



DEPARTMENT OF HUMAN SERVICES
DIVISION OF MENTAL HEALTH
AND ADDICTION SERVICES

NEW JERSEY OPIOID RESPONSE

ANNUAL REPORT
2019-2020

PUBLISHED DECEMBER 2022



This interactive document includes clickable shortcuts allowing users to quickly move between sections by utilizing the table of contents and tabs on top of each page.

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Introduction

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

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

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

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

New Jersey's response to the crisis has effectively addressed unmet needs such as access to medication for opioid use disorder (MOUD), access to treatment, and the prevention of opioid-related deaths through prevention and harm reduction strategies, detailed in this report.

Division of Mental Health & Addiction Services
wellness recovery prevention
laying the foundation for healthy communities, together

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Prepared December 2022 by:





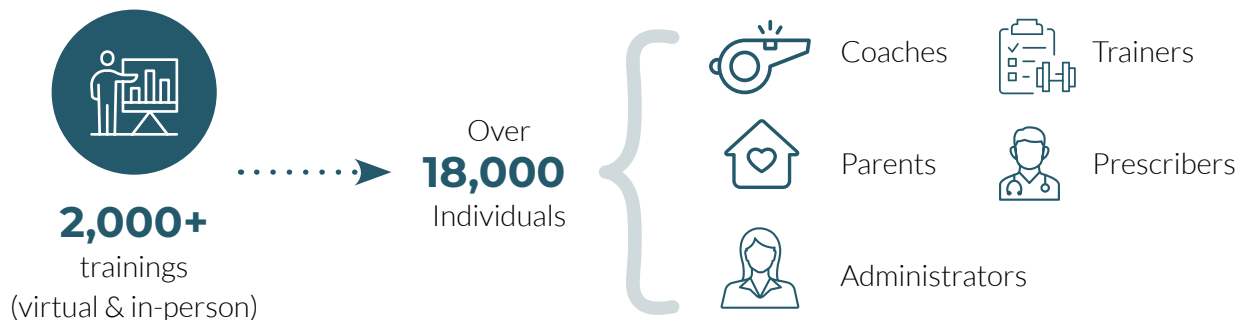
Athletes and Opioids Project

In 2018, with Strategic Prevention Framework for Prescription Drugs funding from SAMHSA, DMHAS' Regional Prevention Coalitions expanded their prevention efforts to focus on opioids and young athletes. Recent studies determined that youth who are involved in competitive sports are at greater risk of being prescribed opioid pain relievers for sports-related injuries, and of possibly misusing and/or being approached to divert these medications.

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



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



Marlon Smith motivates student athletes and coaches to have a positive impact on their schools and make healthy decisions around substance use, including prescription pain medication.

Athletes and Opioids Project

In addition to county and local efforts, several statewide programs were implemented including:



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

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



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



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



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



Gurbir Grewal
Attorney General, New Jersey
Former New Jersey Attorney General Gurbir Grewal addresses the heightened risk of opioid use and misuse for student athletes in required educational video.

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



Prescription Drug Disposal and Safe Storage

DMHAS funding was utilized to purchase medicine lock boxes and drug disposal kits. Safe drug disposal kits are safe medication disposal pouches or containers that can be used at home or in a clinical setting. These materials were provided to DMHAS-funded regional coalitions and agencies. In turn, the agencies and coalitions distribute them throughout their communities at events like health fairs and back-to-school nights. They were also provided to participants in programs such as Strengthening Families and Alternative Approaches to Pain Management for Older Adults.

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



2,504

medicine lock boxes distributed



10,550

Deterra (safe drug disposal) kits distributed



Regional Prevention Coalitions across the state distribute lock boxes to secure medications and safe drug disposal bags (Deterra Kits) to high-risk populations to reduce access to expired and unused medications. These efforts expanded the reach of the medicine drop boxes that are established throughout the state in partnership with local law enforcement for safe disposal as well.



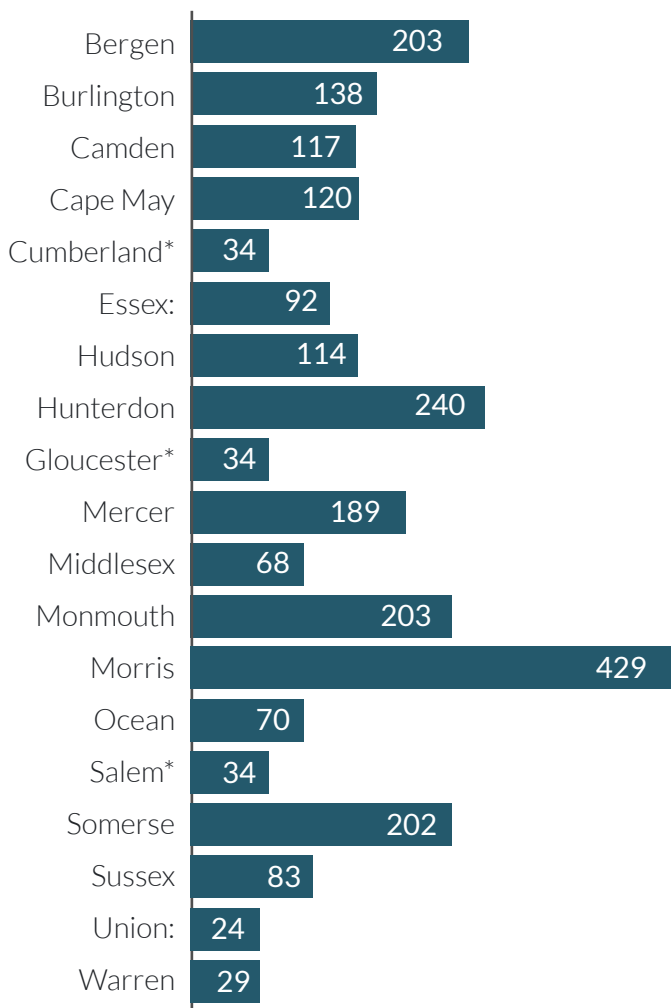
Alternative Approaches for Pain Management in Older Adults

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




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

Numbers trained by county



* Cumberland, Gloucester, and Salem counties numbers are combined



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

-Community in Crisis, Hunterdon County



Family Connections hosted a WISE training, part of Alternative Approaches to Pain Management in part of the Older Adults program.



Public Awareness Campaign for MOUD

The goal of the media campaign is to educate and provide awareness regarding the use of medication for opioid use disorder (MOUD) and behavioral therapy to aid along the road to recovery from substance use disorder (SUD) and to increase overall call volume to 844-ReachNJ.



Targets:

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



32,000+

statewide cable tv spots



7,000+

radio spots



250+

print ads



121,000+

clicks on digital media ads



70 million+

digital display impressions



9 million+

streaming audio impressions



12.5 million+

paid social impressions

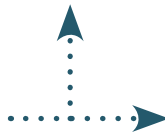


51%

increase in calls

2,944

calls
Feb 2019-
Jan 2020



4,453

calls
Feb 2020-
Jan 2021





Opioid Reduction Options in the Emergency Department

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

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



Over **71,000**
patients assessed for an
ORO protocol



Over **67,000**
patients received an ORO
protocol



Over **90,000**
non-opioid interventions utilized

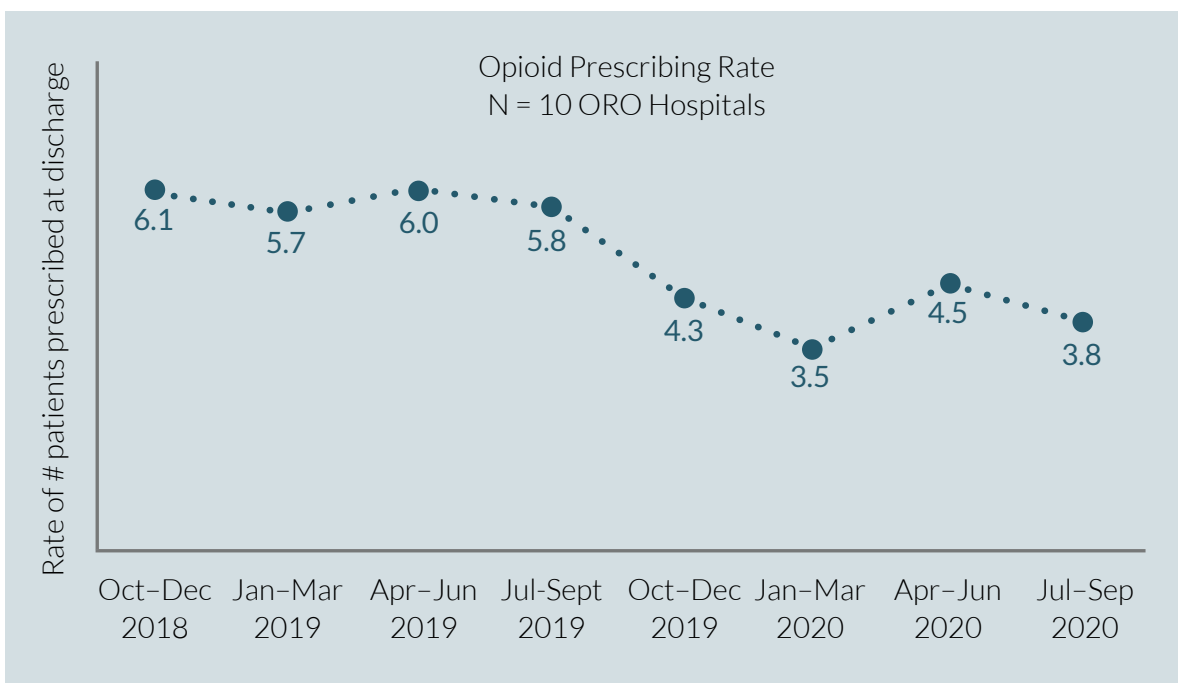


125
downstream provider staff
in the community trained



49
partnerships built with
community organizations for
peer support and treatment

Opioid Reduction Options in the Emergency Department

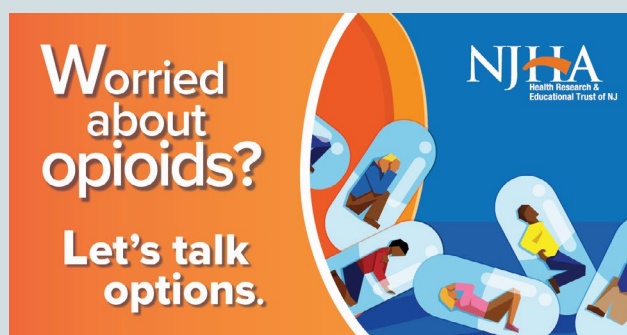


Program Successes:

- » Reduced opioid prescriptions in the ED
- » Diffusion of ORO protocols
- » Increased linkages to care after patient interaction with ED
- » New non-opioid interventions applied in hospital settings
- » New infrastructures built to support multidisciplinary approaches to OUD care
- » Reportable data sets generated that can be shared with stakeholders and refine future ORO programs



The Deliberate Reduction of Opioid Prescribing (DROP) program, RWJ's ORO program, was implemented in RWJBarnabas Health hospitals





Naloxone Distribution

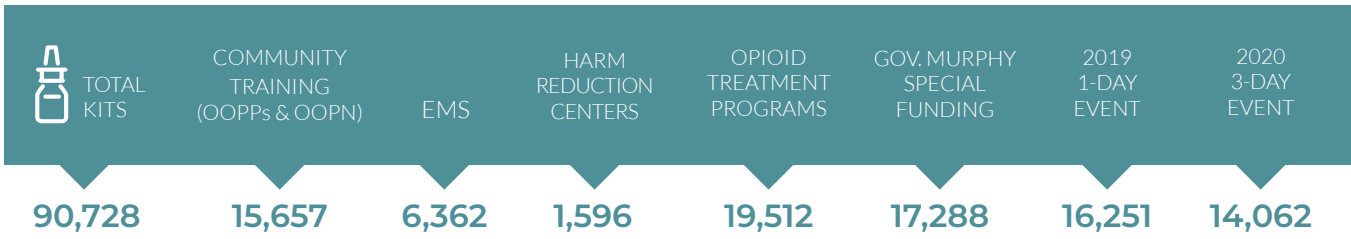
In 2019 & 2020, the DMHAS distributed 90,728 naloxone kits and conducted 1,487 trainings resulting in 15,544 individuals trained on how to administer naloxone. Naloxone is an opioid overdose reversal medication, typically administered as a nasal spray.



1,487
trainings



15,544
individuals



NALOXONE SAVES LIVES

FREE NALOXONE GIVEAWAY SEPTEMBER 24-26, 2020

The State of New Jersey is providing naloxone for free at participating pharmacies.

- No Individual Prescription Needed
- No Payment or Insurance Required
- No Name Required

Naloxone can reverse opioid overdoses. It will be distributed on a first-come, first-serve basis. Limit one per person.

Visit nj.gov/humanservices/stopoverdoses for a list of participating pharmacies. Available while supplies last.

Note: Professionals, professional entities, first responders and first responder entities, as defined in N.J.S.A. 24:6J-3, are not eligible to obtain the opioid antidote through this project.

For Addiction Help 24/7 CALL 1-844-REACHNJ

NJ Department of Human Services
Phil Murphy, Governor | Sheila Oliver, Lt. Governor | Carole Johnson, Commissioner

Flier for the Naloxone three-day event encouraging NJ residents to get free Naloxone.



Pharmacy window on Naloxone Day

Naloxone Distribution

Opioid Overdose Prevention Network

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



200
trainings



3,000+
kits distributed
annually



Division of Addiction Psychiatry naloxone training.

Opioid Overdose Prevention Program

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



Urban Treatment Associates naloxone trainings.



Due to Covid 19 lockdown restrictions, the program pivoted from a fully in-person approach to a fully virtual approach. This transition was seamless and well received by participants. All trainings were conducted via Webex or Zoom, and all trainees were shipped naloxone kits to their home. The virtual approach has been extremely user friendly, and most requests for training continue to be for virtual presentations, which seems to allow for an even more robust attendance by organizations that continue to operate on a hybrid model, along with removing the barrier of transportation for community members to attend in-person trainings.



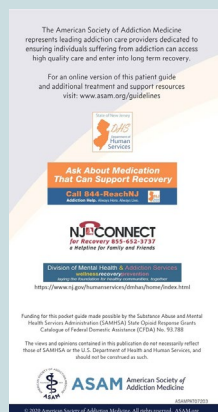
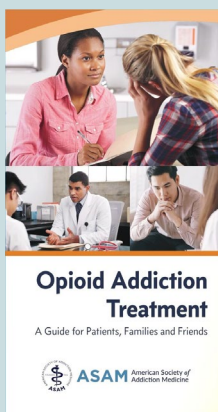
American Society of Addiction Medicine Booklets

DMHAS provided an informative booklet on opioid addiction treatment published by the **American Society of Addiction Medicine (ASAM)**, which is dedicated to improving the quality of addiction treatment and educating providers and the public. *Opioid Addiction Treatment - A Guide for Patients, Families and Friends*, provides information and facts concerning treatment for those seeking help and explains the steps to recovery. It contains a treatment overview and covers topics on withdrawal, medications to treat OUD and outlines how the medications work, including pros and cons. It also contains information on assessment and treatment of OUD in pregnant women, responding to an opioid overdose and contains NJ Connect toll-free numbers for recovery support. This booklet is a great resource to providers and individuals experiencing OUD, as well as their family members and friends.



Booklets have been provided to:

- » Recovery Court Training Attendees
- » MHANJ Conference Attendees May 2019
- » Rutgers IME
- » Northern Region Center of Excellence
- » DMHAS Opioid Summit 2019 Attendees
- » NJPN
- » Naloxone Distribution Day- June 2019- various pharmacies
- » Naloxone Distribution Day September 2020 - various pharmacies
- » NJACCHO- Multi Sector Connections Conference Attendees
- » Hope One Mobile Outreach Vans
- » Essex County Department of Health and Rehabilitation, County Alcoholism and Drug Abuse Program
- » County Drug and Alcohol Coordinators in multiple counties
- » Treatment Centers

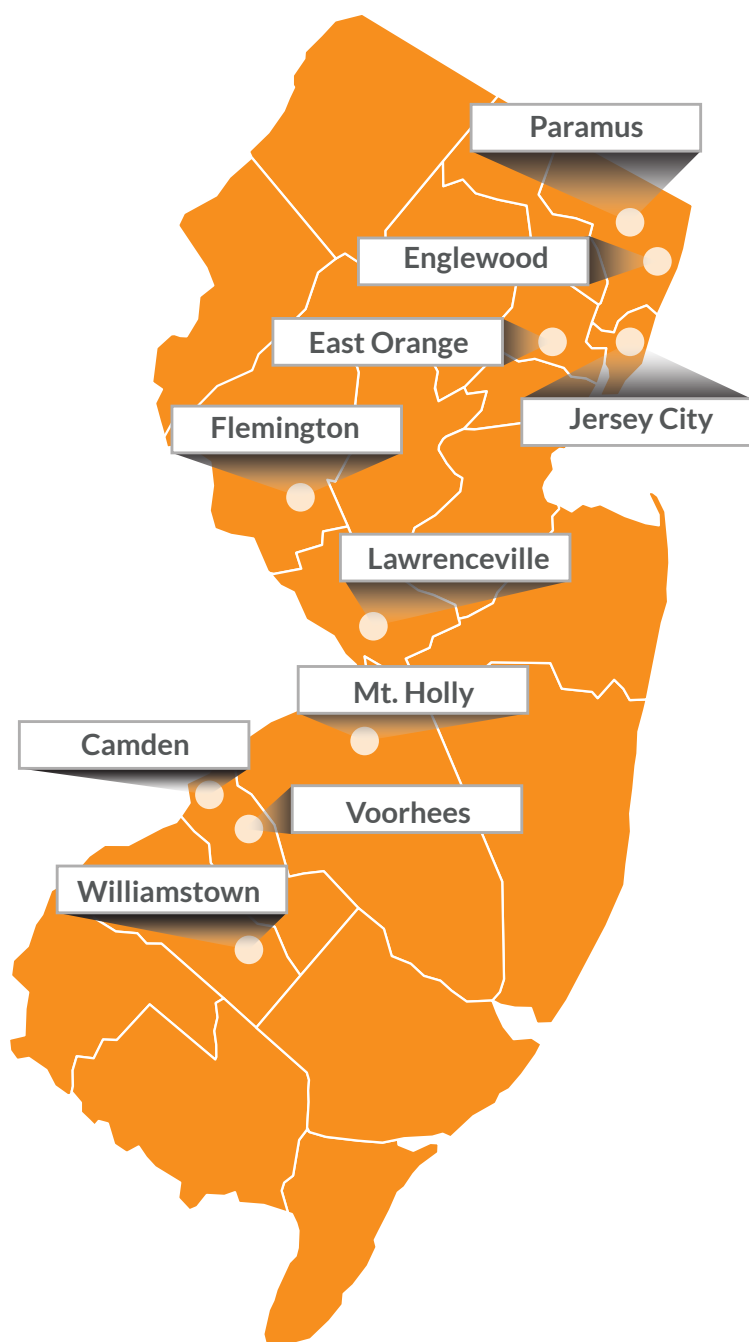


ASAM pamphlets were provided in English and Spanish



Building Capacity for MOUD

The **Building Capacity for Medication for Opioid Use Disorder (MOUD)** initiative focuses on the financial challenges faced by licensed SUD programs in building the capacity to offer medications to their clients. This program allows providers to begin prescribing, storing and dispensing buprenorphine. DMHAS funded seven agencies and 10 sites to offset the costs of expenses that had created obstacles to preparing to offer medication treatment, such as recruitment costs to employ Data 2000-waivered prescribers, support staff time, medical equipment and expenses related to ensuring compliance with federal and New Jersey regulations. The funds allowed agencies with multiple sites to expand the service to counties in which they had not yet had the resources to build capacity.



Success Stories

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

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



Integrated Opioid Treatment - Substance Exposed Infants

The **Integrated Opioid Treatment Services and Substance Exposed Infants (IOT-SEI)** initiative provides an array of services for pregnant women with opioid dependence, their infants and family ranging from substance use disorder treatment, prenatal and postpartum medical/obstetric services, care coordination, living arrangements and wraparound services, such as intensive case management and peer recovery supports.

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

214

Women served

80

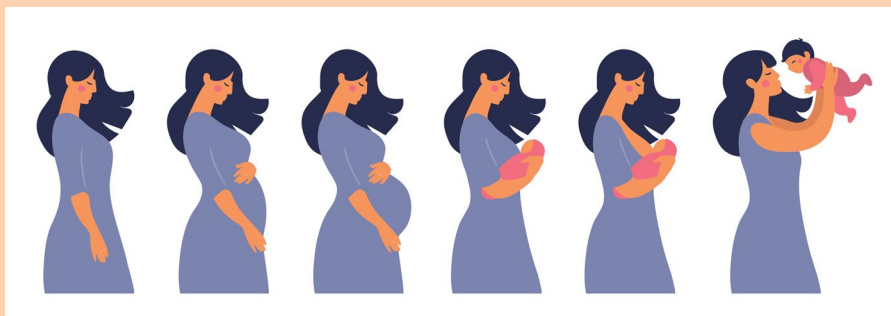
Live births



Success Stories

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

“For My Baby and Me saved my life. Before I entered the doors, all I saw at the end of the road was death. I didn’t see any other option.” - Denine



Integrated Opioid Treatment - Substance Exposed Infants

Data Spotlight: Cooper University Health Care EMPOWER Program

Cooper Center for Healing

EMPOWER Program

Empowering Mothers to Parent & Overcome with Resilience

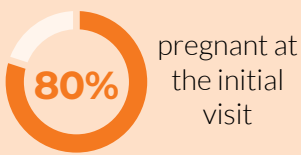
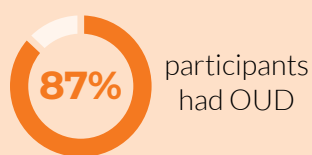


{ 31 } Mean age

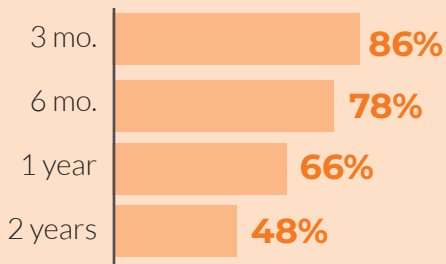


20 weeks

Average gestation week at intake



Program retention rates at:



(n=140) Ganetsky, V. S., Heil, J., Yates, B., Jones, I., Hunter, K., Rivera, B., Wilson, L., Salzman, M., & Baston, K. E. (2022). A low-threshold comprehensive shared medical appointment program for perinatal substance use in an underserved population. *Journal of Addiction Medicine*, 16(3), e203–e209. <https://doi.org/10.1097/ADM.0000000000000912>

ForMyBabyAndMe



You are not alone

We care about you and your baby. We will help you overcome addiction.

Call one number to receive free services immediately.

609-256-7801

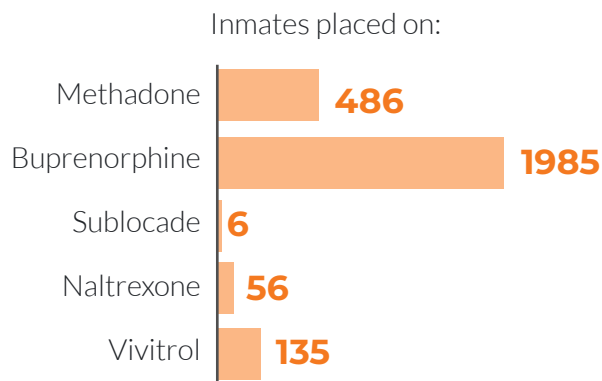
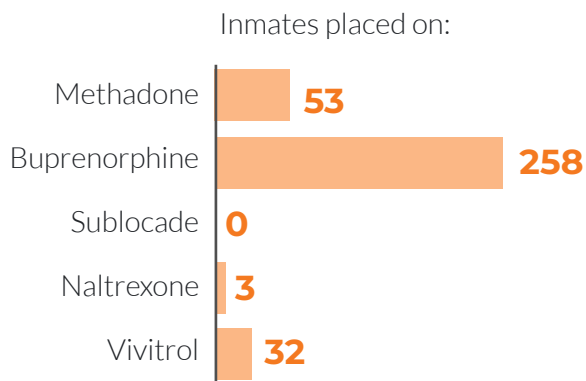
For My Baby and Me services are offered through a partnership among Capital Health, Henry J. Austin Health Center, HomeFront, Catholic Charities, The Rescue Mission of Trenton, and the Trenton Health Team.



County Correctional MOUD Initiative

The New Jersey Department of Human Services, Department of Corrections, and Department of Health jointly initiated a program to expand the use of MOUD for inmates with opioid use disorders in New Jersey county jails. The **County Correctional MOUD Initiative** assists inmates with an OUD leaving on pretrial release, as well as those with longer sentences.

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





Low-Threshold Buprenorphine Induction at Harm Reduction Centers

The **Low-Threshold Buprenorphine Induction at Harm Reduction Centers** (HRCs) initiative is designed to make buprenorphine treatment easily accessible to clients who use these centers. Through the initiative, people are offered same-day, immediate buprenorphine treatment and case management services. The HRCs offer services to people who are interested in medication treatment in a safe and nonjudgmental environment.



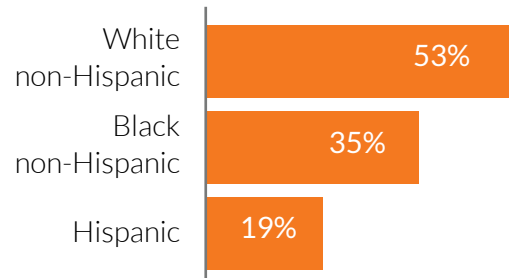
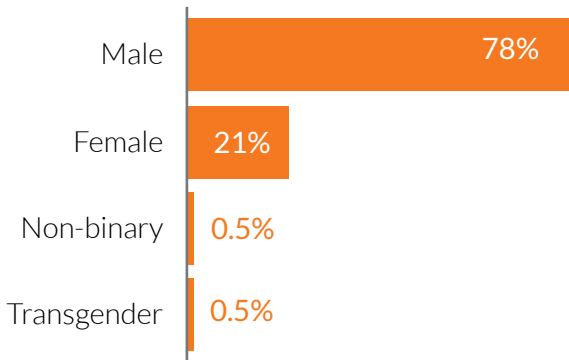
Individuals served in 2020



Average length of treatment



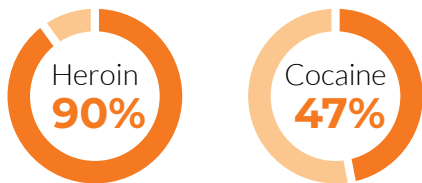
55.4% were between the ages of 24 and 44



Most commonly provided services at discharge



Most commonly used substances



Success Stories



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

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



Expansion of Telehealth Services

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

Types of services can be:

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



Awards issued

ISSUED



Each award valued \$15,000

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



Proposals incorporated a mix of equipment such as:



iPads



Laptops



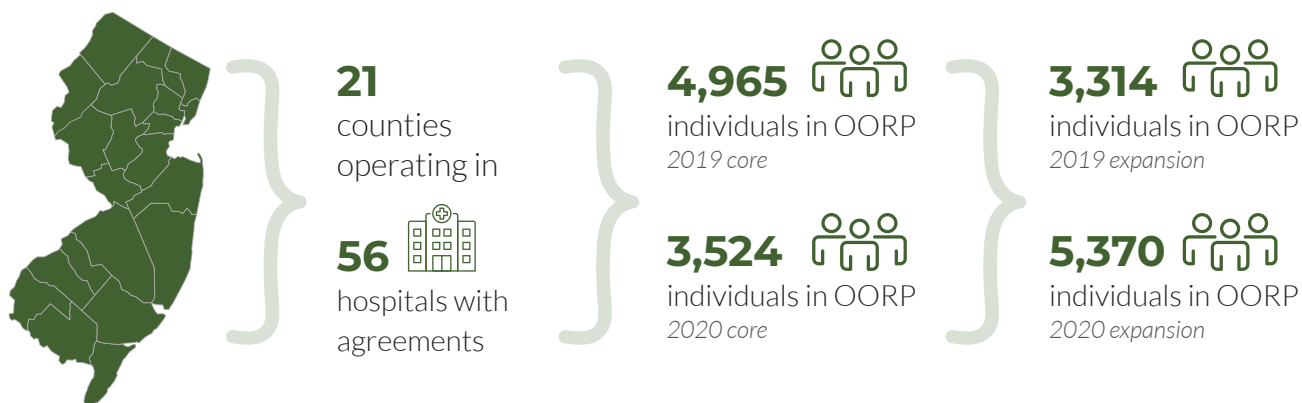
HIPPA compliant security apps



Opioid Overdose Recovery Program

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

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



Success Stories



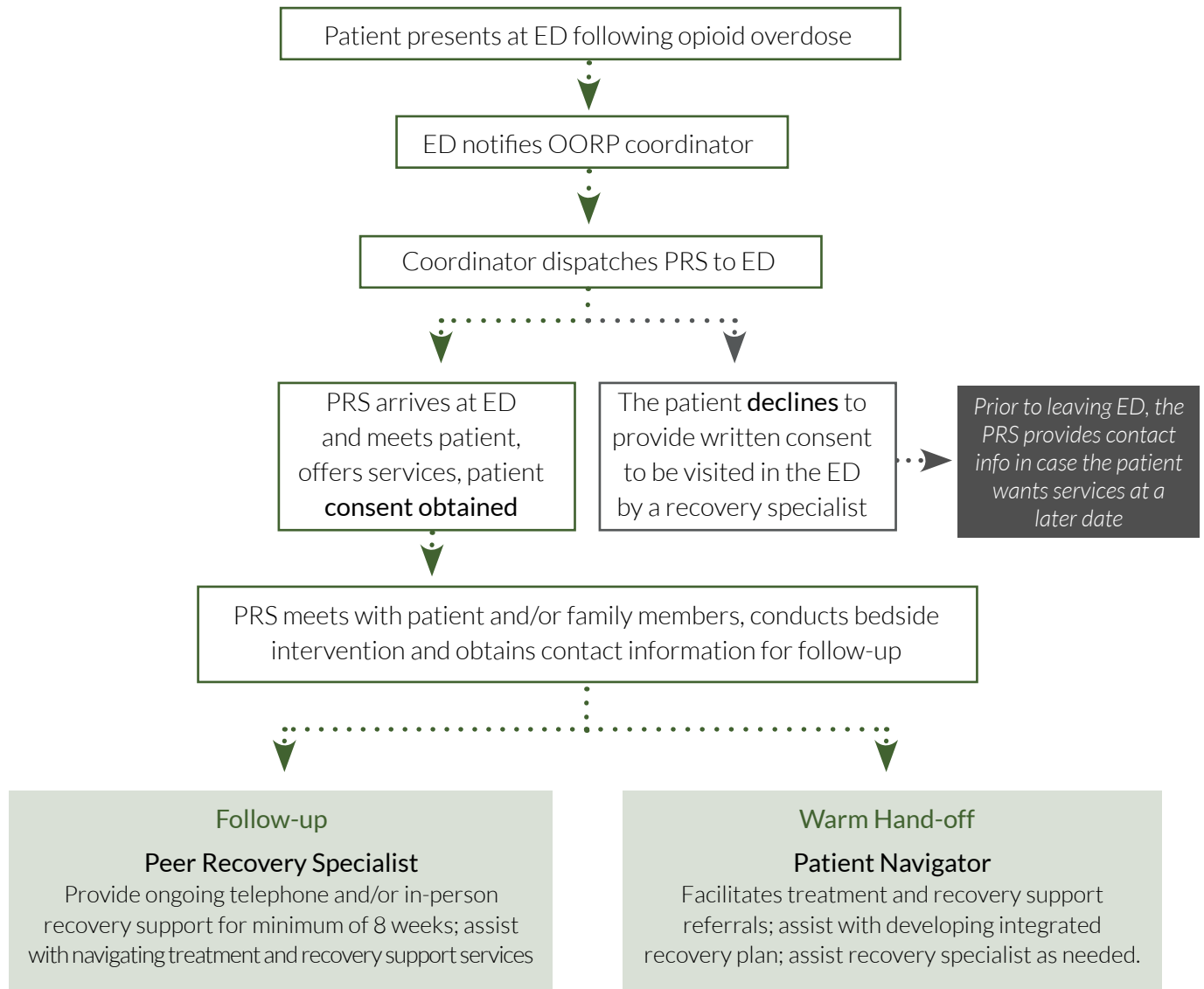
Elizabeth W.

An OORP Recovery Specialist met Elizabeth when she came to the ED with her family looking for help with her SUD. Elizabeth was defeated after struggling with this disease for many years, but she was also very willing to do what she needed to stop using. The hospital started her on medication to treat her withdrawal symptoms and she got a doctor's appointment the next day. This was just the beginning of her journey to recovery. Elizabeth was also connected with clinical supports at The Center for Prevention and Counseling and successfully completed an intensive outpatient program.

This was the first treatment she completed, and she did it without missing one session. She connected with her peers, attended meetings and received with the continued support from her family. Elizabeth has accomplished many things in her recovery. She restored her credit, saved money, bought a car, got a job and even met a wonderful supportive man that she married last September. Recovery looks amazing on Elizabeth and she is now able to be there for others.

Opioid Overdose Recovery Program

OORP Program Structure



Success Stories



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

-Sal R.

Opioid Overdose Recovery Program



Opioid Overdose Recovery Program COVID-19 Efforts:

RWJBH OORP COVID-19 Efforts Spotlight*:

- » RWJBH OORP continued to provide uninterrupted, in-person peer recovery services (ED and inpatient) at RWJBH hospitals throughout the pandemic while prioritizing patient and staff safety and wellbeing
- » Patient Navigators immediately transitioned to remote services in March 2020, which were eventually phased-out during the 3rd quarter of 2020
- » Rapid transition to virtual platforms for recovery-focused supports and services (e.g., twice-daily All Recovery meetings were launched in mid-March 2020)
- » Developed and launched training opportunities for peer support workers, supervisors, and programs focused around client engagement in an era of physical distancing
- » Increased supervision of OORP staff during the pandemic, including check-in calls at the beginning of each shift
- » In partnership with the RWJBH Employee Assistance Program, offered virtual stress management, mindfulness, and self-care sessions to all staff
- » Increased frequency of OORP data extraction and analysis to inform time-sensitive policy, safety, and procedural decisions
- » In the 3rd quarter of 2020, the RWJBH Institute for Prevention and Recovery launched the “Hope and Healing Program” in collaboration with the DMHAS and funded through a FEMA/SAMHSA grant. The Program provided emotional support services, education, and community-based resources for New Jerseyans affected by the COVID-19 pandemic.

Mercer County OORP COVID-19 Efforts Spotlight**:

- » Delivered additional “Starter Kits” to the area hospitals so they had sufficient supply for their ED and Social Work staff to give to clients with Opioid Use Disorder.
- » Continued packaging and distribution of cold weather “Care Bags” to potential OORP clients at various locations and facilities throughout the county, including general “street outreach” at high likelihood drug use areas, Rescue Mission of Trenton, Trenton Area Soup Kitchen, several active Methadone/MAT clinics, and Sober Living Organizations
- » Distributed “Thank You Front Line Hero” packages to each of our four area hospital ED teams, thanking them for their heroic pandemic service and reminding them that OORP is still available
- » Became actively engaged members of the newly established collaborative Mercer County Overdose Fatality Review Team (OFRT)

*The RWJBH Institute for Prevention and Recovery is the contracted provider for 7 county OORPs. Counties include: Essex, Hudson, Middlesex, Monmouth, Ocean, Somerset, and Union. ** The Mercer Council on Alcoholism and Drug Addiction is the contracted Mercer County OORP Provider.



Support Teams for Addiction Recovery

Support Teams for Addiction Recovery (STAR) provide case management and recovery support services statewide for individuals with an OUD. The overall goal is to help individuals with an OUD remain in recovery, reduce the risk of recurring episodes of opioid-related problems, and prevent future overdoses. STAR provides services according to a recovery-based philosophy of care and supports individuals' continuing stability, recovery, and wellness as they move through the substance use continuum of care.

Total served
2019



794

Total served
2020



1,057

“

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

-STAR participant



Integrity House STAR Graduation 2020

“

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

-STAR participant

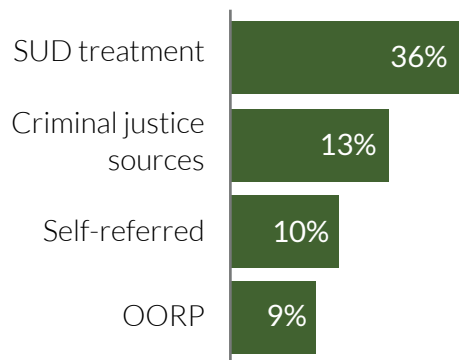
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“The STAR Program has been a huge help in my life. I really don't know where I'd be without them. They're the best, I probably wouldn't even be here to write this if I didn't find them.”

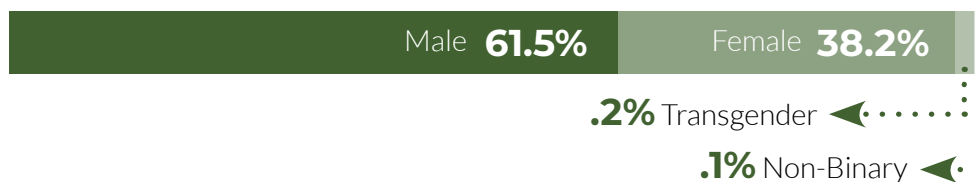
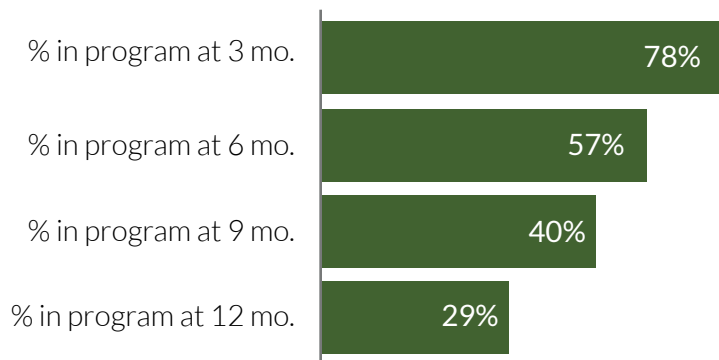
-STAR participant

Support Teams for Addiction Recovery

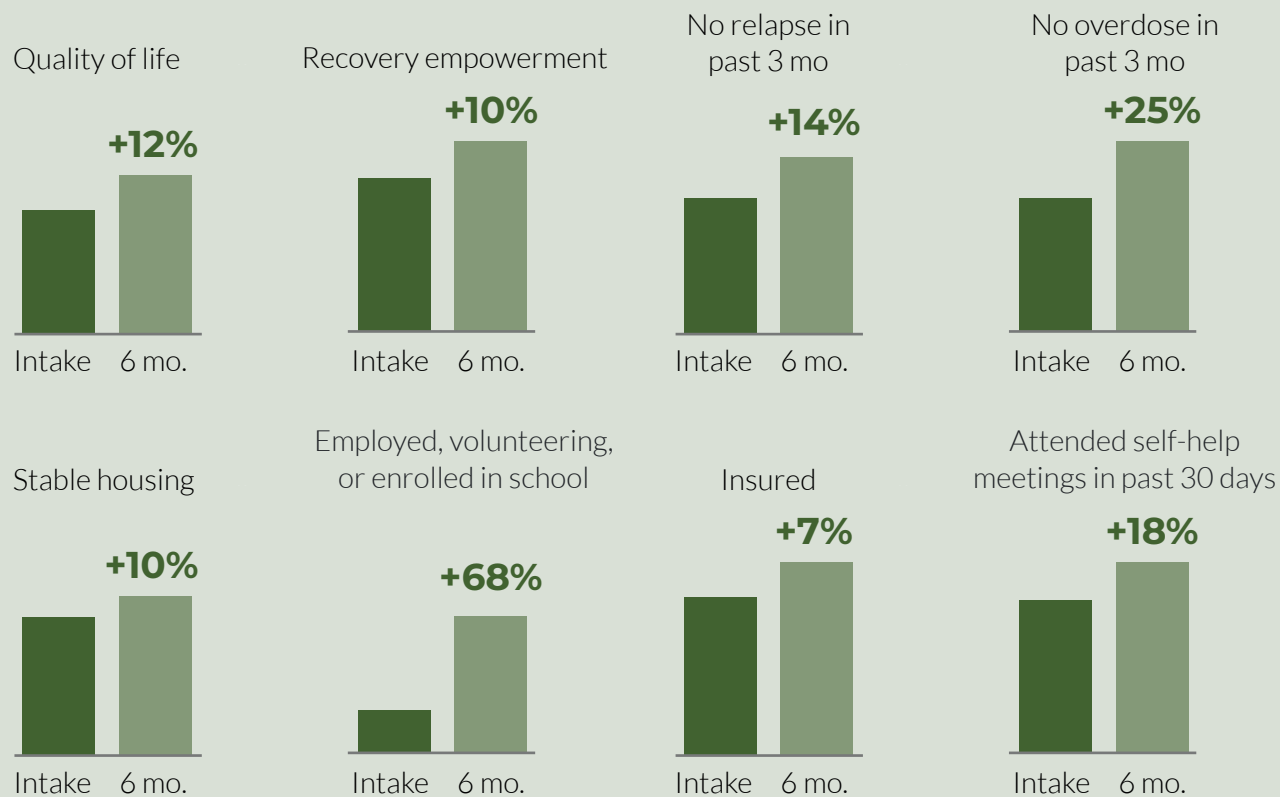
Top Referral Sources:



STAR Engagement at 3, 6, 9, and 12 months



Participant Outcomes at 6-month Follow-up



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

Support Teams for Addiction Recovery



Support Team for Addiction Recovery COVID-19 Efforts:



Navigated **STAR** participants to virtual and online recovery support meetings



Provided participants with useful resources to utilize during COVID 19 via mail and email



Created a biweekly Zoom drop-in meeting for **STAR** participants



Resource journals were delivered to participants by the **STAR** Staff



Maintained participant engagement virtually and telephonically



Telephone Recovery Support

Telephone Recovery Support (TRS) is a 24/7 “check-in” service that provides peer support and coaching to program participants, consisting of weekly calls and referrals to recovery groups, housing, food pantries, transportation, training programs and employment services.

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

“

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



Number of Calls

9,272



Incoming Calls

1,878



Outgoing Calls

7,394



Avg. Incoming Call Time

14 mins



Avg. Outgoing Call Time

6 mins



Counties Served

Statewide



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

Chris M. – TRS Peer



Rutgers Health: Telephone Recovery Support
833-TALKTRS (833.825.5877)



Family Support Center

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



.....➔ **299**
Families served
2019 and 2020

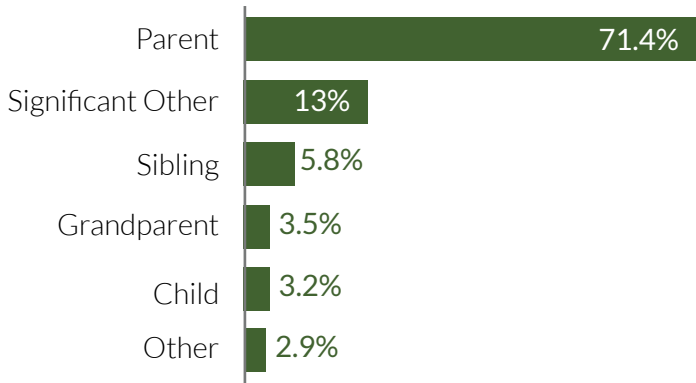


Families on average
stay active with the FSC
for **7 months**

What is CRAFT?

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

Family members with loved one with OUD



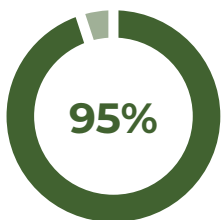
87.6%➔
% of family members
were female

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

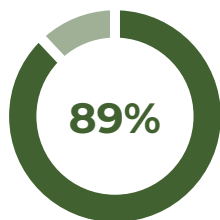
41%➔
Loved ones have
had an overdose

81%
Naloxone was administered
in those cases

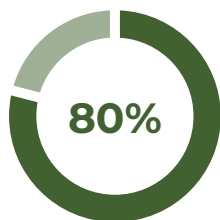
Family members are concerned about their loved



Mental health



Interpersonal
and family relationships



Medical health

Family Support Center

What is the Significant Other Survey?

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

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

“

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

- FSC participant

“

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

- FSC participant

Families recover too ...



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



Success Stories

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

- FSC Participant

SHARING THE HOPE FAMILY SUPPORT CENTER PRESENTS:

Overbooked!

BOOK CLUB

First Tuesday of the month
Virtually from 6:30-7:30pm

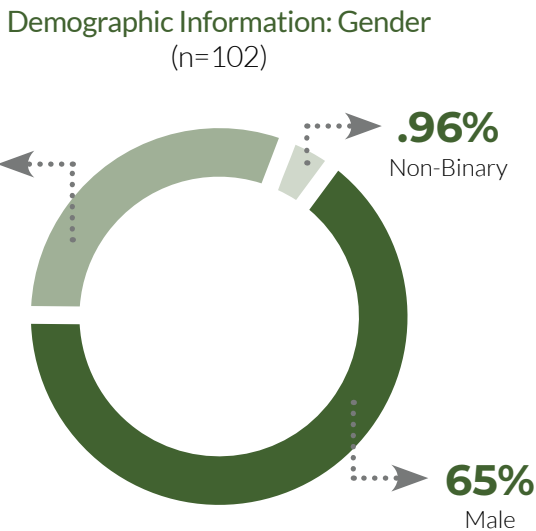
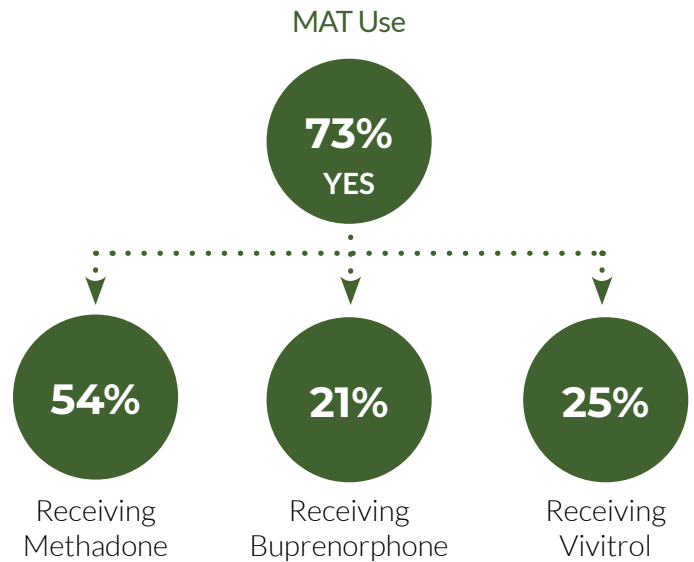
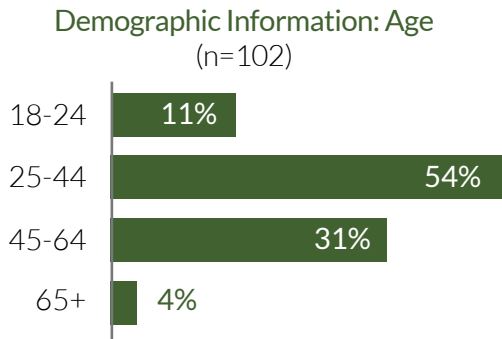
Join us in healing through the joy of
lighthearted escape reading!

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



Community Peer Recovery Centers

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





Maternal Wrap-Around Program

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

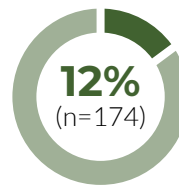


Women served in 2019 and 2020

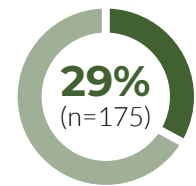


Live births --> 80% of infants released to the care of the mother or both parents

Average gestation week at intake-22 weeks

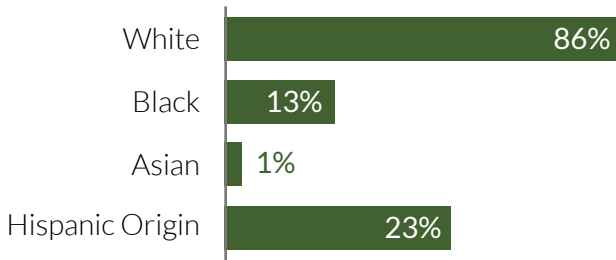


reported an overdose in the last year at intake

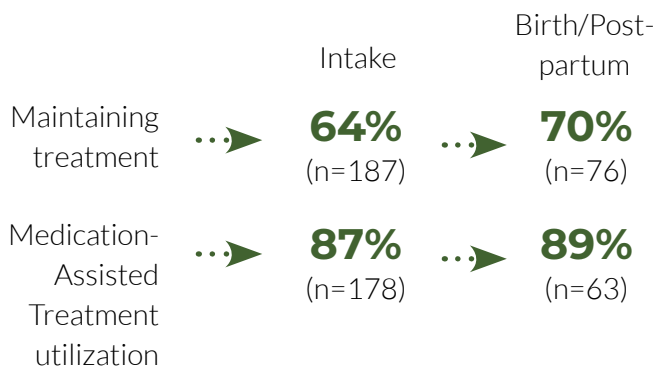


were referred from SUD treatment

Demographics: (n=180)



Participant Treatment Outcomes



Zufall Health MWRAP tabling at local community health events

Maternal Wrap-Around Program



Success Stories



After incarceration and homelessness, Tatiana struggled with substance use. When Tatiana became pregnant, she knew she had to get on a path to better health for her and her daughter.

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

Are you or someone you know pregnant and using an opioid such as Suboxone, Heroin or Oxycodone?

You are not alone. Support is available.

Our trained Maternal Wraparound Program (M-WRAP) staff is here to listen and help you take the steps that are right for you and your baby to improve your health and well-being. M-WRAP staff can assist in finding:

- Treatment And Counseling
 - Recovery Support Services
 - Services To Support Family Members
 - Safe Shelter
 - Prenatal And Primary Health Care
 - Transportation
- And Much More**

Services Are Confidential and Judgment Free!

Contact:

Zufall Health Center
(973) 328-3344, ext. 341
or cell (862) 432-5542

It is safe to leave a voice message!

Funded by a grant through the New Jersey Division of Mental Health and Addiction Services.



Maternal Wraparound Program (M-Wrap) of Morris, Sussex & Warren Counties

“

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

- MWRAP client

Maternal Wrap-Around Program



COVID-19 and the Social Determinants of Health

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

MWRAP providers were required to submit additional data on the Social Determinants of Health (SDOH) to help DMHAS staff understand how COVID-19 was affecting recovery. Healthy People 2030, an initiative of the U.S. Department of Health and Human Services, defines the SDOH as the conditions in the environments where people are born, live, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.





College Recovery Services

College Recovery Services provides competitive funding to public colleges and universities for recovery support and services for students including: screening and intervention, mentoring, self-help, relapse prevention, academic support, recovery housing, as well as social and health/wellness programming for the entire campus community.



1,890
Screened for
substance use



49 **36**
2019 2020
Students living in dedicated
recovery housing



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



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



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



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

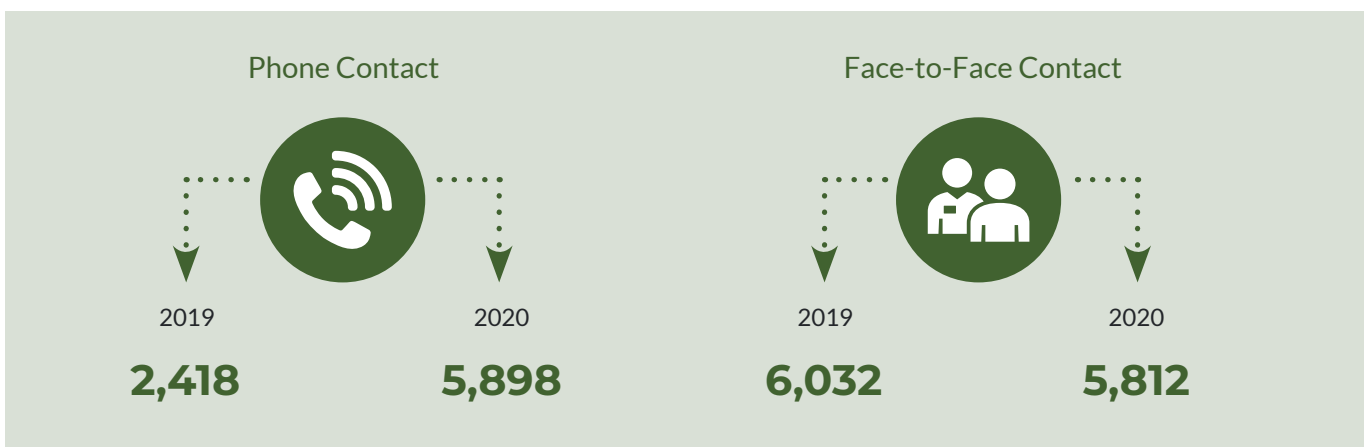
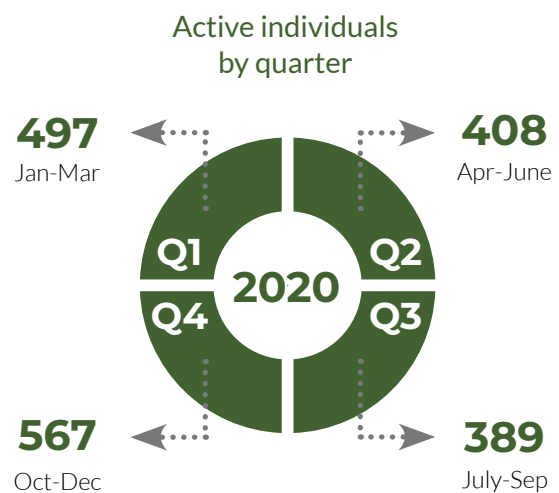
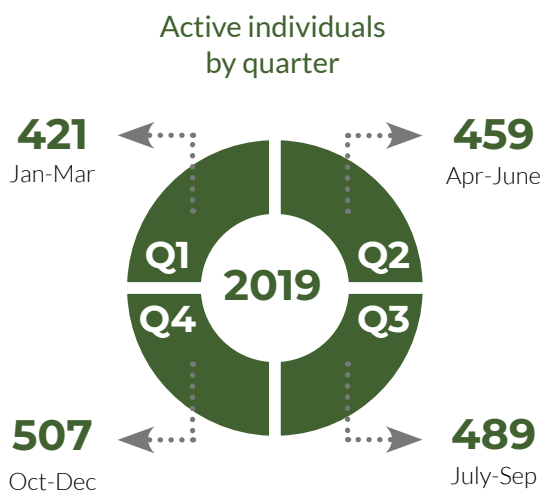


Recovery Student Lounge on campus at The College of New Jersey, made possible with capital funding support.



Intensive Recovery Treatment Supports

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



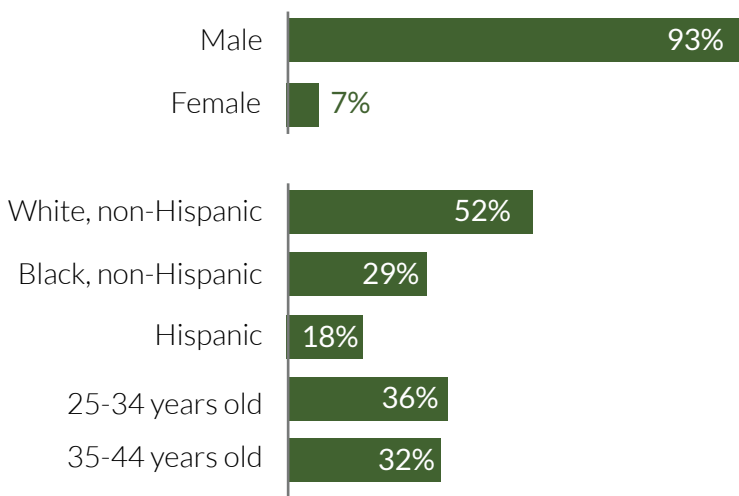
87% of participants were in IRTS for **30-179 days** before release



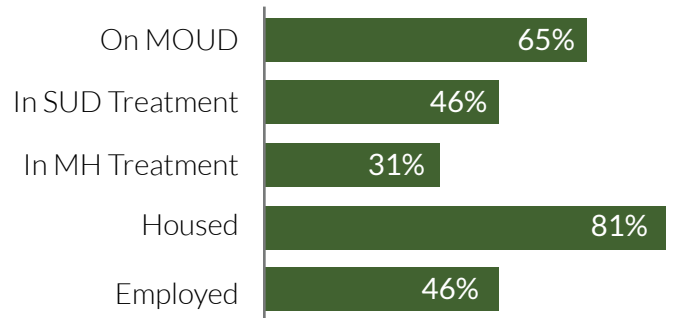
38.2% of participants were in IRTS for **180 or more days** before release

Intensive Recovery Treatment Supports

IRTS participant demographics

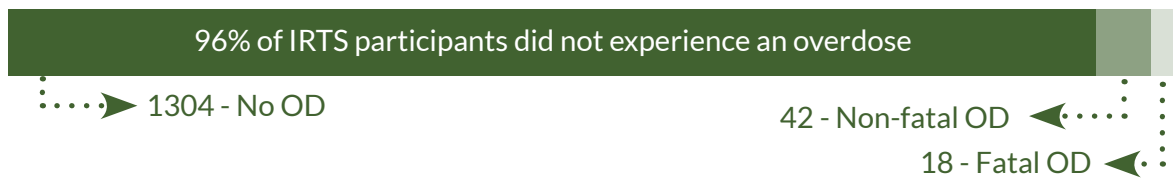


Outcomes of IRTS participants



Outcomes are based on monthly averages for 2019-2020 of IRTS participants in the community (post-release).

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



What is Critical Time Intervention (CTI)?

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

“

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

- IRTS participant

“

“Part of my plan is getting clean and sober and living in sobriety because this is what’s tearing my life apart. Because I could work. I love to work, but the only thing is, is I’m working just to get high. Sobriety is the top of them all.”

- IRTS participant



Recovery Data Platform

The **Recovery Data Platform (RDP)** is a cloud-based software program, developed by Faces and Voices of Recovery and Recovery Trek, designed to be used in treatment environments by Recovery Community Organizations (RCOs), state agencies, and Recovery Community Centers. While these types of organizations have been providing peer services for decades to individuals and communities impacted by substance use disorder, analog data-collecting for rendered services remained out-of-date and difficult to monitor.

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

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



154,882

minutes of peer support via telephone



147,180

minutes of recovery coaching



1,562

referrals made (including treatment, supportive housing, SNAP, etc.)



2,522

groups provided (including recovery groups, community presentations, etc.)



2,743

participants served

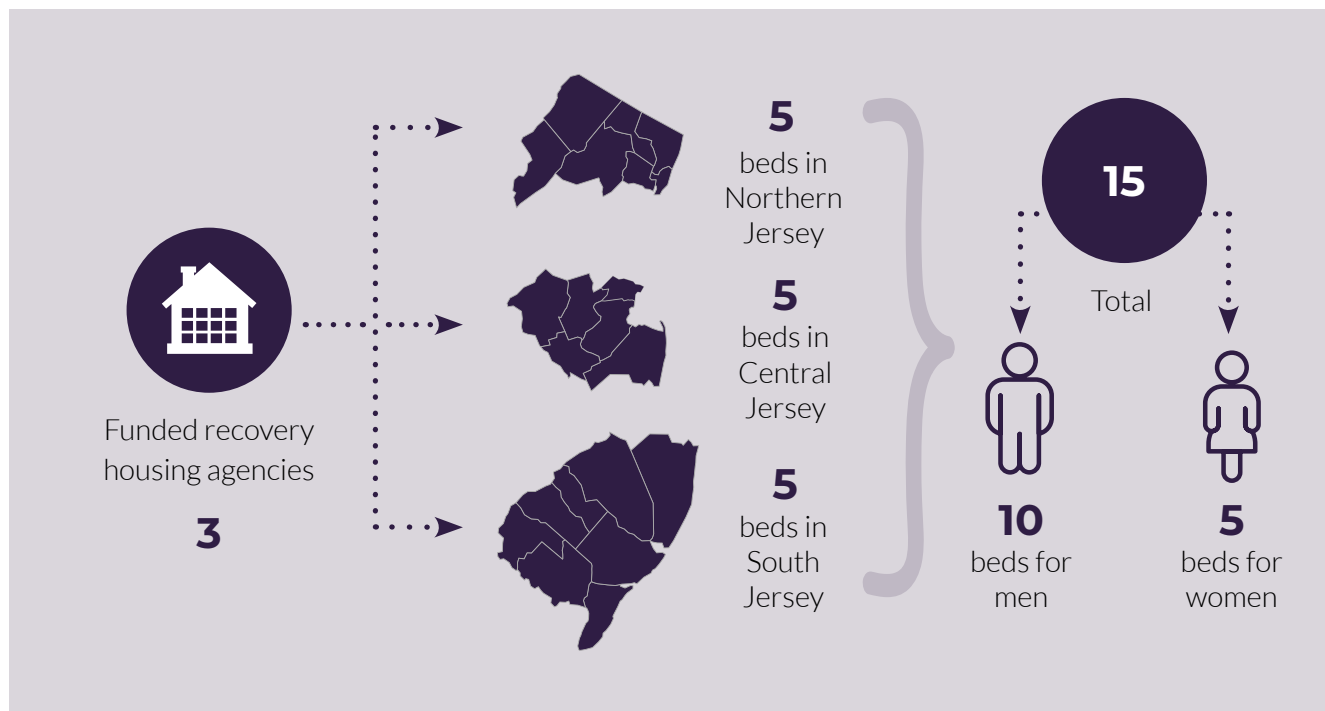
The data analysis that has occurred with the RDP allows for the identification of gaps in service, impact of services measured by scientifically validated tools and increases in consistency in service.



Substance Use Disorder Supportive Housing

Opioid Use Disorder Recovery Housing

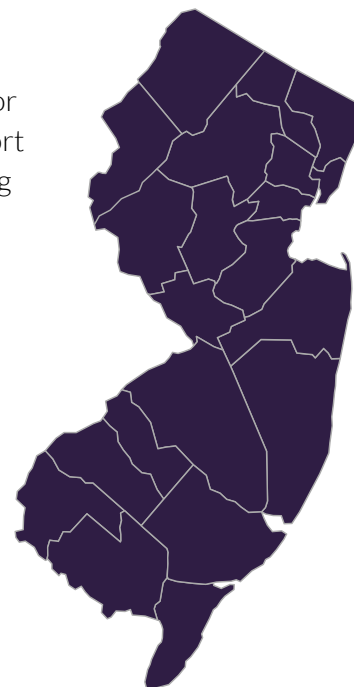
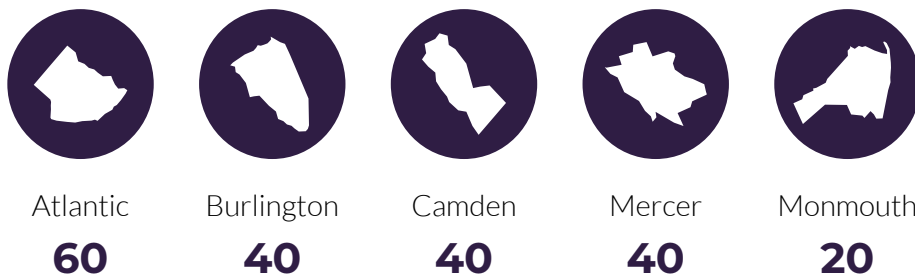
Funding is utilized to support agencies that provide recovery housing to both women and men who are experiencing homelessness and are seeking a supportive living environment. Housing is in a peer-driven, recovery-based environment.



OUD Case Management Services

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

200 Housing Subsidies





Oxford House

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



Conduct overdose specific annual trainings for the 14 Oxford House Chapters throughout the state



Maintain Naloxone kits on site



Make every effort to accept individuals prescribed MOUD, as well as other legitimately prescribed medications



Provide lockboxes for medication storage for Oxford Houses for women and children



Ensure Oxford House residents are responsible for their individual medication lockboxes



Women’s Intensive Supportive Housing

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

←..... 2019 2020→



23 adults



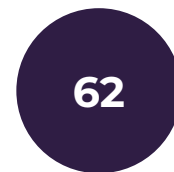
41 children

The WISH program serves women with any substance use



Medicated Assisted Treatment Initiative Housing

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



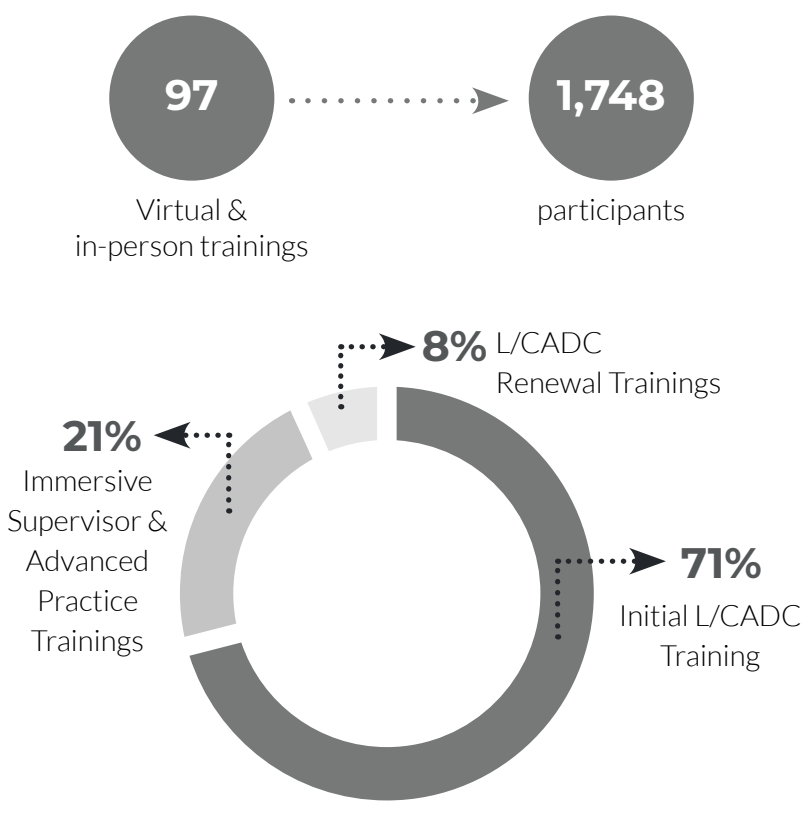
vouchers used



Addiction Training and Workforce Development

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

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

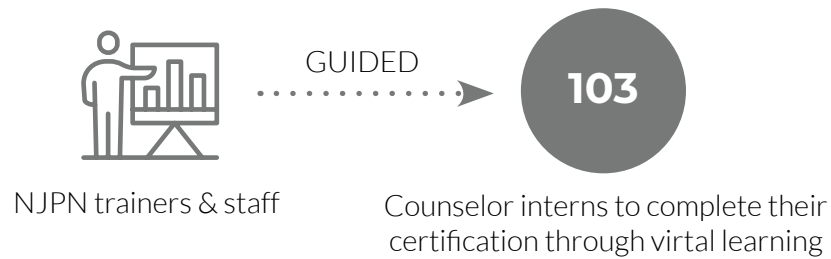


“While 2020 has been a challenging year for educators and professional trainers all over the United States, virtual technology has facilitated a fascinating new chapter for adults committed to staying the course. Although the learning curve has been tremendous for both the teacher and the student, it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

- ATWD trainer feedback



Addiction Training and Workforce Development

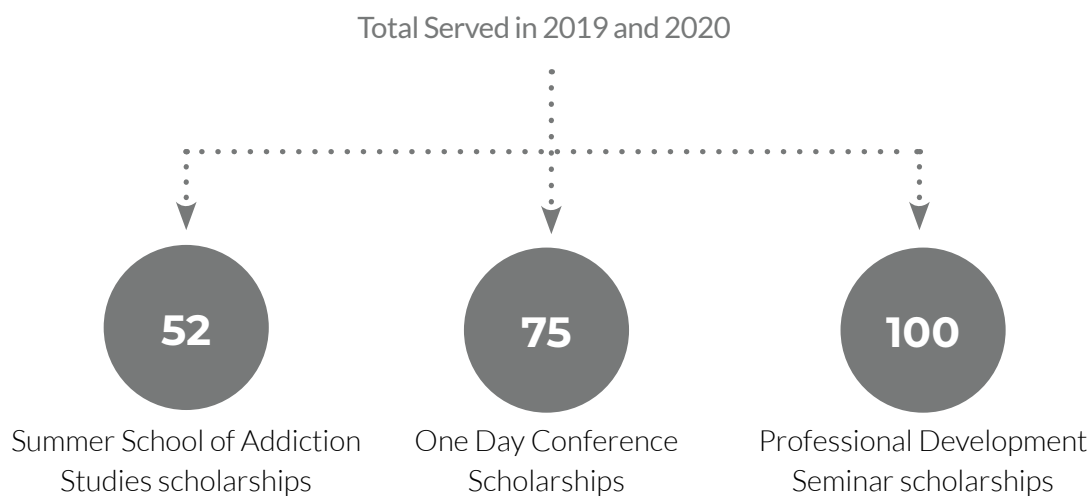


Like most establishments across the United States, in March 2020, the COVID-19 pandemic caused a shutdown of all in-person operations at the New Jersey Prevention Network (NJPN). NJPN developed virtual modifications to the ATWD education delivery system to provide quality, synchronous, and interactive education and propel individual progress towards a drug and alcohol counselor certification. During this time, NJPN trainers and staff guided 103 counselor interns to complete their initial certification coursework and graduate through virtual learning. Participants in the ATWD program reported the virtual learning experience was less stressful and more accessible than in-person. Additionally, participants reported that not only did virtual learning help with their pursuit towards credential, but it also aided in providing a healthier work/life balance.



Rutgers Center of Alcohol & Substance Use Studies Education and Training

The **Rutgers Center of Alcohol & Substance Use Studies (CAS) Education and Training Division** provides alcohol and drug counselor education to New Jersey's behavioral healthcare workforce. The center provides offerings in topics that appeal to all levels of individuals in the front line of addiction and behavioral health practice. CAS has provided scholarships for front line staff working in DMHAS treatment, recovery support, and prevention programs to attend courses, lectures, and conferences related to evidence-based treatment strategies and essential addiction-focused knowledge domains, including opioid related topics. The goal of the scholarship program is to ensure that evidence-based strategies are widely used across substance use and co-occurring treatment agencies.



Sample Seminars Offered

- » Through a Trauma-Informed Lens: Rethinking Addiction Treatment
- » Beyond Abstinence the Future of Addiction Treatment: New and Innovative Approaches to Treatment
- » The Opioid Crisis: Where do we go from here?
- » Evidence-Based Approaches for Co-Occurring Disorders





Project ECHO

Project ECHO (Extension for Community Healthcare Outcomes) is a collaborative model of medical education, training and care management that empowers front-line providers to provide better care to more people, right where they live, through access to specialty knowledge, mentoring and community resources that support patient care. The ECHO program focuses on building provider capacity across a region by connecting a multi-disciplinary team of subject matter experts with local providers. In this way, the medical providers and addiction specialists along with their community partners expand their ability to provide access to care to patients in their own communities.



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



The **Maternal Child Health, Pregnant, and Parenting Women with Opioid Use Disorder (PPW OUD) Project ECHO** provides education and training to primary care practitioners, SUD treatment providers, behavioral health practitioners, and other stakeholders in multiple clinic settings and at home, utilizing a web-based video collaboration between a multi-disciplinary team of specialists and primary care practitioners on best practices for the assessment, case management, intervention, treatment and recovery support services for PPW with an OUD. The goal is to increase the capacity and competency of providers, community support organizations and clinical teams to support prevention, treatment and recovery of PPW with OUD. ECHO will position communities to reduce the neonatal abstinence syndrome birth rates, improve use of medication assisted treatment, family formation and early infant development; improve access to physical and mental health care by educating more providers, midwives, doulas, and other health care professionals on best practices during prenatal and perinatal periods.



Evidence-Based Practice Initiative: Opioid and Other Substance Use Disorders

The purpose of the **Evidence-Based Practice Initiative (EBPI)** is to provide robust technical assistance (TA) to agencies that provide SUD services allowing them to systematically and sustainably implement the evidence-based practices (EBPs), motivational interviewing (MI) and cognitive behavioral therapy (CBT) within all levels of their organizations. The initiative offers consultation across provider agencies' entire structure, provides training, coaching and fidelity monitoring in these EBPs, and addresses policies and procedures related to implementation and sustainability of the EBPI. Through the EBPI, agencies were able to fully support their staff's effort to provide services that sustain clients' recovery and ensure outcomes meaningful to the people they serve.



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



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



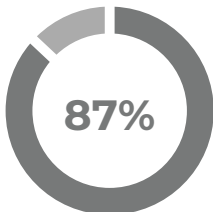
180 hours of consultation offered to Executive Leadership on integrating MI and CBT into the agencies' policies, procedures and culture



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



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



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



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

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

"The most helpful thing that happened the entire time was a coaching session when the trainers provided feedback directly during a mock session. Immediate feedback of what went well, along with constructive feedback of what needed to change was extremely helpful."
- Counselor

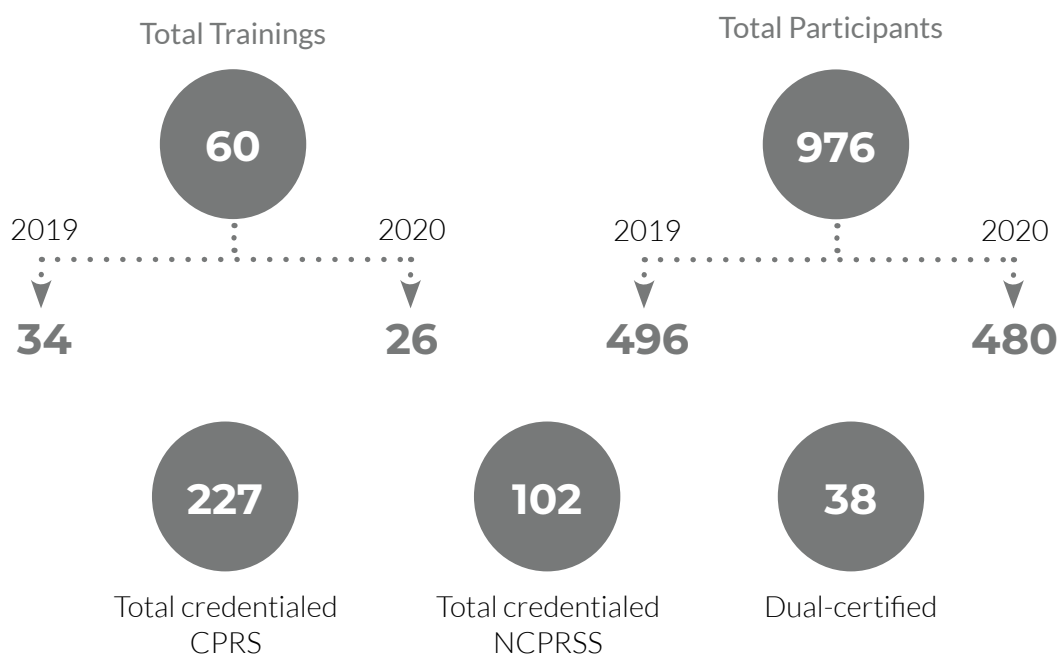


Peer Recovery Support Trainings

As part of the Peer Recovery Support Training Initiative, New Jersey Prevention Network offers the 3-day Peer Ethics training and 5-day Connecticut Community for Addiction Recovery (CCAR) training as required by DMHAS for peer support workers to better enhance their skill set and prepare them to help those struggling with substance use disorder throughout the recovery process. These trainings are coordinated to accommodate the statewide DMHAS agencies and include subjects like: Code of Conduct & The Peer Movement; The Process of Change: Wellness & Self Care; and Strategies of Interaction.



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



**These numbers reflect total NJ peer workers credentialed from 2019-2022*



Peer Recovery Support Trainings



Advanced Training

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

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

Peer Supervisor Training

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

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





Patient Navigator and Case Manager Training

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

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



OORP Patient Navigator Learning Objectives

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



STAR Case Manager Learning Objectives

1. Understanding the meaning of Authentic Healing Relationships
2. Understand the five behaviors of a COACH approach
3. Practice applying COACH behaviors to:
 - a. Build authentic relationships with patients
 - b. Identify patient priorities to build and implement a patient centered care plan
 - c. Highlight and support patient effort and non-linear pathways
 - d. Shift role to teaching, supporting, and coaching, rather than fixing
4. Strategies for building relationships with partners - specifically community asset mapping
5. Clarifying next steps for accessing and activating additional resources



Opioid Summit

DMHAS hosts an annual Opioid Summit, which began in 2019, to address the stigma and misinformation surrounding OUD and enhance the understanding of treatment options, such as MOUD.

2019
Total Registrants

520

Due to COVID-19, an Opioid Summit was not held in 2020.



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



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



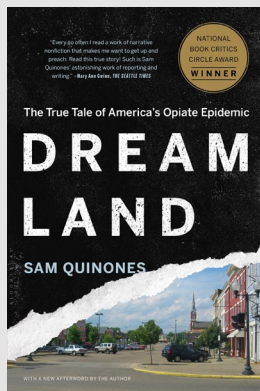
Reduce stigma and misinformation surrounding MOUD.



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



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



2019 Opioid Summit Keynote Speaker Sam Quinones

Sam Quinones is a Los Angeles-based freelance journalist and author of three books of narrative nonfiction. His latest book is *Dreamland: The True Tale of America's Opiate Epidemic* (Bloomsbury, 2015), for which he traveled across the United States.



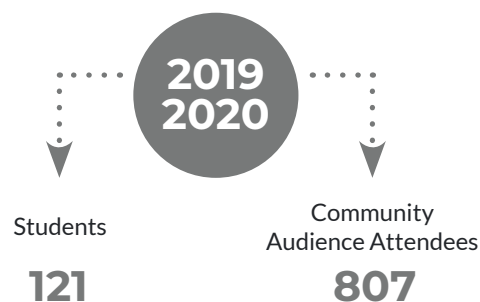
Rutgers Interdisciplinary Opioid Trainers

Rutgers Interdisciplinary Opioid Trainers (RIOT) is a train-the-trainer educational program on MOUD, the opioid epidemic specific to New Jersey, and concepts of drug addiction specific to opioid use disorder, for graduate students at Rutgers University. Overdoses are at record breaking numbers and despite overwhelming evidence of its benefit, MOUD remains stigmatized and underutilized.

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

During the academic school year, graduate students deliver 45-60 minute presentations throughout New Jersey to:

- » school groups
- » municipal alliances
- » providers of behavioral health or prevention services
- » other small or large community businesses
- » county, city, and state agencies
- » Federally Qualified Health Centers (FQHCs), healthcare organizations
- » primary care practices
- » nursing associations
- » counseling and social work organizations
- » parent teacher organizations
- » athletic associations
- » civic and community service organizations



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

- RIOT presentation participant



"Thank you! This was a great presentation. I am impressed with your students!"

- RIOT presentation participant



Peer Worker Supportive Services

Peer Support Services

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



The Confab

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

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



A **confab**, by definition, is an informal private conversation or discussion.

Some Confab meetings featured guests speaking on topics including:

Strategies for Environmental
Wellness: Kelly Uhland

Family Support and Wellness:
Rocky Schwartz

Liberating Recovery Spaces
Part 2: Keith Murphy



Individual Peer Support Sessions

Individual peer support sessions are offered by professional counselors to assist peers who are currently working or volunteering in various peer recovery support settings. These sessions are held virtually and can assist any peer worker throughout the state of New Jersey. The sessions are designed to address life-work challenges and to help peer workers discover new strategies that can enhance and promote self-care, health, and overall wellness.

Peer Worker Supportive Services

NJ's Peer Recovery Support Summit

The Peer Recovery Support Summit, which was held in-person in 2019 and virtually in 2020, provided peer recovery support specialists opportunities to gain greater insight, become inspired, create connections, and add more tools to their toolbox to better serve those they are working with in the space of opioid recovery. Topics ranged from diversity and equity to the latest in best practices in care delivery.



Ricky Byrd performs at the 2019 Peer Summit

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

(David Sheff pictured left)



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



Appendix A

ACRONYMS

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



Appendix A

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



Appendix B

PROVIDER INFORMATION BY PROGRAM

(See Appendix C for contact information)



Primary Prevention (Pages 5-11)

Athletes and Opioids Project & Prescription Drug Disposal and Safe Storage

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

Alternative Approaches to Pain Management in Older Adults

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



Appendix B

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

Public Awareness Campaign for MOUD

Division of Mental Health and Addiction Services

Opioid Reduction Options

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



Secondary Prevention (Pages 12-14)

Naloxone Distribution

Division of Mental Health and Addiction Services

Opioid Overdose Prevention Program

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

Opioid Overdose Prevention Network

Rutgers University RWJMS Division of Addiction Psychiatry

American Society of Addiction Medicine Booklets

Division of Mental Health and Addiction Services



Appendix B



Treatment (Pages 15-20)

Building Capacity for MOUD

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

Integrated Opioid Treatment- Substance Exposed Infants

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

County Correctional Facilities MOUD Initiative

Division of Mental Health and Addiction Services

Low Threshold Buprenorphine Induction

Visiting Nurse Association in Central Jersey
South Jersey AIDS Alliance

Expansion Telehealth

Division of Mental Health and Addiction Services



Recovery Support (Pages 21-37)

Opioid Overdose Recovery Program

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



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

Support Teams for Addiction Recovery

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

Telephone Recovery Support

Rutgers University Behavioral Health Care

Family Support Centers

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



Appendix B

Community Peer Recovery Centers

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

Maternal Wrap Around Program

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

College Recovery Services

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

Intensive Recovery Treatment Supports

Rutgers University Behavioral Health Care

Recovery Data Platform

Prevention Links



Housing (Pages 38-39)

SUD Housing - OUD Recovery Housing

Integrity House
Freedom House
John Brooks Recovery Center



Appendix B

SUD Housing- OUD Case Management

Career Opportunity Development, Inc.
CPC Behavioral Healthcare
Oaks Integrated Care
Legacy Treatment Services

MATI Housing

Career Opportunity Development, Inc.
Resources for Human Development



Professional Training (Pages 40-49)

Addiction Training and Workforce Development

New Jersey Prevention Network

Rutgers Center of Alcohol and Substance Use Studies

Rutgers Project ECHO
Rutgers Robert Wood Johnson Medical School

Evidence-Based Practice Initiative

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

Peer Recovery Support Trainings

New Jersey Prevention Network

Patient Navigator and Case Manager Training

Camden Coalition of Healthcare Providers

Opioid Summit

Division of Mental Health and Addiction Services

Rutgers Interdisciplinary Opioid Trainers (RIOT)

Rutgers Robert Wood Johnson Medical School



Peer Worker Support Services (Pages 50-51)

Peer Supportive Services

New Jersey Prevention Network



Appendix C

PROVIDER CONTACT INFORMATION

Acenda Integrated Health	www.acendahealth.org	844-422-3632
Atlantic Prevention Resources	www.atlprev.org	609-272-0101
Atlanticare Behavioral Health	www.atlanticare.org	609-645-7600
Bergen New Bridge Medical Center	www.newbridgehealth.org	201-967-4000
Camden County Council on Alcoholism & Drug Abuse	www.cccada.org	856-427-6553
Cape May County Council/ Cape Assist	www.capeassist.org	609-522-5960
Cape Regional Medical Center	www.ceperegional.com	609-463-4040
Capital Health- For My Baby and Me Program	www.formybabyandme.org	609-256-7801
Capital Health Regional Medical Center	www.capitalhealth.org	609-394-6000
CarePlus NJ	www.careplusnj.org	201-265-8200
Catholic Charities, Diocese of Metuchen	www.ccdom.org	732-324-8200
Center for Family Services	www.centerffs.org	856-964-1990
Center for Great Expectations START Program	www.cge-nj.org	732-434-8577
Center for Alcohol & Drug Resources	www.tcadr.org	201-740-7097
Center for Prevention & Counseling	www.centerforprevention.org	973-383-4787
Children's Aid and Family Services	www.cafsnj.org	201-261-2800
Community in Crisis	www.communityincrisis.org	973-876-3378



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Cooper University Health-Center for Healing EMPOWER Program	www.cooperhealth.org/services/center-healing	856-342-3040
Eva's Village	www.evansvillage.org	973-523-6220
Family & Children's Services	www.fcsmonmouth.org	732-222-9111
Family Connections	www.familyconnectionsnj.org	973-675-3817
Family Guidance Center of Warren County	www.fgcwc.org	908-689-1000
Helping Hand Behavioral Health	www.helpinghandbehavioralhealth.com	856-881-9000
Holy Name	www.holyname.org	201-833-3000
Hunterdon Health Care	www.hhsnj.org	908-507-9352
Inspira Health Network	www.ihn.org	856-641-7803
Integrity House	www.integrityhouse.org	973-623-0600
John Brooks Recovery Center	www.jbrcnj.org	609-345-2020
JSAS Healthcare	www.jsashealthcare.org	732-988-8877
Mercer Council on Alcoholism and Drug Addiction	www.mercercouncil.org	609-396-5874
Morris County Prevention is Key	www.mcpik.org	973-625-1998
Partners in Prevention	www.pipnj.org	201-552-2264
New Bridge Services	www.newbridge.org	973-839-2520
New Jersey Prevention Network Oaks Integrated Care	www.njpn.org www.oaksintcare.org	732-367-0611 609-261-0705
Ocean County Health Department	www.ochd.org	732-341-9700
Partners in Prevention	www.pipnj.org	201-552-2264



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Preferred Behavioral Health	www.preferredbehavioral.org/ contact-us/	732-367-4700
Prevention First	www.preferredbehavioral.org/ prevention-first/	732-663-1800
Prevention Is Key	www.preventioniskey.org/	973-625-1143
Prevention Links	www.preventionlinks.org	732-381-4100
Prevention Plus	www.prevplus.org	609-261-0001
Prevention Resources	www.njprevent.com	908-782-3909
Richard Hall Community Mental Health and Wellness Center	www.co.somerset.nj.us/ government/human-services/ mental-health	908-725-2800
Rowan College at Burlington County	www.rcbc.edu	856-222-9311
Rutgers Center of Alcohol and Substance Use Studies	www.alcoholstudies.rutgers.edu/	848-445-2190
Rutgers Robert Wood Johnson Medical School	www.ruriot.org	848-228-2554
Rutgers Robert Wood Johnson Medical School	www.projectecho.rutgers.edu/	732-235-6200
Rutgers University Behavioral Health Care	www.ubhc.rutgers.edu/clinical/ community/community-based- programs.xml	732-235-6184
Rutgers University RWJMS Division of Addiction Psychiatry	www.rwjms.rutgers.edu/addiction	732-235-4341
RWJBarnabas- Community Medical Center	www.rwjbh.org/treatment-care/ institute-for-prevention-and- recovery/	833-233-4377
South Jersey AIDS Alliance	www.southjerseyaidsalliance.org	609-347-1085



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Southern New Jersey Perinatal Cooperative- Project Embrace	www.snjpc.org	856-675-5310
Stress Care of New Jersey	www.stresscareclinic.com/	732-679-4500
The Southwest Council	www.southwestcouncil.org	856-794-1011
United for Prevention in Passaic County	www.up-in-pc.org	973-720-3146
Urban Treatment Associates		856-338-1811
Vantage Health Systems, Inc.	www.vantagenj.org/	201-567-0059
Visiting Nurse Association in Central Jersey	www.vnachc.org	732-774-6333
Wellspring Center for Prevention	www.wellspringprevention.org	732-254-3344
Zufall Health	www.zufallhealth.org/services/ community-programs/maternal- recovery-support-services/	973-328-3344

Division of Mental Health & Addiction Services
wellness recovery prevention
laying the foundation for healthy communities, together



The project described was supported by the Substance Abuse Prevention and Treatment Block Grant, Grant Number TI084660 from the Substance Abuse and Mental Health Services Administration.

Contact Information:
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