



NEW JERSEY

OPIOID RECOVERY &

REMEDIATION

ADVISORY COUNCIL

FUNDING RECOMMENDATIONS:
DECEMBER 2025

Introduction

Continuing its commitment to provide a whole-of-government approach toward tackling the opioid epidemic, the New Jersey Opioid Recovery & Remediation Advisory Council is pleased to announce its 2025 funding recommendations. Using the findings of the Advisory Council's Strategic Plan (<https://nj.gov/opioidfunds/strategic-plan/>), along with ongoing deliberations informed by the changing availability of settlement and non-settlement funding for opioid crisis response activities, the Advisory Council has, over the course of 2025, recommended programs to expand harm reduction services, enhance treatment access, grow supportive housing opportunities, provide wraparound services, and more. Programs recommended in 2025 build upon recommendations made in 2024.

In the summer of 2024, the Advisory Council held a roundtable discussion and met with families of loved ones lost to the opioid epidemic, which resulted in recommended funding for family support and overdose support group capacity building for smaller grassroots organizations. *We are grateful to those who shared their voices and lived experiences to inform the work of the Advisory Council.*

The largest funding recommendation in 2025 will continue and enhance harm reduction activities, including the maintenance of existing programs as well as the startup and expansion of others. At this time, there are 55 authorized Harm Reduction Centers that the state, with settlement dollars support service delivery at selected sites in every county.

Additionally, the Advisory Council recommended expanding the housing continuum of care, extending the reach of the Keeping Families Together program overseen by the New Jersey Department of Children and Families (DCF), providing much-needed capital funding for treatment providers, establishing funding for one pilot Perinatal Center of Excellence, and conducting a study to identify State-level administrative barriers to care. Informed by the work in the Strategic Plan and input from the Advisory Council, an additional recommendation was made to fund and support a single-point, holistic evaluation and monitoring strategy for all current and future settlement-funded projects.

In spring 2025, the federal government abruptly and prematurely stopped funds received by the New Jersey Department of Human Services' (DHS) Division of Mental Health and Addiction Services (DMHAS) through the Substance Abuse and Mental Health Services Administration (SAMHSA) American Rescue Plan Act (ARPA). In summer 2025, the Advisory Council undertook an extensive review of impacted programs. While the funds were belatedly restored through legal action, critical programs had been interrupted and some could not be readily resumed without further resourcing. After a comprehensive review, the Advisory Council recommended three programs to be funded using settlement dollars covering October 1, 2025 (when ARPA funds terminated) through June 30, 2026,

including the deployment of peer services in residential programs and maternal wraparound services. The Advisory Council also recommended using settlement funding to extend services from October 1, 2025 to April 2028 for ARPA-funded peer-delivered check-in and follow-up services with individuals who have completed treatment or are transitioning from one level of treatment to the next.

I. Advisory Council Spending Recommendations – 2025



Harm Reduction

Harm Reduction Center (HRC) Continuation and Service Expansion

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.

Treatment

Capital Investments in Substance Use Treatment Providers

Substance use treatment providers consistently report a need for routine repairs to vehicles and facilities as well as to expand footprints to serve more patients, to implement care quality modernizations, and to meet evolving regulatory standards. This funding would support repairs, improvements, and purchases to brick-and-mortar facilities as well as mobile units and transportation vehicles that enable connections of patients to treatment. Funding is needed for organizations to make repairs, invest in capital improvements, and expand facilities to meet licensure standards for integrated care and to provide a whole person approach. Capital infrastructure is usually not included in federal and other State funding opportunities.

Perinatal Center of Excellence

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.

Bridge Access to Community-Based Substance Use Treatment

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.

Coordinated Wraparound Services

Family and Community Support Group Capacity Grants

Capacity grants will entail small (e.g. \$100k-\$150k) awards for small, nonprofit community-based, and community-focused small businesses focused on families and loved ones of individuals living with, in recovery from, or who have passed away as a result of substance use disorder including opioid use and opioid overdose. Awards will support a wide array of recovery and prevention supports across the connected care continuum, including support groups, harm reduction supports, activities that strengthen and support relationships among family members, bereavement and remembrance efforts, and more. In addition, funding will be available for recognized groups for opportunities to create memorials and remembrances for those who were lost due to the epidemic. This funding opportunity is intentionally open-ended, allowing community organizations to receive funding for their

specific needs. The opioid settlement funds are a poignant testament to the tragic toll that the opioid epidemic has exacted on countless lives.

This proposal is largely the result of a July 2024 roundtable discussion with key support groups that was led by the Advisory Council.

Safe, Stable, and Supportive Housing

Housing Continuum Expansion

Funds will support implementing a pilot housing program that consists of eight core components: (1) intensive case management and care coordination; (2) harm reduction and recovery housing; (3) 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; (4) certification for up to 10 providers, including specific provider training; (5) establishment of a Community Advisory Board that oversees program development and implementation; (6) targeted participant and staff incentives; (7) a low-barrier engagement center; and (8) program evaluation. This 24/7 program will incorporate a focus on harm reduction for unhoused or unstably housed individuals and partner with individuals with lived and living experience in its evaluation. The program includes recovery-focused housing for individuals with a co-occurring substance use disorder, mental illness, and acute and chronic primary care needs; older adults will be prioritized. Services will connect individuals with longer-term housing subsidies. This low-threshold, culturally responsive initiative is designed to eliminate barriers to treatment.

Keeping Families Together (KFT) Expansion

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.

Planning and Evaluation

Monitoring and Evaluation of State-level Settlement-Funded Programs

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.

Study about State-level Administrative Barriers to Care

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.

Emergency and Time-Sensitive Purposes

Peers in SUD Residential Settings

Funds support hiring and deploying of Peer Recovery Specialists at Human Services-contracted residential treatment agencies. Peers provide non-clinical assistance and recovery supports services to individuals receiving substance use treatment in residential settings, including inpatient withdrawal management, short-term and long-term residential, and halfway houses.

Maternal Wraparound Program (M-WRAP)

MWRAP is a statewide initiative that provides intensive case management and recovery support services for pregnant women with substance use disorder during pregnancy and up to one year after the end of the pregnancy. Intensive case management focuses on developing a single, coordinated care plan for pregnant/postpartum women, their infants, and families.

Recovery Management Check-Up (RMC)

RMC facilitates a seamless and coordinated transition from treatment to community-based support services, with peer recovery specialists 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-up, 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.

Look Ahead

The Opioid Recovery and Remediation Advisory Council's 2025 recommendations continue the Murphy Administration's whole-of-government approach toward tackling the opioid epidemic. The enclosed addendum details the over \$311 million in projects supported by the Advisory Council since its convening in early 2023.

With additional settlement available, either through on legislative action to fund four hospital system projects outside of the Opioid Recovery and Remediation Fund and/or the results of pending settlements with additional perpetrators of the opioid epidemic, the Advisory Council also recommends prioritizing sustaining beyond 2027 funding for the Housing Continuum and for Community Peer Recovery Centers.

For more on the earlier rounds of funding recommendations, the State's procurement process for those programs, as well as the Strategic Plan, please visit <https://www.nj.gov/opioidfunds/>.

**Appendix A. Opioid Recovery and Remediation Advisory Council Funding
Recommendations Adopted in 2025**

Proposal Title	Annual Funding Level	Funding Duration	Proposal Total
Emergency Investments:			
Bridge Access to Community-Based Substance Use Treatment (SUD)	\$4,300,000	<1 Year	\$4,300,000
Maternal Wraparound Program (M-WRAP)	\$700,000	2.5 Years	\$700,000
Peers in SUD Residential Treatment Settings	\$1,300,000	1 Year	\$1,300,000
Recovery Management Check-Up	\$1,500,000	2.5 Years	\$3,500,000
New Programs:			
Capital Investments for SUD Treatment Providers	\$8,000,000	1 Year	\$8,000,000
Family and Community Support Group Capacity Grants	\$2,000,000 (Year 1) to \$5,000,000 (Year 3)	3 Years	\$12,000,000
Perinatal Centers of Excellence	\$1,614,570 (Year 1) \$4,614,570 (Year 2)	2 Years	\$6,229,140
Continuation and Expansion Programs:			
Harm Reduction Continuation and Service Expansion	~\$21,350,000 (Year 1) to ~\$22,65,000 (Year 5)	5.5 Years	\$118,681,215
Housing Continuum Expansion	\$3,500,000	3 Years	\$10,500,000
NJ Keeping Families Together (KFT) Expansion	\$1,620,000	3 Years	\$4,860,000
Bridge Access to Community-Based Substance Use Treatment (SUD)	\$15,000,000	1 Year	\$15,000,000
Strategic Planning and Evaluation:			
Monitoring and Evaluation of State-level Opioid Recovery and Remediation Fund Programs	\$1,000,000	3 Years	\$3,000,000
Study on State-level Administrative Barriers to Care	\$250,000	One-Time	\$250,000
Total Funding 2025	\$189,389,140		

**Appendix B. Opioid Recovery and Remediation Advisory Council Funding
Recommendations Adopted in 2024**

Proposal Title	Annual Funding Level	Funding Duration	Proposal Total
Emergency Investments:			
Opioid Crisis Emergency Response (2023)	\$500,000	One-Time	\$500,000
Opioid Crisis Emergency Response (2024)	\$500,000	One-Time	\$500,000
New Programs:			
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) \$6,000,000 (Years 2-3)	3 years	\$17,000,000
Legal Services for Individuals with SUD	\$6,750,000	3 years	\$20,250,000
Continuation and Expansion Programs:			
Community Peer Recovery Centers Expansion	\$5,835,000	3 years	\$17,505,000
Harm Reduction Expansion Activities	\$12,000,000	2 years	\$24,000,000
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
Youth Substance Use Initiative Expansion	\$1,680,000	3 years	\$5,040,000
Strategic Planning and Evaluation:			
Opioid Recovery and Remediation Advisory Council Strategic Plan (2023)	\$291,800	One-Time	\$291,800
Total Funding 2024	\$121,711,800		