



NEW JERSEY
**OPIOID RECOVERY &
REMEDICATION**

ADVISORY COUNCIL

**FUNDING RECOMMENDATIONS:
FEBRUARY 2024**

Introduction

Beginning in 2022, the State of New Jersey and qualifying counties and municipalities (subdivisions) began receiving settlement payments from major nationwide litigation and settlements that involve the opioid industry. These settlements hold opioid manufacturers, distributors, and retailers accountable for their roles in creating and fueling the opioid epidemic and for aggressively marketing prescription opioids while also downplaying their risks to healthcare providers and the public.

As of this publication, New Jersey has entered into settlement agreements with the following companies: opioids manufacturer Johnson & Johnson; the country's three largest pharmaceutical distributors – McKesson, Cardinal Health, and AmerisourceBergen; global pharmaceutical maker Mallinckrodt PLC; pharmacy chains CVS, Walgreens, and Walmart; and drug makers Teva Pharmaceuticals and Allergan.

To date, New Jersey stands to receive more than \$1 billion in settlement funds to be paid in different allotments through 2038. According to an agreement made by the State of New Jersey and its qualifying subdivisions ("the State Subdivision Agreement"), almost all of the funds will be divided evenly—with 50 percent distributed to the State and 50 percent distributed to eligible subdivisions. The settlement funds will be used to make critical investments in harm reduction and data-driven strategies and will bolster our critical opioid use disorder resources and programs. These investments will strengthen our ability to save lives by preventing overdose deaths and connecting New Jersey families to supports and treatment when and where they need it most.

The following summary outlines the process New Jersey undertook to guide its planning and decision-making for the state's share of these settlement funds. The Opioid Recovery and Remediation Advisory Council was first created via Executive Order No. 305 and then codified into state law (P.L. 2023, c. 25). The Advisory Council is charged with soliciting and digesting public input, developing a method to review spending proposals, and recommending projects to fund using the state's share of these opioid settlement funds. This summary outlines the Advisory Council efforts that began in the final quarter of 2022 and concludes with its January 2024 initial recommendations for state usages of these settlement dollars.

I. **Advisory Council Formation**

On August 31, 2022, Governor Murphy signed Executive Order No. 305 to create the Opioid Recovery and Remediation Advisory Council and announced the opening of an online public input and feedback portal for members of the public to submit feedback and proposals on how opioid abatement funds should be used. In December 2022, Governor Murphy appointed the inaugural ten public members of the Advisory Council. These members reflect New Jersey's diversity, and include individuals with lived experiences, representatives of key stakeholder groups, people of varying academic backgrounds, and engaged community leaders. In addition, the Attorney General, the Commissioner of the Department of Children and Families, and the Commissioner of the Department of Health, or their designees, are included as ex officio members. The Commissioner of the Department of Human Services serves as the Chairperson of the Advisory Council.

The public members include¹:

Mavis Asiedu-Frimpong

Director, Senator Walter Rand Institute for Public Affairs at Rutgers University – Camden

Bre N. Azañedo

Community Ambassador, CDC's Stop HIV Together Campaign & Programs Manager, BLM Paterson

Robert Detore

Chief Executive Officer, Turning Point Inc.

Jenna Mellor

Executive Director, New Jersey Harm Reduction Coalition

Solomon Middleton-Williams

Deputy Director, Newark Community Street Team

Dr. Amesika Nyaku

Assistant Professor, Rutgers Medical School

Shirla Simpson

Director of Human Services, Burlington County

Brian Thompson

Housing Coordinator, Camden Coalition

Morgan Thompson

Chief Executive Officer, Prevention Links

Dr. Debra Wentz

President and CEO, New Jersey Association of Mental Health and Addiction Agencies

¹ The detailed biographies of the members of the Advisory Council can be accessed on this website: www.nj.gov/opioidfunds.

Those representing state agencies include:

Sarah Adelman

Commissioner, Department of Human Services and Chairperson of the Advisory Council

Michele Calvo

Director of Opioid Response and Policy, Public Health Services, Department of Health
Designee for the Commissioner of Health

Mollie Greene

Assistant Commissioner, Children's System of Care, Department of Children and Families
Designee for the Commissioner of Children and Families

Kelly Levy

Deputy Attorney General, Acting Director of NJ CARES, Department of Law & Public Safety
Designee for the Attorney General

Governor Murphy and the Legislature codified the Opioid Recovery and Remediation Advisory Council in March 2023 (P.L. 2023, c. 25). This law gave the Department of Human Services the authority to receive funds from the variety of opioid distributors and manufacturers as part of the larger national settlements. The law tasked the Opioid Recovery and Remediation Advisory Council with the following responsibilities:

- Reviewing proposals, data, and analysis and engaging with stakeholders and community members to develop and provide recommendations;
- Gathering and evaluating data regarding the availability of, gaps in, and barriers to substance use disorder prevention, treatment, and recovery programs and services to prevent overdose deaths, provide wraparound supports, and to expand harm reduction efforts;
- Soliciting feedback from stakeholders, providers, advocates, those with lived experience with opioid use, and other subject matter experts regarding services and programs needed;
- Reviewing and evaluating recommendations submitted by the public via the online portal;
- Evaluating approaches taken by New Jersey and other states in administering proceeds from national opioid litigation resolutions; and
- Providing recommendations to the Governor, the Department of Human Services, and other Executive Branch departments and agencies with regards to spending from the state share.

II. Meetings

Monthly Advisory Council meetings were held starting in March 2023. The Advisory Council members and staff were briefed on ethics standards and recusal rules. The Advisory Council conducted a detailed review of ongoing state spending (from state, federal, and other funding sources) related to harm reduction, opioid use disorder and addiction prevention, treatment, and recovery supports and services. In May 2023, the Advisory Council received a briefing from Dr. Falzon, then NJ's Chief State Medical Examiner, providing an overview of the devastating impact the opioid overdose crisis has had on New Jersey families. Over the spring and early summer, the Advisory Council convened five public listening sessions, including two virtual and three in-person sessions across the state. In late summer, the Advisory Council discussed the feedback, testimony, and proposals shared during those listening sessions. In the fall, the Advisory Council deliberated on, ranked, and finalized this cycle of spending recommendations, as outlined in this document.

Additionally, the Advisory Council created a webpage (www.nj.gov/opioidfunds) and an email address (opioidsettlement@dhs.nj.gov) to provide opportunities for members of the public and other interested stakeholders to submit materials and input for review by the Advisory Council.

III. Public Participation

Public Input and Feedback Portal

In August 2022, an online portal was launched giving members of the public an opportunity to submit feedback, testimonials, and recommendations on opioid abatement spending.

Open from August 31 through October 31, 2022, the portal received more than 500 submissions from providers, academic experts, individuals in recovery, loved ones, family members or friends of someone with or in recovery from a substance use disorder, people who use drugs, and other members of the general public. Below is a summary of the submissions that have informed the Advisory Council.

Submissions were categorized based on the content of their response. In the chart below, the categories are listed in order of most to least number of related submissions. The categories are structured to give clarity to common themes seen across the proposals; and some proposals did fall into multiple categories. To review individual submissions and testimonies, please visit www.nj.gov/opioidfunds.

| Public Input and Feedback Portal Submissions | |
|---|---|
| Harm Reduction | <ul style="list-style-type: none"> • Submissions focused heavily on expanding and building upon the following: <ul style="list-style-type: none"> ○ Naloxone distribution programs; ○ Safe consumption sites and syringe service programs; ○ Non-law enforcement responses to crisis situations; and ○ Providing harm reduction training to healthcare professionals. • The most common harm reduction proposal was to offer naloxone more frequently in a variety of locations, with 34% of respondents that asked for harm reduction policies requesting that naloxone be stored in school bathrooms, and on EMS trucks, and distributed more frequently for free on weekends. |
| Education and Awareness | <ul style="list-style-type: none"> • Funding drug prevention education in schools, including better education on the dangers of fentanyl. • Training police in SUD response tactics with an emphasis on empathy and de-escalation. • Providing first responders additional education on SUD and emergency response treatment. • Funding for early intervention and school-based services, expanding treatment, and increasing investment in harm reduction and recovery support services. |
| Recovery Support Services | <ul style="list-style-type: none"> • A large portion of recovery support service responses requested more resources to be dedicated to job training and employment placement for those in recovery. • Proposals in this section, and in others as well, drew attention to the long wait times and conditions within treatment centers across the state. Proposals requested that abatement monies be allocated toward capital infrastructure upgrades and towards retaining and recruiting staff at these facilities. |

| | |
|--|--|
| <p>Housing</p> | <ul style="list-style-type: none"> • Building new affordable housing for those in short-term recovery and/or for individuals experiencing homelessness as a result of SUD. • Improving housing vouchers to reduce wait time and expand eligible housing. • Expanding targeted housing for pregnant individuals. • Expanding short-term and long-term sober living, inpatient treatment centers, and recovery residences. |
| <p>Treatment</p> | <ul style="list-style-type: none"> • Treatment responses focused on alternatives to opioids for pain management and increasing treatment options for SUD. • Making treatment more accessible for people, especially to those insured through Medicaid. • Opening new and expanding the number of existing treatment centers to meet the growing need. |
| <p>Extending Stays for Residential Rehabilitation</p> | <ul style="list-style-type: none"> • Extension and expansion of residential or inpatient treatment stays for those with SUD or OUD. The proposals argued that the 21-30-day standard of care for short-term residential detox for SUD is not long enough for someone in need to effectively complete detox. |
| <p>Financial Resources for Families Who Lost Loved Ones</p> | <ul style="list-style-type: none"> • A small cohort of respondents recommended financial resources be provided to those most directly impacted by opioid use disorder and substance use disorder through the loss of a loved one. These proposals included scholarships for the children of individuals who died due to addiction, financial support for families and spouses, and cash payments to families affected by SUD. |
| <p>Criminal Justice</p> | <ul style="list-style-type: none"> • These submissions focused both on preventing incarceration through community support and supporting incarcerated individuals. Some examples are: <ul style="list-style-type: none"> ○ Support reentry initiatives; and ○ Hire justice-informed peer support workers in recovery courts. |
| <p>Specific Program Proposals</p> | <ul style="list-style-type: none"> • Specific Program Proposal submissions were categorized based on a request for funding to start new or expand existing programs, funding for new research opportunities, or to provide funding to organizations that support people affected by opioid use disorder or substance use disorder. • Submissions here included funding for community supports, recovery treatment services, and support and observation groups; funding to expand street crisis response teams; and funding to provide housing for people in short-term or long-term recovery. |
| <p>Other - Uncategorized</p> | <ul style="list-style-type: none"> • The proposals and subject areas that did not neatly fit into any of the categories described so far, included: <ul style="list-style-type: none"> ○ Increasing access to public transportation; ○ Bolstering support for veterans living with or in recovery from SUD/ODU; and ○ Broadly targeting underserved or hard to reach populations with resources. |

Public Listening Sessions

The Advisory Council held five public listening sessions from May-July 2023. In-person sessions were held at Mercer County Community College (West Windsor) on May 22nd, Camden County College (Blackwood) on June 12th, and Essex County College (Newark) on June 22nd, and virtual sessions were held via Zoom on May 4th and July 20th. In total, 67 individuals submitted testimony across the five sessions.

Among the many voices and experiences shared, nearly a dozen key issues emerged as central themes. These issues, which resonated strongly with participants and stakeholders who provided testimonies, provide valuable insights into the priorities and challenges faced by communities across the state. The top issues include:

- ▶ Expanding harm reduction services including Harm Reduction Centers (also known as Syringe Access Programs), naloxone distribution, vending machines, fentanyl and xylazine test strips, and integration of harm reduction care into existing health services
- ▶ Enhanced and expanded treatment services
- ▶ “No Wrong Door” approach to harm reduction, treatment, and recovery services
- ▶ Increased funding for Recovery Support Services
- ▶ Housing Needs: Transitional housing and sober living facilities
- ▶ Transportation
- ▶ Integrated care services: connecting primary and behavioral health prevention and treatment
- ▶ Increased funding for Community Peer Recovery Centers
- ▶ Workforce Development
- ▶ Legal support services
- ▶ Family support services

At each of the listening sessions, counselors from the Department of Human Services’ Division of Mental Health and Addiction Services were available to provide on-site, real-time assistance for those who needed care when discussing their own recovery journey or those of loved ones. Members of the public expressed their appreciation for the care that was made available during these sessions.

To view or listen to recordings of the virtual sessions, please visit www.nj.gov/opioidfunds.

IV. Currently Funded Spending Recommendations

In July 2023, the Advisory Council recommended the following two spending proposals prior to the annual October 1 reporting deadline required by the State Subdivision Agreement and the national settlement agreements. The annual State and subdivision spending reports can be found at www.nj.gov/opioidfunds.

NJ Opioid Recovery and Remediation Advisory Council Strategic Plan

The Advisory Council recognized that a strategic plan would be instrumental in determining short- and long-term goals and informing the recommendations made by the Council regarding the allocation of the state-share of settlement funds in the years ahead. The Strategic Plan will integrate and synthesize the expertise, experiences, needs, assets, and input of Advisory Council members, public comments and submissions, and other trusted stakeholders in the community. The Advisory Council noted that missing from the public listening sessions and portal submissions were the perspectives and inputs from people who use drugs and people in early recovery. The strategic plan will therefore include focus groups with current drug users and those who recently began their recovery journey.

In fall 2023, the Department of Human Services entered into a Memorandum of Understanding with Montclair State University's Center for Research and Evaluation on Education and Human Services (CREEHS) to undertake the following scope of work:

- Conduct one-on-one or small group interviews with members of the Advisory Council;
- Review and consider written submissions to the Opioid Fund Public Input Portal and recordings and transcripts of public listening sessions as held by DHS and the Advisory Council;
- Conduct individual or small groups interviews with NJ state agencies to learn more about ongoing funding and programs related to the opioid response;
- Conduct group interviews with subdivision representatives or County representatives, in or out of government; and
- Identify and interpret existing data on services and outcomes in the state.

The anticipated publication date of the Strategic Plan is Spring 2025.

TOTAL FUNDING: \$291,800

Opioid Crisis Emergency Response

This designated set-aside represents a strategic investment in the state's ability to swiftly and effectively respond to emergent situations, ensuring that resources are readily available to navigate the ever-evolving landscape of the opioid addiction and overdose epidemic. Whether faced with sudden spikes in overdose incidents, the emergence of new substances, or other unforeseen challenges, these resources will provide the state with flexibility to respond rapidly in the fight to curb the impact of the opioid epidemic on communities across New Jersey. These resources will be set aside for rapid deployment for specific emergencies where the funding and response cannot wait for the next state funding cycle.

TOTAL FUNDING: \$500,000

V. Proposal Solicitation

In a comprehensive and inclusive approach to address the opioid crisis, the Opioid Recovery and Remediation Advisory Council solicited proposals from a spectrum of sources, including state agencies, the public, and Advisory Council members themselves. State agencies that provided proposals included the Departments of Human Services, Education, Health, Children and Families, Corrections, Labor, and Military and Veterans Affairs, as well as the Offices of the Attorney General and the Secretary of Higher Education, and the Housing and Mortgage Financing Authority (HMFA).

To facilitate discussion, Advisory Council members evaluated and ranked each proposal using a set of ten specific metrics (detailed further below). This exhaustive review process ensured that the Advisory Council could leverage the collective expertise and perspectives of its members to prioritize initiatives that demonstrated the greatest potential for impact. It also provided an opportunity to build upon the whole-of-government approach that the Murphy Administration has adopted to address the needs of the community. In fall 2023, the Advisory Council meetings included review and discussion of proposals. Each proposal was then reviewed and ranked by the Advisory Council.

A color-coded system was created to help easily categorize areas of need for the Advisory Council:



VI. Determining Recommendations

Understanding and appreciating the number of proposals, and the limited amount of funds, the Advisory Council adopted a uniform system by which to evaluate, score, and rank proposals for funding. Each proposal—regardless of whether it originated from the general public, state agencies, or public Advisory Council members—underwent a rigorous evaluation based on ten metrics. These metrics served as a robust framework, encompassing crucial elements that gauged each proposal's potential impact, feasibility, alignment with strategic goals, and overall effectiveness in addressing the multifaceted challenges posed by the opioid crisis. All proposals considered must also meet the terms of the settlements.

| On a scale from 1 (not at all accurate) to 5 (extremely accurate), please rate how accurate each statement is in reviewing this spending proposal. | |
|---|--|
| Program Effectiveness: This proposal will have a great impact in addressing the opioid crisis and reducing opioid-related harm. | Community Impact: This proposal can create positive and meaningful changes in the community, addressing the needs and priorities of the members of the community. |
| Adherence to an Evidence-Based Approach: This proposal is based on sound evidence and best practices in addressing opioid dependence, treatment, and prevention. | Cost-Effectiveness: This proposal's spending amount is sufficient to achieve its aim. |
| Feasibility: This proposal can be implemented and scaled successfully as currently structured. | Target Population: This proposal as structured will reach and provide service to its intended beneficiaries and address their specific needs. |
| Sustainability: This proposal has long-term viability and can be sustained in the future. | Potential for Long-term Impact: This proposal has potential to make lasting change. |
| Equity: This proposal will address disparities and ensure equitable access to services and resources. | Responsiveness to Public Feedback: This proposal addresses one or more of the public feedback categories. |

Advisory Council members ranked each proposal, assigning scores on a scale of 1 to 5 for each metric as well as providing comments and questions, reflecting both the depth and nuance of their assessments. This numerical ranking system provided a quantifiable basis for comparison, allowing for a standardized analysis of each proposal's strengths and areas for improvement. After the scoring phase, the cumulative scores for each proposal were analyzed, and the top-scoring initiatives emerged as the leading candidates. In November and December 2023, the Advisory Council ranked 40 proposals and, after narrowing to 10 concepts, identified the enclosed 6 proposals to be recommended to the State.

The resulting proposals represent a culmination of rigorous evaluation, strategic alignment, and a commitment to advancing initiatives that promise significant contributions to the overarching goal of mitigating the impact of the opioid epidemic in New Jersey.

VII. Design Priorities: Equity, Evaluation, and Effectiveness

It was of great importance to the Advisory Council when reviewing and prioritizing proposals for recommendation that equity and evaluation be prioritized in the design of each initiative.

It is the recommendation of the Advisory Council that all funded initiatives be designed through an equity lens. For instance, Requests for Proposals posted by state agencies for the funded initiatives should require a portion of a bidder's response to specifically describe how they would ensure reach within underserved communities, specific racial and ethnic groups, LGBTQIA+ communities, and/or historically marginalized, transient, or harder to reach communities or regions of the state.

Additionally, the initial round of funding recommendations does not include any funding duration longer than three years. It is imperative that the state and the Advisory Council evaluate the progress and outcomes of funded initiatives and be afforded the opportunity to ensure initiatives are meeting their stated aims. It is the expectation of the Advisory Council that all funded initiatives be quantitatively and qualitatively measured and evaluated for effectiveness to ensure the state is maximizing its potential impact with opioid settlement dollars.

To that end, the Strategic Plan will include the creation of an evaluation and monitoring plan that will outline specific methods, activities, timeline, and parties responsible for collecting and tracking performance data that inform the overall priority areas and strategies of this strategic plan. The evaluation and monitoring plan will be a component of the formal strategic plan to be completed by Spring 2025.

VIII. Advisory Council Spending Recommendations

The Opioid Recovery and Remediation Advisory Council takes a momentous step forward in its commitment to combat the opioid crisis by recommending the following proposals for funding through the state's portion of opioid settlement funds. Proposed funding levels and durations are reflected in Appendix A.

These carefully selected initiatives, drawn from a diverse group of proposals submitted by state agencies, public Advisory Council members, and the community, have been rigorously evaluated and integrate input and reflections from members of the Advisory Council.

With a focus on impact, feasibility, and alignment with overarching goals, these recommendations symbolize the Advisory Council's collective vision for effecting tangible and positive change against the opioid crisis within the state of New Jersey.

Harm Reduction

Harm Reduction Expansion Activities

This proposal will supplement state funding for harm reduction activities. Funds will support core harm reduction services in a three-pronged approach: (1) expansion of authorized 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. Expansion of Harm Reduction Centers can support infrastructure, supplies, and/or operations including staffing. Funds for drug-user health 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 for addiction 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.

Prevention and Recovery Supports

Community Peer Recovery Center Expansion

Community Peer Recovery Centers (CPRC) allow individuals to access peer support, information about substance use disorder treatment, recovery support services, and information about other community resources in a supportive, substance-free environment. All activities and services are led and driven by "peers" (i.e., individuals who have experienced addiction and recovery, either directly or indirectly as a family member or friend). The overall goal of the CPRC is to provide a safe place for recovering individuals to gather in support of one another and experience recovery in a community setting. This proposal aims to expand both operating hours and overall capacity of the CPRCs to ensure adequate staffing, facility costs, outreach activities, participant assistance, and robust social/recreational and mutual aid offerings at each center.

Treatment

Mobile Medication for Addiction Treatment (MAT) Expansion

There are currently six mobile units (five buses total) across the state providing medication and treatment services to the community, including MAT. Of the existing fleet of five buses, four are in need of replacement. The proposal would also fund the expansion of three new mobile units across the state including three new bus purchases and funding medication and treatment services to the community. Funds could also be used to bring mobile MAT onsite at jails and to hire and train interpreters for mobile units.

Rapid Referral Platform for Low Threshold Medication Access for Opioid Use Disorder (OUD)

Medications for Opioid Use Disorder (MOUD) are lifesaving treatments for people with opioid use disorder (OUD). The onset of withdrawal symptoms paired with potentially lengthy wait times for initiation of MOUD, as well as lack of transportation or insurance can be barriers for too many people seeking treatment. The proposed program would address these barriers by establishing a statewide rapid referral electronic platform and a collection of resources to facilitate expedited access to a vetted network of MOUD providers and harm reduction supplies. Costs include staffing support to build the network of providers, software and platform support, transportation and medication vouchers, harm reduction supplies, and 24/7 telemedicine MOUD providers. The platform will be available to first responders, emergency departments, treatment providers, correctional settings, and community-based providers that encounter individuals experiencing an overdose or are otherwise seeking care.

Housing

NJ Keeping Families Together (KFT) Expansion

The NJ KFT intervention leverages the Housing First approach to provide comprehensive support to parents with OUD, including access to housing (through vouchers and rental subsidies), case management, linkage to community services, and therapeutic services. Expansion of the existing KFT program would include adding after care and “move on services” to ensure stability 12 months post-discharge, thereby maximizing access to the program by promoting unit turnover. Evaluations of the existing KFT program indicate statistically significant improvements in income, social support networks, and family safety for participants.

Housing Continuum for Individuals with Substance Use Disorder (SUD)

This proposal outlines the establishment of a comprehensive Housing Continuum aimed at addressing the housing needs of individuals who have a history of substance use disorder or co-occurring conditions. Emergency shelter beds will be made available for immediate housing needs. For those interested in a substance-free supportive living environment, Oxford Housing will be available to help them in their recovery. Additionally, rental subsidies and assistance with finding and maintaining permanent housing will be made available consistent with a Housing First Model without treatment or sobriety requirements. Critical case management services will be made available to all participants.

IX. Looking Ahead

The recommendations made through this report represent the beginning of a continuous journey and a framework for future recommendations over the 18-year lifespan of abatement funding. Anticipating emerging challenges and opportunities, the Advisory Council is poised to make future recommendations with the support of a strategic plan and the assurance of meaningful evaluation data, ensuring an effective response that aligns with the most critical needs of New Jerseyans.

Future recommendations may include the following areas of need:

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|---|
| <p>Harm Reduction</p> <ul style="list-style-type: none"> • Continue investments in harm reduction efforts including vending machines, testing supplies, and opioid antidote medications such as naloxone; and determine feasibility of additional harm reduction activities in the state. |
| <p>Housing Initiatives</p> <ul style="list-style-type: none"> • Explore partnerships with housing authorities to expand housing options for populations with unique needs, ensuring safe and supportive environments. • Increase access to LGBTQIA+ friendly residences for individuals in recovery. |
| <p>Legal Services</p> <ul style="list-style-type: none"> • Expand funding to provide free civil legal services to individuals with mental health and/or substance use disorders. |
| <p>Treatment</p> <ul style="list-style-type: none"> • Expand access to evidence-based treatment options, including MAT and counseling services. • Explore innovative funding streams to bolster treatment capacity and ensure equitable access to treatment services throughout the state. • Invest in treatment modalities and programs provided by the same racial, ethnic, or cultural communities that they aim to serve. |
| <p>Workforce Development</p> <ul style="list-style-type: none"> • Continue to invest in workforce recruitment and retention strategies to curb the behavioral health workforce shortage. • Provide training, education, and technical assistance to current providers to build capacity to better serve communities in need. |
| <p>Youth Services</p> <ul style="list-style-type: none"> • Target services and programs for youth and school-aged adolescents living with or in recovery from substance use disorder, opioid use disorder, or co-occurring conditions. • Explore expansion of services to students in recovery, such as through Recovery High Schools or special services school districts providing a safe space for youth to continue and complete their education while achieving and maintaining recovery. |

These future considerations align with public input and the Advisory Council’s commitment to fostering a comprehensive, compassionate, and inclusive approach that is both impactful and responsive to the evolving landscape of the opioid and addictions crises.

X. Conclusion

In conclusion, the unveiling of the Opioid Recovery and Remediation Advisory Council's initial recommendations marks a significant milestone in the ongoing fight against the opioid crisis. These meticulously selected proposals, shaped by the collective expertise and diverse perspectives of Advisory Council members, signify a strategic and evidence-driven approach to the allocation of settlement funds. The collaborative effort to assess, rank, and endorse these initiatives underscores the Advisory Council's dedication to transparency, inclusivity, and a data-informed decision-making process. As these initial recommendations are considered by the State, they represent both a roadmap for targeted interventions and a testament to the unity of purpose within the Advisory Council as it strives to make a lasting impact on the well-being of individuals and communities affected by the opioid crisis in New Jersey.

Appendix A. Advisory Council Recommendations Table

| Opioid Recovery and Remediation Advisory Council Funding Recommendations: February 2024 (in order of priority) | | | |
|--|---|------------------|---------------------|
| Proposal Title | Annual Funding Level | Funding Duration | Proposal Total |
| Harm Reduction Expansion Activities | \$12,000,000 | 2 years | \$24,000,000 |
| Community Peer Recovery Centers Expansion | \$5,835,000 | 3 years | \$17,505,000 |
| Mobile Medication for Addiction Treatment (MAT) Expansion | \$4,525,000 (Year 1) \$2,250,000 (Years 2-3) | 3 years | \$9,025,000 |
| NJ Keeping Families Together (KFT) Expansion | \$2,700,000 | 3 years | \$8,100,000 |
| Rapid Referral Platform for Low Threshold Medication Access for Opioid Use Disorder | \$6,500,000 | 3 years | \$19,500,000 |
| Housing Options for Individuals with Substance Use Disorder (SUD) | \$5,000,000 (Year 1) | 3 years | \$17,000,000 |
| | \$6,000,000 (Years 2-3) | | |
| | | | |
| <i>Opioid Recovery and Remediation Advisory Council Strategic Plan (previously recommended)</i> | \$291,800 | One-Time | \$291,800 |
| <i>Opioid Crisis Emergency Response (previously recommended)</i> | \$500,000 | One-Time | \$500,000 |
| | | | |
| Total | | | \$95,921,800 |

A faint, light-colored map of the state of New Jersey is centered in the background of the page. The map shows the state's outline and major geographical features like the Delaware River and the Atlantic Ocean.

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