforce shortage in addiction medicine and recovery support services limits the capacity to deliver holistic care. While CFH has made significant strides in training future addiction medicine leaders through its Accreditation Council for Graduate Medical Education (ACGME)-accredited Fellowship and state-funded technical assistance programs, the demand for services continues to outpace available resources. This program aims to close these gaps by leveraging strategic partnerships and settlement funding to expand the existing Cooper Medical School of Rowan University's (CMSRU) SUD treatment curriculum with the goal of providing baseline addiction medicine knowledge to medical students.
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7	Which key performance indicators are you tracking to ensure success of the program? List all that apply, including, but not limited to, the following:	Number of unduplicated clients served through drop-in centers Number of counseling or peer support sessions provided Housing or social service visits completed and type (legal services, workforce development, housing applications, etc) Partnerships established with local agencies Number of CMSRU students completing addiction medicine curriculum Number of residents completing addiction medicine curriculum Number of schools engaged, and workshops delivered
8	How frequently are you measuring the key performance indicators listed above?	Quarterly
9	What outcomes or impact does the program aim to achieve? How do you plan to measure or track that impact?	The WRAP initiative will use a comprehensive, data-driven evaluation framework to measure both process and outcome indicators. Impact will be assessed through a combination of quantitative metrics and qualitative feedback tracked continuously and analyzed quarterly. A. Drop-in Centers: Data will be collected from electronic health records and community partner reports. Evaluation will focus on access and engagement as well as support services provided. B. CMSRU Curriculum Development: Evaluation will focus on the number of curricula developed and number of medical students trained. C. School Engagements: Evaluation will center on the number of engaged schools and number of adolescents referred for treatment.
10	Primary Category (Please select the category that fits the primary focus of this program):	Wraparound and Connected Care Supports
11	The following are other categories that may apply (include all categories with the exception of the Primary category you chose above).	Diversion and Re-entry Support Harm Reduction and Overdose Prevention Recovery Supports Treatment Workforce Development and Capacity Building
12	Select the "Schedule B" approved strategy or strategies that best match the primary focus of this program.	Support Individuals in Treatment and Recovery Connections to Care Address the Needs of Criminal Justice-Involved Persons Prevent Overdose Deaths and Other Harms (Harm Reduction) Leadership, Planning and Coordination Training

13	Describe how this program will address opioid use disorder and any co-occurring substance use disorders or mental health conditions through evidence-based or evidence-informed practices or strategies.	The WRAP initiative builds upon CFH’s nationally recognized, evidence-based model of care, which integrates MOUD including buprenorphine, methadone, and extended-release injectables across inpatient, outpatient, emergency, and community settings. Building on CFH’s current services and its Treatment Services program to create a MAC drop-in center in the City of Camden, the WRAP proposal will incorporate subrecipient-led support services managed through a Camden County RFP. Intensive case management models, such as those combining Assertive Community Treatment and Critical Time Intervention, have shown promising results. These programs reduce emergency visits, improve adherence to treatment, and enhance social functioning, with evidence of decreased substance use frequency. Overall, case management is a proven strategy for improving engagement and addressing the social determinants of health that often derail recovery efforts. Research consistently shows that case management plays a critical role in improving treatment engagement and retention for individuals with substance use disorders (SUDs). Meta-analyses of randomized controlled trials indicate that case management significantly enhances linkage to treatment and helps patients remain in care compared to standard approaches. For example, one review found a moderate effect size for treatment-related tasks (SMD = 0.33), demonstrating that case management is particularly effective in connecting clients to services and ensuring continuity of care. Beyond engagement, case management addresses the complex needs often associated with substance use, such as housing instability, and legal issues. By coordinating medical, behavioral, and social services, case managers reduce fragmentation and provide a single point of contact for patients. This holistic approach allows individuals to focus on recovery while other critical life needs are managed, which is essential for long-term success. The staffing of a drop-in center with both evidence-based medical and social support services will provide comprehensive, accessible services for unhoused or unstably housed individuals struggling to balance substance use, mental health, and access to social services. In addition, it will divert patients who seek support services via Cooper’s ED to a facility that is better equipped to deal with these types of needs while giving access to SUD medical care and harm reduction services. In addition to MOUD and wraparound services, WRAP introduces education as a prevention and treatment strategy. CMSRU curriculum will teach a more expanded evidence-based care curriculum for OUD and co-occurring substance use disorders, while municipal school programs will promote early intervention and stigma reduction. By combining clinical excellence, peer support, case management and wraparound services, WRAP operationalizes a whole-person care model strongly supported by national research and policy recommendations. This approach not only treats OUD but also addresses co-occurring conditions and systemic barriers, creating a sustainable pathway to recovery.
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	2026 Fiscal Program List	
	HMH HOSPITALS CORP (HACKENSACK MERIDIAN HEALTH)	
1	What is the name/title of the program?	HMH Carrier Behavioral Health
2	List all agencies, organizations, or entities that received funding for this program.	Hackensack Meridian Health
3	In which category or categories does each agency, organization, or entity that received funding for this program belong? Select all that apply.	Hospital/Healthcare Provider (including Mental Health or Substance Use Treatment Provider)
4	What is the primary problem being addressed by this program?	NJ Substance Abuse Monitoring System (NJ SAMS) reported that in 2024, there were 29,571 admissions with the primary substance as opioids. This represents 15,464 unduplicated clients, which is significant. The primary reason people relapse on opioids is not a single, isolated factor, but rather a complex interplay of psychological, physiological, and social triggers that persist long after an individual has stopped using the drug. Addiction is considered a chronic disease, and relapse is a common part of the recovery process, with studies indicating that 40% to 60% of individuals with a substance use disorder will experience a relapse at some point. For opioid addiction specifically, relapse rates can be as high as 80% to 90%. A central driver of relapse is the intense and often overwhelming experience of cravings, which can be triggered by a variety of internal and external cues. It is critical that we provide quality, evidence-based treatment and aftercare services to individuals who have OUD and co-occurring SUD and mental health concerns to ensure that they are able to improve their health and wellness, live self-directed lives, and strive to reach their full potential. HMH Carrier Behavioral Health will meet this need by expanding access to life-saving Medications for Opioid Use Disorder (MOUD), overdose reversal agents, and evidence-based psychotherapies for opioid use disorder.
5	Briefly describe the program's purpose and key activities.	● Expand treatment services in Bergen County to include withdrawal management, residential treatment and MAT services for individuals with OUD and co-occurring SUD/MH conditions. ● Expand EmPATH (Emergency Psychiatric Assessment, Treatment and Healing) unit for individuals who are experiencing a crisis as a result of opioid use in order to rapidly assess, stabilize and engage in treatment in a calm, therapeutic environment. Stabilization will also include buprenorphine induction. ● Peer Recovery Specialists and on-call multidisciplinary teams will be stationed throughout network hospitals to provide support and interventions to those who have experienced an opioid overdose or who are in withdrawal from opioid use. This will include the option of beginning induction in the Emergency Departments (EDs) as well as navigation to access the appropriate treatment to continue on MAT and receive behavioral therapy. ● Addiction psychiatrists and addiction medicine physicians will expand capacity to prescribe Medication for Opioid Use Disorder (MOUD), and Medication Assisted Treatment (MAT) for other SUDs including buprenorphine and naltrexone (oral and long

		acting injectables). In 2024 there were 16,318 unique patients that presented to HMH EDs due to opioid use disorder, opioid overdose, or withdrawal. This volume of patients presents a tremendous opportunity to expand treatment to at-need populations. These providers will be embedded in care sites where their services are needed the most, including emergency departments, primary care offices, and even community settings. This will include telehealth services and bridging clinics once the provider-patient relationship is established. ● Addiction psychiatrists and mental health addiction clinicians will provide assessment and treatment for co-occurring mental health disorders in our existing and expanded programs, as well as in EDs. This will combine MOUD/MAT and psychotropic medications with behavioral therapy to address the psychology of addiction, as well as co-occurring mental health disorders, including depression, anxiety, PTSD, and bipolar disorder as well as other conditions. Addressing mental health disorders while individuals are in treatment for OUD and other SUD is crucial to positive outcomes. Key evidence-based therapies include Cognitive Behavioral Therapy (CBT), Dialectical Behavioral Therapy (DBT), Motivational Interviewing (MI), Motivational Enhancement Therapy (MET), Contingency Management (CM) and Trauma-Informed Care. ● Expand telehealth services to increase access to MOUD/MAT, peers support, counseling and psychiatric support for individuals with OUD, co-occurring SUD/MH conditions. ● Utilize Peer Recovery Specialists to provide case management services in the first 30 - 90 days post discharge to ensure they are addressing high risk areas related to social drivers of health, and to assist them in developing recovery capital to reach their full potential and minimize risk of relapse. ● Provide naloxone to those who have experienced a recent overdose or individuals with OUD upon discharge from hospital or treatment. ● Provide education to healthcare professionals, including primary care, specialist, maternal health, specialist, other specialty providers and dentists regarding opioid use disorder, referral to treatment, and best practices using MOUD. ● Provide referrals to appropriate providers to ensure the physical health of patients with OUD including infectious disease, cardiology, obstetrics and gynecology, as well as other specialists. ● Provide training and education regarding naloxone and other drugs that treat overdoses for families, schools, community support groups, and other members of the general public. This will also include education relating to immunity and Good Samaritan Laws, and will include naloxone distribution. ● Provide support to community coalitions, organizations, and peer support programs to increase capacity to serve individuals who have OUD and other SUD/MH conditions. This may include Support Team for Addiction Recovery (STAR) programs, M-WRAP (Maternal Wrap Around Programs), Addiction Cover Now (pilot program - peer support for state and local law enforcement) and harm reduction centers, as well as other initiatives. ● Provide transportation and funding for access to housing for individuals who have OUD. ● Improve capacity for HMH team members to provide effective, evidence-based interventions for patients who present with opioid misuse or opioid withdrawal.
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		● Increase presence of addiction specialists in call centers to provide information and connections to appropriate treatment and support services for persons with OUD and any co-occurring SUD/MH condition.
6	What is the target population for this program?	Individuals in Recovery Individuals in Treatment Individuals who Use Drugs
7	On what date was this program funded? (Use the format MM/DD/YYYY.)	06/30/2025
8	What is the total amount of funding for this program?	\$10,000,000.00
8a.	Of the total amount, how much has been spent (in the current reporting year)?	\$10,000,000.00
8b.	Of the total amount, how much has been appropriated/encumbered but not yet spent?	\$0.00
9	How often is your subdivision disbursing funds to this program?	Annually
10	On what date was this program launched? (Use the format MM/DD/YYYY.)	06/30/2026
11	Choose the duration of the program from the list below.	3 years

12	What is the number of unduplicated individuals served by this program?	• Approximately 500 patients per year in the ED setting and follow up care through in-person or telehealth services • Approximately 850 patients per year in the residential/ambulatory treatment setting will receive peer support services and wrap-around services • Approximately 5,000 individuals will receive naloxone kits and prevention education • Approximately 60 individuals will receive support to access safe, sober housing after discharge from treatment • Approximately 240 individuals will receive assistance with transportation needs • Approximately 500 - 1000 community members who will receive education on opioid use disorder and prevention
13	What is the intended impact of this program?	The intended impact of this expansion is to create a more robust, accessible, and integrated system of care that reduces drug-related fatalities and supports long-term recovery. By addressing the multifaceted needs of individuals, we anticipate the following impacts: increased access to timely treatment, improved long-term recovery outcomes, and an enhanced system of care to foster recovery and wellbeing.
14	Which key performance indicators are you tracking to ensure success of the program? List all that apply, including, but not limited to, the following:	• Number of overall patients served • Number of new MOUD initiations • Number of individuals receiving peer support services • Number of individuals placed in housing • Number of transports provided • Number of individuals receiving wrap-around services first 30 - 60 days post discharge • Number of naloxone kits disseminated • Number of individuals receiving education (healthcare professionals, community members, etc) • Number of calls fielded for OUD education, support, resource and navigation to treatment • Number of readmissions to withdrawal management level of care after completion of successful treatment episode (reduction in readmission rates given increased services will be tracked)
15	How frequently are you measuring the key performance indicators listed above?	Quarterly
16	What outcomes or impact does the program aim to achieve? How do you plan to measure or track that impact?	HMH Carrier Behavioral Health's impact measurement plan is directly tied to the core mission of the opioid settlement funds: saving lives and expanding access to care. We will systematically track progress at every stage of the care continuum, from initial patient engagement and service delivery to long-term health and recovery outcomes. We will measure our success in reducing barriers to treatment, improving health outcomes, and strengthening community support systems.
17	Primary Category (Please select the category that fits the primary focus of this program):	Treatment

18	The following are other categories that may apply (include all categories with the exception of the Primary category you chose above).	Harm Reduction and Overdose Prevention Primary Prevention, Education, and Training Recovery Supports Wraparound and Connected Care Supports
19	Select the "Schedule B" approved strategy or strategies that best match the primary focus of this program.	Treat Opioid Use Disorder (OUD) Support Individuals in Treatment and Recovery Connections to Care Prevent Overdose Deaths and Other Harms (Harm Reduction)
20	Describe how this program will address opioid use disorder and any co-occurring substance use disorders or mental health conditions through evidence-based or evidence-informed practices or strategies.	A substantial body of evidence confirms that an integrated treatment model, combining Medication for Opioid Use Disorder (MOUD), behavioral therapies, and peer support, is the most effective strategy for treating individuals with Opioid Use Disorder (OUD) and co-occurring substance use (SUD) or mental health disorders. This approach addresses the complex, intertwined nature of these conditions, leading to better outcomes than treating each issue in isolation.
	2026 Fiscal Program List	
	RWJ BARNABAS HEALTH	
1	What is the name/title of the program?	RWJ Barnabas (RWJBH) Institute for Prevention and Recovery (IFPR) Programs
2	List all agencies, organizations, or entities that received funding for this program.	RWJ Barnabas Health
3	In which category or categories does each agency, organization, or entity that received funding for this program belong? Select all that apply.	Hospital/Healthcare Provider (including Mental Health or Substance Use Treatment Provider)
4	On what date was this program funded? (Use the format MM/DD/YYYY.)	06/30/2025
5	What is the total amount of funding for this program?	\$15,000,000.00
5a.	Of the total amount, how much has been spent (in the current reporting year)?	\$15,000,000.00
5b.	Of the total amount, how much has been appropriated/encumbered but not yet spent?	\$0.00
6	How often is your subdivision disbursing funds to this program?	Annually
7	On what date was this program launched? (Use the format MM/DD/YYYY.)	06/30/2026
8	Choose the duration of the program from the list below.	3 years
	RWJBH Program 1	
1	What is the name/title of the program?	Harm Reduction Program
2	What is the primary problem being addressed by this program?	Limited access to and availability of harm reduction services and supports for individuals at risk of overdose and those affected by opioid and stimulant use disorders.

3	Briefly describe the program's purpose and key activities.	• Provide three distinct subgrants to harm reduction centers to expand reach and enhance service delivery throughout the state. • Distribute naloxone care bags to patients and/or community-based organizations. These bags contain personal care and hygiene items, naloxone, xylazine test strips, gloves, and a card listing local resources including harm reduction centers throughout the state. • Provide housing assistance within IFPR's STAR-funded counties of Hudson, Essex, and Middlesex, targeting individuals with opioid use disorder (OUD) and/or stimulant use disorder (StimUD) who frequently utilize the emergency department (ED). • Train staff in Overdose Lifeline's LNX-TR Train the Trainer Program or Layperson Naloxone Administration Trainer Program and Risking Connection Faculty through Traumatic Stress Institute's Trauma-Informed Care (TIC) training.
4	What is the target population for this program?	Individuals experiencing Homelessness Individuals who Use Drugs Healthcare Personnel and Workforce
5	What is the number of unduplicated individuals served by this program?	5,000
6	What is the intended impact of this program?	The intended impact of the Harm Reduction Program is to reduce overdose deaths and other harms related to opioid and stimulant use while improving access to support, treatment, and basic resources across New Jersey.
7	Which key performance indicators are you tracking to ensure success of the program? List all that apply, including, but not limited to, the following:	Number of participants served Number of harm reduction supplies distributed (e.g naloxone kits, drug disposal packets) Number of training/education sessions Number of services provided/encounters Number of referrals to treatment Number of staff completing naloxone training and trauma-informed care training Number of individuals receiving housing assistance
8	How frequently are you measuring the key performance indicators listed above?	Quarterly
9	What outcomes or impact does the program aim to achieve? How do you plan to measure or track that impact?	Increased access to harm reduction services, increased access to naloxone, reduced risk of fatal overdose, improved connection to community resources, improved housing stability, and increased staff capacity.
10	Primary Category (Please select the category that fits the primary focus of this program):	Harm Reduction and Overdose Prevention
11	The following are other categories that may apply (include all categories with the exception of the Primary category you chose above).	Housing Primary Prevention, Education, and Training Workforce Development and Capacity Building Wraparound and Connected Care Supports
12	Select the "Schedule B" approved strategy or strategies that best match the primary focus of this program.	Connections to Care Prevent Overdose Deaths and Other Harms (Harm Reduction) Training

13	Describe how this program will address opioid use disorder and any co-occurring substance use disorders or mental health conditions through evidence-based or evidence-informed practices or strategies.	The program will address opioid use disorder (OUD) and co-occurring substance use and mental health needs through a harm reduction, trauma-informed, and community-based approach. The strategies described in the program are evidence-informed and focus on reducing overdose risk, improving engagement with services, and addressing social factors that contribute to substance use and poor health outcomes.
	RWJBH Program 2	
1	What is the name/title of the program?	Peer Recovery Program
2	What is the primary problem being addressed by this program?	The need for timely recovery support and connection to appropriate addiction treatment for patients with substance use disorder (SUD) who present in hospital settings.
3	Briefly describe the program's purpose and key activities.	The RWJBH IFPR will implement the Peer Recovery Program (PRP) to provide recovery support services for patients who present with substance use disorder (SUD) at RWJ University Hospital (RWJUH) Hamilton and Trinitas Regional Medical Center (TRMC) and in RWJBH Behavioral Health Center inpatient units. RWJBH IFPR will: • Serve RWJUH Hamilton and TRMC 24 hours a day, seven days per week, through full-time, hospital-based NADDAC-certified Recovery Specialists and the inpatient behavioral health unit patients Monday to Friday, 9 am to 5 pm. • Provide patients with referrals to RWJBH Addiction Medicine Boarded Physicians through the OBAT programs and/or Inpatient Addiction Treatment Consult Teams. • Extract and analyze data from Epic, RWJBH's electronic health record. • Provide appropriate staff to support this program.
4	What is the target population for this program?	Individuals in Recovery Individuals in Treatment
5	What is the number of unduplicated individuals served by this program?	2,565
6	What is the intended impact of this program?	To improve outcomes for individuals with substance use disorder by engaging them during hospitalization, providing immediate recovery support, and connecting them to ongoing treatment.
7	Which key performance indicators are you tracking to ensure success of the program? List all that apply, including, but not limited to, the following:	Number of participants served Number of services provided/encounters Number of referrals to treatment
8	How frequently are you measuring the key performance indicators listed above?	Quarterly
9	What outcomes or impact does the program aim to achieve? How do you plan to measure or track that impact?	This program aims to increase engagement with recovery services, increase connections to treatment, improve continuity of care, increase access to peer recovery support, and create opportunities for earlier interventions.
10	Primary Category (Please select the category that fits the primary focus of this program):	Recovery Supports
11	The following are other categories that may apply (include all	Wraparound and Connected Care Supports

	categories with the exception of the Primary category you chose above).	
12	Select the "Schedule B" approved strategy or strategies that best match the primary focus of this program.	Support People in Treatment and Recovery Connections to Care
13	Describe how this program will address opioid use disorder and any co-occurring substance use disorders or mental health conditions through evidence-based or evidence-informed practices or strategies.	The Peer Recovery Program will address opioid use disorder (OUD) and co-occurring substance use or mental health conditions through a hospital-based, peer recovery, and addiction-treatment connection model. The program focuses on identifying patients with SUD during hospitalization and connecting them with appropriate services while they are engaged with the healthcare system.
	RWJBH Program 3	
1	What is the name/title of the program?	Office-Based Addiction Treatment (OBAT)
2	What is the primary problem being addressed by this program?	Limited access to timely, comprehensive treatment for people with opioid use disorder (OUD), particularly access to buprenorphine and ongoing recovery support.
3	Briefly describe the program's purpose and key activities.	RWJBH will implement two Office-Based Addiction Treatment (OBAT) programs, one in-person and one through telehealth, to increase access to buprenorphine and navigation services for patients with OUD. • Implement a telehealth OBAT program. - o Utilize a collaborative team consisting of an Addiction Medicine Boarded Physician, a Program Manager, a Recovery Coordinator, and Patient Navigators to provide both OUD/SUD and medical treatment to eligible patients. - o Develop and operationalize a treatment process that includes 1) program referrals through IFPR's PRP and/or acute care medical staff; 2) Recovery Coordinator support to prepare the patient for the telehealth visit; 3) treatment from an Addiction Medicine Boarded Physician including buprenorphine initiation and/or other prescriptions and medical/behavioral health referrals; and 4) Patient Navigator services to provide individually tailored resources to address social determinants of health (SDOH). - o Extract and analyze data from Epic, RWJBH's electronic health record. - o Provide appropriate staff and supervision to support this project. • Implement an in-person OBAT program. - o Launch two OBAT teams within RWJBH Medical Groups, with one based in the northern region and the other in the central region. - o Utilize a collaborative team consisting of an Addiction Medicine Boarded Physician, Patient Navigators, LCSW/Case Managers, Certified Medical Assistants, and Patient Services Representatives to provide both OUD/SUD and medical treatment to eligible patients. - o Develop and operationalize a treatment process that includes 1) program referrals through IFPR's PRP and/or acute care medical staff; 2) Patient Services Representative support to assist with

		scheduling; 3) treatment from an Addiction Medicine Boarded Physician including buprenorphine initiation and/or other prescriptions and medical/behavioral health referrals, with dedicated support from a Certified Medical Assistant; 4) Patient Navigator services to provide individually tailored resources to address SDOH; and 5) LCSW/Case Manager services to assess, diagnose, and provide counseling to patients. - o Extract and analyze data from Epic, RWJBH's electronic health record. - o Provide appropriate staff and supervision to support this project.
4	What is the target population for this program?	Individuals in Recovery Individuals in Treatment Individuals who Use Drugs
5	What is the number of unduplicated individuals served by this program?	Telehealth OBAT: 6,240 In-person OBAT: 1,142
6	What is the intended impact of this program?	Increase access to effective, comprehensive treatment for people with opioid use disorder (OUD); address co-occurring medical, behavioral health, and social needs; and improve their ability to remain engaged in care and recovery.
7	Which key performance indicators are you tracking to ensure success of the program? List all that apply, including, but not limited to, the following:	Number of participants served Number of services provided/encounters Number of referrals to treatment
8	How frequently are you measuring the key performance indicators listed above?	Quarterly

9	What outcomes or impact does the program aim to achieve? How do you plan to measure or track that impact?	The Office-Based Addiction Treatment (OBAT) program aims to achieve the following outcomes: a. Increase access to OUD treatment, particularly buprenorphine, through both in-person and telehealth services. b. Increase the number of patients who initiate and engage in treatment after being referred from the Peer Recovery Program or acute care settings. c. Improve treatment continuity and retention by providing Recovery Coordinators and Patient Navigators to support patients throughout the treatment process. d. Address co-occurring medical and behavioral health needs through integrated addiction medicine, medical care, counseling, and behavioral health referrals. e. Address social determinants of health by connecting patients with individualized resources for housing, transportation, insurance, and other social needs. f. Expand treatment capacity and geographic access through two in-person OBAT teams and the telehealth program. Data tracking can be used to monitor measures such as: - Number of patients referred to OBAT. - Number of patients who engage in OBAT services. - Number of patients who initiate buprenorphine or other OUD treatment. - Number and type of medical and behavioral health referrals provided. - Patient engagement with Recovery Coordinators and Patient Navigators. - Social needs identified and resources provided to address SDOH. - Utilization of telehealth versus in-person services. - Treatment engagement and continuity over time.
10	Primary Category (Please select the category that fits the primary focus of this program):	Treatment
11	The following are other categories that may apply (include all categories with the exception of the Primary category you chose above).	Wraparound and Connected Care Supports
12	Select the "Schedule B" approved strategy or strategies that best match the primary focus of this program.	Treat Opioid Use Disorder (OUD) Support People in Treatment and Recovery Connections to Care
13	Describe how this program will address opioid use disorder and any co-occurring substance use disorders or mental health conditions through evidence-based or evidence-informed practices or strategies.	The Office-Based Addiction Treatment (OBAT) program will address opioid use disorder (OUD) through an integrated, evidence-based treatment model centered on medication treatment, addiction medicine, recovery support, behavioral health services, and care navigation. The program also addresses co-occurring substance use, mental health, and social needs that can affect treatment engagement and recovery.
	RWJBH Program 4	
1	What is the name/title of the program?	Inpatient Addiction Treatment
2	What is the primary problem being addressed by this program?	The need for accessible, comprehensive addiction treatment for hospitalized patients with substance use disorder (SUD).

3	Briefly describe the program's purpose and key activities.	RWJBH will implement an inpatient addiction medicine consult service consisting of an Addiction Medicine Boarded Physician, NAADAC-certified Recovery Specialists, and Patient Navigators to provide comprehensive SUD treatment to patients at specific RWJBH hospitals. RWJBH will: • Provide additional support for the existing Addiction Medicine Boarded Physician at Newark Beth Israel Medical Center located in Newark, Essex County. • Hire an inpatient addiction treatment consult team to support patients with SUD at Community Medical Center located in Toms River, Ocean County (Year 1). • Hire an inpatient addiction treatment consult team to support patients with SUD at Clara Maass Medical Center located in Belleville, Essex County (Year 2). • Hire an inpatient addiction treatment consult team to support patients with SUD at Jersey City Medical Center, located in Jersey City, Hudson County (Year 3). • Extract and analyze data from Epic, RWJBH's electronic health record, monthly. • Provide appropriate staff and supervision to support this program.
4	What is the target population for this program?	Individuals in Treatment
5	What is the number of unduplicated individuals served by this program?	7,360
6	What is the intended impact of this program?	The intended impact of the Inpatient Addiction Treatment Program is to increase access to timely, comprehensive addiction treatment for hospitalized patients with substance use disorder (SUD) and create a stronger connection between inpatient care and ongoing recovery services.
7	Which key performance indicators are you tracking to ensure success of the program? List all that apply, including, but not limited to, the following:	Number of participants served Number of services provided/encounters Number of referrals to treatment
8	How frequently are you measuring the key performance indicators listed above?	Quarterly
9	What outcomes or impact does the program aim to achieve? How do you plan to measure or track that impact?	The Inpatient Addiction Treatment Program aims to: - Increase access to addiction treatment for hospitalized patients with substance use disorder (SUD). - Increase the number of patients receiving addiction medicine services during their hospital stay. - Improve engagement in recovery through support from NAADAC-certified Recovery Specialists. - Connect patients to appropriate ongoing treatment and community resources through Patient Navigators. - Improve continuity of care after discharge by addressing addiction-related needs before the patient leaves the hospital. - Expand the availability of inpatient addiction services across RWJBH hospitals in Essex, Ocean, and Hudson counties. - Strengthen the health system's capacity to identify and respond to SUD among hospitalized patients.
10	Primary Category (Please select the category that fits the primary focus of this program):	Treatment

11	The following are other categories that may apply (include all categories with the exception of the Primary category you chose above).	Wraparound and Connected Care Supports
12	Select the "Schedule B" approved strategy or strategies that best match the primary focus of this program.	Treat Opioid Use Disorder (OUD) Support People in Treatment and Recovery Connections to Care
13	Describe how this program will address opioid use disorder and any co-occurring substance use disorders or mental health conditions through evidence-based or evidence-informed practices or strategies.	This program will address opioid use disorder (OUD) and co-occurring substance use and mental health conditions through a multidisciplinary, hospital-based addiction medicine model. The program brings specialized addiction expertise directly to hospitalized patients, allowing SUD needs to be identified and addressed during an inpatient stay.
	RWJBH Program 5	
1	What is the name/title of the program?	Screening, Brief Intervention, Referral to Treatment
2	What is the primary problem being addressed by this program?	The primary problem being addressed by the SBIRT Program is the under-identification and early intervention of risky or unhealthy substance use among patients receiving ambulatory healthcare.
3	Briefly describe the program's purpose and key activities.	The RWJBH IFPR will implement the Screening, Brief Intervention, Referral to Treatment (SBIRT) program to increase early screenings that identify individuals engaging in risky or unhealthy substance use. RWJBH IFPR will: • Screens all patients 12 years or older for risky or unhealthy substance use and provides a brief in-office intervention, brief treatment, and/or referral to recovery support services and/or treatment. • Improve early identification and develop universal screening protocols in all ambulatory care settings to provide patients who enter an RWJBH facility, regardless of location or stage, with the tools to discuss and address substance, alcohol, and tobacco use. • Provide SBIRT continuing education and training to RWJBH ambulatory care staff including primary care, family medicine, and obstetrics and gynecology. • Extract and analyze data from Epic, RWJBH's electronic health record, monthly. • Provide appropriate staff to support this program.
4	What is the target population for this program?	Children and Young Adults - 14-18 (high school aged) Children and Young Adults - 19-24 (post-grad through college) Healthcare Personnel and Workforce Individuals in Recovery Individuals in Treatment Individuals who Use Drugs Members of the General Public
5	What is the number of unduplicated individuals served by this program?	9,593
6	What is the intended impact of this program?	The intended impact of this program is to identify risky or unhealthy substance use earlier and connect patients with appropriate interventions before substance use becomes more severe or leads to additional health problems.

7	Which key performance indicators are you tracking to ensure success of the program? List all that apply, including, but not limited to, the following:	Number of participants served Number of services provided/encounters Number of referrals to treatment Number of staff trained
8	How frequently are you measuring the key performance indicators listed above?	Quarterly
9	What outcomes or impact does the program aim to achieve? How do you plan to measure or track that impact?	The SBIRT program aims to achieve the following outcomes: a. Increase the number of patients screened for risky or unhealthy substance use, including alcohol, tobacco, and other substances. b. Improve early identification of patients whose substance use may place them at risk for developing more serious problems. c. Increase delivery of brief interventions and brief treatment for patients identified through screening. d. Increase referrals to recovery support services and treatment for patients who need more intensive assistance. e. Standardize substance use screening across RWJBH ambulatory care settings so that patients receive consistent opportunities to discuss substance use. f. Increase staff knowledge and capacity to conduct SBIRT through continuing education and training. g. Reduce the progression of risky substance use by intervening earlier and connecting patients to appropriate services. Impact will be tracked by measuring: a. Number and percentage of eligible patients who receive substance use screenings. b. Screening results and the number of patients identified as engaging in risky or unhealthy substance use. c. Number of brief interventions or brief treatment services provided. d. Number of patients referred to recovery support services or treatment. e. Screening and intervention activity across different ambulatory care settings. f. Staff participation in SBIRT training and continuing education.
10	Primary Category (Please select the category that fits the primary focus of this program):	Primary Prevention, Education, and Training
11	The following are other categories that may apply (include all categories with the exception of the Primary category you chose above).	Recovery Supports Workforce Development and Capacity Building Wraparound and Connected Care Supports
12	Select the "Schedule B" approved strategy or strategies that best match the primary focus of this program.	Support People in Treatment and Recovery Connections to Care Training
13	Describe how this program will address opioid use disorder and any co-occurring substance use disorders or mental health conditions through evidence-based or evidence-informed practices or strategies.	The SBIRT program will address opioid use disorder (OUD), other substance use disorders, and related behavioral health needs through early identification, brief intervention, and referral to appropriate treatment and recovery services. The program's universal approach allows the identification substance use before it becomes more severe and connect patients with the appropriate level of care.
	RWJBH Program 6	
1	What is the name/title of the program?	Mobile Health Field Precipitated Withdrawal Program

2	What is the primary problem being addressed by this program?	Gap in care for people who experience an opioid overdose, receive Naloxone from EMS, and then decline transport to a hospital emergency department.
3	Briefly describe the program's purpose and key activities.	RWJBH – Mobile Health will implement a field-based Precipitated Withdrawal Program to target patients who receive Naloxone from emergency medical services (EMS) personnel and subsequently refuse transport to a hospital ED. RWJBH Mobile Health will: • Co-develop the program in partnership with the RWJBH IFPR to develop clinical workflows, educational curricula, and deployment protocols. • Train field staff including approximately 410 Paramedics and 20 Registered Nurses in a comprehensive 4-hour course. The curriculum will cover: - o The 5 Minutes to Help program framework. - o Physiology of OUD. - o Core principles of harm reduction. - o Clinical Opiate Withdrawal Scale (COWS) scoring. - o Treatment pathways for Medications for Opioid Use Disorder (MOUD), focusing on Buprenorphine induction. - o New Jersey State EMS protocols. - o Care referrals and community navigation. - o Clinical documentation standards. • Distribute take-home Naloxone kits to all patients who receive field-administered Naloxone and refuse hospital transport. • Equip RWJBH paramedic units with Buprenorphine to initiate treatment in the field. • Provide oversight and monitoring of the program including reporting and chart reviews of non-transported naloxone cases and buprenorphine inductions. • Provide appropriate staff to support this program.
4	What is the target population for this program?	First Responders, Law Enforcement and other Emergency Responders Healthcare Personnel and Workforce Individuals in Recovery Individuals in Treatment Individuals who Use Drugs
5	What is the number of unduplicated individuals served by this program?	750 Individuals, 410 Paramedics, 20 Registered Nurses
6	What is the intended impact of this program?	The intended impact of the program is to turn an EMS overdose response into an opportunity for immediate treatment and connection to longer-term addiction care, rather than ending the interaction when a patient declines hospital transport.
7	Which key performance indicators are you tracking to ensure success of the program? List all that apply, including, but not limited to, the following:	Number of participants served Number of harm reduction supplies distributed (e.g naloxone kits, drug disposal packets) Number of training/education sessions Number of services provided/encounters Number of referrals to treatment Number of staff completing training Number of individuals receiving housing assistance
8	How frequently are you measuring the key performance indicators listed above?	Quarterly

9	What outcomes or impact does the program aim to achieve? How do you plan to measure or track that impact?	The program aims to achieve the following outcomes: a. Increase access to treatment for OUD by initiating buprenorphine in the field for eligible patients. b. Reduce the risks associated with opioid withdrawal, including withdrawal following Naloxone administration. c. Increase harm-reduction support by ensuring patients who decline transport receive take-home Naloxone. d. Improve connection to ongoing addiction treatment and community resources through referrals and navigation. e. Improve consistency and quality of EMS care through standardized training, clinical workflows, COWS assessments, treatment protocols, and documentation. f. Create additional opportunities to engage patients in treatment who would otherwise leave the EMS encounter without receiving further care. Impact will be measured by tracking: a. Number of patients receiving field-administered Naloxone who decline hospital transport. b. Number of those patients receiving take-home Naloxone kits. c. Number of patients assessed using the Clinical Opiate Withdrawal Scale (COWS). d. Number of patients receiving field-initiated buprenorphine. e. Documentation of buprenorphine inductions and adherence to clinical protocols. f. Number and type of care referrals and community-navigation services provided. g. Training completion among the approximately 410 paramedics and 20 registered nurses. h. Findings from ongoing chart reviews and program reports to identify successes, gaps, and opportunities for improvement.
10	Primary Category (Please select the category that fits the primary focus of this program):	Treatment
11	The following are other categories that may apply (include all categories with the exception of the Primary category you chose above).	Harm Reduction and Overdose Prevention Workforce Development and Capacity Building Wraparound and Connected Care Supports
12	Select the "Schedule B" approved strategy or strategies that best match the primary focus of this program.	Treat Opioid Use Disorder (OUD) Support People in Treatment and Recovery Connections to Care Prevent Overdose Deaths and Other Harms (Harm Reduction) First Responders Training
13	Describe how this program will address opioid use disorder and any co-occurring substance use disorders or mental health conditions through evidence-based or evidence-informed practices or strategies.	The program will address opioid use disorder (OUD) by providing evidence-informed, low-barrier treatment and harm-reduction services directly in the field to patients who have experienced an opioid overdose, received Naloxone, and declined hospital transport. Rather than ending care when the patient declines ED transport, EMS personnel will use the encounter as an opportunity to assess withdrawal, initiate treatment, reduce overdose risk, and connect the patient with ongoing services.
	RWJBH Program 7	
1	What is the name/title of the program?	Maternal Substance Use Disorder Program

2	What is the primary problem being addressed by this program?	Integrated, accessible, and coordinated care for pregnant and postpartum people with substance use disorders (SUD), particularly those who also experience perinatal mental health conditions.
3	Briefly describe the program's purpose and key activities.	To deliver compassionate, integrated, trauma-informed care for pregnant and postpartum people with substance use disorders (SUD), embedded within the Perinatal Mood & Anxiety Disorder (PMAD) Center — recognizing that SUD and perinatal mental health disorders are co-occurring, intersecting conditions requiring unified, whole-person treatment. The Maternal SUD Program operates as a distinct but structurally integrated service line within the PMAD Center. All services — addiction medicine, behavioral health, social work, and peer recovery — are co-located in shared clinical space. Patients have a single care team, a single medical record, and coordinated joint rounds. The model is rooted in collaborative care with a designated case manager as the central navigator. Clinical Services - Addiction Medicine A. Buprenorphine/Naloxone Induction & Management • Office-based OUD treatment (OBOT) B. Methadone Coordination • Collaborative relationship with licensed Opioid Treatment Program (OTP); Case manager coordinates first 30 days to reduce barriers; shared records with OTP via release of information. C. Naltrexone (postpartum AUD/OUD) • Extended-release injectable naltrexone (Vivitrol) initiated postpartum for appropriate patients D. Cannabis Use Counseling • Brief motivational counseling at each visit; shared decision-making approach; cessation support or harm reduction based on patient goals; education on fetal and neonatal effects.
4	What is the target population for this program?	Pregnant and Parenting Individuals and their Families, including Babies with Neonatal Abstinence Syndrome
5	What is the number of unduplicated individuals served by this program?	4,160
6	What is the intended impact of this program?	The intended impact of the Maternal SUD Program is to improve health outcomes and treatment engagement for pregnant and postpartum people with substance use disorders by providing integrated, trauma-informed, whole-person care that addresses both SUD and perinatal mental health conditions.
7	Which key performance indicators are you tracking to ensure success of the program? List all that apply, including, but not limited to, the following:	Number of participants served Number of harm reduction supplies distributed (e.g naloxone kits, drug disposal packets) Number of training/education sessions Number of services provided/encounters Number of referrals to treatment
8	How frequently are you measuring the key performance indicators listed above?	Quarterly

9	What outcomes or impact does the program aim to achieve? How do you plan to measure or track that impact?	The program aims to achieve measurable improvements in maternal health, infant outcomes, treatment engagement, mental health, and continuity of care for pregnant and postpartum people with SUD. Key outcomes include: a. Increased engagement and retention in SUD treatment, including continued participation in MOUD. b. Increased access to evidence-based treatment, including buprenorphine, methadone coordination, and postpartum naltrexone when appropriate. c. Improved perinatal mental health through integrated treatment of SUD and PMADs. d. Reduced substance use and overdose risk through ongoing addiction treatment, counseling, and recovery support. e. Improved pregnancy and birth outcomes, including reducing the risk of preterm birth. f. Improved neonatal outcomes, including coordinated planning and follow-up for infants affected by neonatal opioid withdrawal syndrome (NOWS). g. Improved postpartum and long-term recovery, with continued support through 24 months postpartum. h. Reduced barriers to care, particularly those related to stigma, fragmented services, and fear of DCP&P involvement. i. Improved continuity of care as patients transition from pregnancy to delivery and into extended postpartum/community care. These outcomes can be measured by tracking: a. Enrollment and reach: Number of pregnant and postpartum patients identified with SUD and enrolled in the program. b. Treatment initiation: Number of patients starting buprenorphine, coordinating methadone treatment, or receiving postpartum naltrexone. c. Treatment retention: Continued participation in MOUD and behavioral health services at defined points throughout pregnancy and postpartum. d. Mental health outcomes: Changes in symptoms of depression and anxiety using standardized PMAD screening tools. e. Substance-use outcomes: Changes in reported substance use, engagement in counseling, and recovery-support participation. f. Maternal outcomes: Overdose events, prenatal care engagement, delivery outcomes, and postpartum follow-up. g. Infant outcomes: Preterm birth, neonatal opioid withdrawal/NOWS, and follow-up for affected infants. h. Care transitions: Successful handoffs between antepartum, L&D, postpartum, OTPs, and community providers. i. Patient engagement and experience: Attendance, retention, patient-reported barriers, and satisfaction with integrated and trauma-informed care.
10	Primary Category (Please select the category that fits the primary focus of this program):	Treatment
11	The following are other categories that may apply (include all categories with the exception of the Primary category you chose above).	Harm Reduction and Overdose Prevention Wraparound and Connected Care Supports

12	Select the "Schedule B" approved strategy or strategies that best match the primary focus of this program.	Treat Opioid Use Disorder (OUD) Support People in Treatment and Recovery Connections to Care Address the Needs of Pregnant or Parenting Women and their Families, including Babies with Neonatal Abstinence Syndrome
13	Describe how this program will address opioid use disorder and any co-occurring substance use disorders or mental health conditions through evidence-based or evidence-informed practices or strategies.	The program will address opioid use disorder (OUD), other substance use disorders, and co-occurring mental health conditions through an integrated, trauma-informed, whole-person model that combines addiction medicine, behavioral health, obstetric care, social work, and peer recovery services. This reduces fragmentation, supports treatment continuity, and allows patients to receive addiction, mental health, obstetric, and recovery services throughout the entire perinatal period rather than having to navigate separate systems.