New Jersey State Annual Opioid Abatement Report 2025

October 1st, 2025

PHILIP D. MURPHY
Governor

TAHESHA L. WAY
Lt. Governor

State of New Jersey
DEPARTMENT OF HUMAN SERVICES
222 South Warren Street
P.O. Box 700
Trenton, NJ 08625

SARAH ADELMAN
Commissioner

The State of New Jersey and its subdivisions will receive more than $1.1 billion over the next two decades to combat the opioid epidemic through settlement agreements with several opioid manufacturers, distributors, and retailers. Approximately half of the settlement dollars will go directly to the State to administer and, after payment of litigation expenses, the remainder will be distributed directly to 262 eligible subdivisions (comprising 21 counties and eligible municipalities that have populations over 10,000 or that filed related lawsuits) by the Independent Trustee who is responsible for the release of the Opioid Settlement Funds.

Allowable uses of the Opioid Settlement Funds include:

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

The NJ Department of Human Services is pleased to present the third annual report outlining the use of these funds. The following report represents the State-level investments.

Opioid Settlement Funding Report		
Sub Division: The State of New Jersey		
Fiscal Year: 2025		
1	Please tell us the full amount of opioid abatement funds you received between 7/1/2024 and 6/30/2025	$47,995,078.02
2	Please tell us the total amount of interest accrued on opioid abatement funds your subdivision has received between 7/1/2024 and 6/30/2025	$8,360,879.52
3	The total amount of opioid abatement funds your subdivision has received since the distribution commenced in 2022 (Total amount including Interest Accrued):	$200,888,684.04
4	Please tell us the amount of opioid abatement funds you have expended in this reporting period (7/1/2024 - 6/30/2025):	$27,155,843.53
5	Please tell us the amount of opioid abatement funds you have appropriated/encumbered but not yet spent in this reporting period (7/1/2024 - 6/30/2025).	$54,687,461.47
6	Please tell us the amount of opioid abatement funds that was spent on program administrative expenses in this reporting period (7/1/2024 - 6/30/2025):	$0.00
6a.	Please provide details about any administrative expenses.	No administrative expenses
7	Please state the amount of unspent and/or uncommitted opioid abatement funds from any reporting year that your subdivision has on hand.	$119,321,884.04

8	Please share brief information on your subdivisions overarching goals and values to provide context for this year's spending decisions	In 2025, New Jersey continues to take a comprehensive and strategic approach to addressing the opioid crisis, guided by the goals outlined in the New Jersey Opioid Recovery and Remediation Advisory Council Strategic Plan. The State's overarching objective is to significantly reduce overdose deaths while mitigating the broader social and health impacts of opioid use disorder across all communities. Funding priorities this year emphasize evidence-based strategies across prevention, treatment, and recovery. Key initiatives include expanding access to Medication for Opioid Use Disorder (MOUD), increasing harm reduction services, supporting community- and peer-based recovery programs, and strengthening prevention efforts. The State is also committed to equity in program implementation, ensuring resources reach underserved populations and addressing structural barriers to care. Data-driven decision-making remains central to allocating funds efficiently and effectively, enabling targeted interventions where they are most needed. These strategies collectively reflect New Jersey's commitment to improving outcomes for individuals, families, and communities affected by opioid use disorder. By combining life-saving interventions with prevention, education, and systemic improvements, New Jersey aims to reduce overdose deaths, mitigate the broader social and economic impacts of the crisis, and strengthen pathways to recovery. This sustained, multi-pronged approach ensures that funding not only addresses immediate needs but also contributes to long-term resilience and sustained impacts in disproportionately impacted communities across the state.

9	How did you decide the best way to use the opioid abatement funds your subdivision received this reporting year? For example, did you rely on evidence-based or evidence-informed practices or strategies, the list of Opioid Remediation uses, a needs assessment, a strategic plan, or an epidemiological analysis? If yes, please explain.	The State of New Jersey determined the best use of opioid abatement funds through a comprehensive, evidence-informed approach designed to maximize impact across communities. Our allocation decisions were guided by the allowable uses of settlement funds, the New Jersey Opioid Recovery and Remediation Advisory Council Strategic Plan and its planning process in 2024, and a detailed assessment of statewide needs informed by epidemiological data. In addition to these structured frameworks, the State prioritized community engagement and transparency. We solicited public input through an online portal and hosted multiple listening sessions across the state, gathering perspectives from residents, community leaders, and organizations directly affected by the opioid epidemic. The New Jersey Opioid Recovery and Remediation Fund Advisory Council also played a central role, providing expertise from public health, healthcare, law enforcement, and individuals with lived experience. By combining these insights with evidence-based and evidence-informed strategies, New Jersey ensures that funds are directed toward interventions that address both immediate needs—such as harm reduction and access to Medication for Opioid Use Disorder (MOUD)—and long-term solutions, including prevention, recovery support, and addressing structural barriers to care.
10	In this reporting year (7/1/2024 - 6/30/2025), did your subdivision engage the public (e.g., town hall meeting, online survey, convened stakeholders) prior to deciding how to use the opioid abatement funds you received?	Yes, for multiple year funding
10a	Please select years range:	3 - 5 years

11	Please describe your public engagement/input efforts?	As part of the State of New Jersey's comprehensive approach to addressing the opioid crisis, public engagement remains a cornerstone of ensuring that strategies are responsive to the needs of those most affected. Engagement efforts are critical for creating interventions that are both effective and informed by lived experiences. The Center for Research and Evaluation on Education and Human Services (CREEHS) at Montclair State University, engaged by the State's Advisory Council, conducted a series of interviews and focus groups with key stakeholders and individuals directly impacted by opioid use. Key informant interviews included healthcare providers, law enforcement officials, public health administrators, and representatives from community-based organizations, providing insights from professionals with firsthand experience in addressing the opioid epidemic. Additionally, up to six focus groups were held with individuals with current or past experiences with opioid use to capture perspectives on treatment, recovery, service access barriers, and effective support strategies. The State continues to solicit broad public input through multiple channels. From August through October 2022, an online public portal received over 500 submissions of feedback, testimonials, and recommendations on spending priorities. In Spring and Summer 2023, the Advisory Council hosted five public listening sessions—two virtual and three in-person (North, Central, and Southern regions). Building on these efforts, in October 2024 the State launched a public portal specifically focused on soliciting feedback on services for racial and ethnic groups disproportionately impacted by the opioid crisis as well as older adults. In July 2024, the Advisory Council also convened a roundtable meeting with four community-based organizations providing family support services to families who have lost a loved one to an opioid overdose. The Advisory Council continues to actively gather input through the opioid settlement mailbox (opioidsettlement@dhs.nj.gov), ensuring ongoing opportunities for residents, stakeholders, and affected communities to inform the State's strategies and funding decisions.
12	Does your county/subdivision have a strategic plan?	Yes

12a	Can we post your strategic plan online?	Yes
		https://www.nj.gov/opioidfunds/strategic-plan/
15	Have you completed a Risk Assessment profile for demographic or geographic impact?	No, but we plan to in the future
16	Did your subdivision fund any new programs using opioid abatement funds in this reporting year?	Yes
	2025 Fiscal Program List	
1	Program Name/Title	Legal Services for Individuals with Substance Use Disorder (SUD)
2	Agency/Funding Recipient Name	NJ Department of Human Services
3	Agency/Funding Recipient Category	State Department
4	Primary problem being addressed by this program:	Legal and navigation services for individuals with a Substance Use Disorder (SUD).
5	Brief program description:	This program will expand upon recent efforts to provide free civil legal services to individuals with mental health or substance use disorders. The program funds two separate models of legal services: 1) a medical/legal partnership whereby full-time attorneys work alongside peer navigators as an integral part of the treatment team when it is identified that there are legal and/or social issues that are impeding an individual's wellness, recovery and/or successful outcomes in treatment, and 2) a regional model whereby attorneys along with navigators are hired or contracted to serve individuals with a SUD outside the treatment team.
6	Program target population:	Young Adults - 19-24 (post-grad through college); Individuals experiencing Homelessness; Individuals in Recovery; Individuals in Treatment; Individuals involved with the Criminal Justice System; Individuals who Use Drugs
7	Date this program was funded (please use MM/DD/YYYY)	10/3/2024
8	Amount of funding for this program.	$6,750,000.00
8a.	Amount expended:	$0.00
8b.	Amount encumbered/appropriated:	$6,750,000.00

9	How often are you disbursing funds to this program?	Annually
10	Program Launch Date	10/1/2025
11	Please choose the length of time of this program's duration:	3 years
12	What is the anticipated number of unduplicated clients this program will reach annually?	100
13	Please state this program's statement of impact.	Providing legal services to consumers with a substance use disorder (SUD) will assist in addressing barriers such as access to benefits, legal fines, issues in family court, eviction proceedings, etc.
14	What key performance indicators are you tracking to ensure success of the program (for example, # of services provided, # of people served, # of naloxone kits distributed)?	Number of participants served Number of services provided/encounters
15	How frequently are you measuring the tracked key performance indicators?	Quarterly
16	What outcomes or impact does the program aim to achieve? How do you plan to measure or track that impact?	Assist consumers with legal needs and reduction in court and legal issues.
17	Primary Category:	Wraparound and Connected Care Supports
18	The following are other categories that may apply (include all categories with the exception of the Primary category you chose above).	Diversion and Re-entry Support; Housing; Recovery Supports
19	Please select the Schedule B strategy(ies) that fits the primary focus of this program:	Support People in Treatment and Recovery; Address the Needs of Criminal Justice-Involved Persons
20	Please explain how this program will address opioid use disorder and any co-occurring substance use disorders or mental health conditions through evidence-based or evidence-informed practices or strategies.	The program aims to address legal issues that can serve as barriers to accessing needed services (medical, behavioral health, housing, insurance, entitlements, etc.), improve economic stability, and to reduce the burden of outstanding legal issues on one's pursuit of wellness, recovery, and their ability to live full lives in the community.
21	Please identify the procurement method utilized for this program, describe the procurement process, and explain why the procurement method identified was used for this program.	Awardees will receive contract and bill quarterly (every three months) and must submit reports of expenditure (ROE) and data elements to track numbers including service hours and the number of consumers served.
	2025 Fiscal Program List	

1	Program Name/Title	Youth Substance Use Initiative Expansion
2	Agency/Funding Recipient Name	NJ Department of Children and Families (DCF)
3	Agency/Funding Recipient Category	State Department
4	Primary problem being addressed by this program:	Co-occurring substance use disorders and mental health needs.
5	Brief program description:	This initiative provides a “no wrong door” approach for youth aged 13 through 17 years who seek access to substance use treatment and continuum of care services. Utilizing a Fee for Service (FFS) model, the expansion makes outpatient, intensive outpatient, and short-term residential treatment programs more accessible statewide. The initiative also offers early intervention services for youth who may not meet diagnostic criteria, but are engaging in substance use and may be at risk for dependence. Services, including family treatment, are designed to provide support for youth as well as their parents and caregivers.
6	Program target population:	Children and Young Adults - 13-17 (high school aged); Individuals in Treatment; Individuals who Use Drugs
7	Date this program was funded (please use MM/DD/YYYY)	10/3/2024
8	Amount of funding for this program.	$1,680,000.00
8a.	Amount expended:	$0.00
8b.	Amount encumbered/appropriated:	$1,680,000.00
9	How often are you disbursing funds to this program?	Annually
10	Program Launch Date	9/1/2025
11	Please choose the length of time of this program's duration:	3 years
12	What is the anticipated number of unduplicated clients this program will reach annually?	FY26: 619 Unduplicated youth FY27: 1000 Unduplicated youth FY28: 1000 unduplicated youth
13	Please state this program's statement of impact.	DCF is committed to enhance adolescents’ access to substance use services, improve the identification of adolescent substance use, increase engagement in treatment and recovery support services, reduce substance use, improve functioning, and reduce rates of readmission to substance use disorder treatment services.
14	What key performance indicators are you tracking to ensure success of the program (for example, # of services	Number of participants served Number of services provided/encounters Increased community awareness

	provided, # of people served, # of naloxone kits distributed)?	
	Number of participants served:	A monthly census submitted by agency documenting current youth in program
	Number of services provided/encounters:	Case Management hours and direct treatment hours
	Increased community awareness (please describe):	Quarterly reporting of community engagement activities
15	How frequently are you measuring the tracked key performance indicators?	Monthly
16	What outcomes or impact does the program aim to achieve? How do you plan to measure or track that impact?	The impact desired is that adolescents get the treatment they require, including Behavioral Health treatment, and achieve their treatment goals. DCF's Children's System of Care Division (CSOC) has developed a data reporting form that is required to be filled out and submitted to the CSOC program lead at scheduled intervals.
17	Primary Category:	Treatment
18	The following are other categories that may apply (include all categories with the exception of the Primary category you chose above).	Recovery Supports; Wraparound and Connected Care Supports
19	Please select the Schedule B strategy(ies) that fits the primary focus of this program:	Support People in Treatment and Recovery
20	Please explain how this program will address opioid use disorder and any co-occurring substance use disorders or mental health conditions through evidence-based or evidence-informed practices or strategies.	Programs must ensure that the licensed mental health clinician(s) in the program are trained in Evidence Based Practices which are recognized and implemented within the substance use/mental health communities. These modalities include, but are not limited to: Multisystemic Family Therapy (MST), Cognitive Behavioral Therapy (CBT), Motivational Enhancement Therapy (MET), and Motivational Interviewing (MI).

21	Please identify the procurement method utilized for this program, describe the procurement process, and explain why the procurement method identified was used for this program.	DCF drafted and published a Request for Proposals in which all qualifying agencies in the state who are licensed by the NJ Department of Health to offer outpatient and intensive substance use treatment to adolescents could apply. Upon receipt of proposals, DCF created an evaluation team who read and scored the proposals according to a rubric that included answers to questions regarding the programs ability to achieve Community and Organizational Fit, Organizational Capacity, and Organizational supports. The evaluation team met and discussed the strengths and weaknesses of the proposals. A chosen chairperson compiled scores and comments regarding the narratives of the proposals and submitted recommendations for awardees to CSOC leadership and ultimately the DCF Commissioner. Agencies were notified of awards and regrets. Request for proposals was chosen as the method of procurement due to the ability to reach all qualified providers in the state of NJ. This allowed for a fair representation of agencies throughout the state.
	2025 Fiscal Program List	
1	Program Name/Title	Opioid Crisis Emergency Response
2	Agency/Funding Recipient Name	NJ Department of Human Services
3	Agency/Funding Recipient Category	State Department
4	Primary problem being addressed by this program:	The opioid crisis continues to evolve rapidly, with communities facing sudden and urgent challenges such as spikes in overdoses, emerging drug trends, or gaps in essential services due to utilization increases and/or lapses in other resources. This will equip the state with flexibility to respond rapidly.
5	Brief program description:	These resources will be set aside for rapid deployment in situations where funding and an immediate response cannot wait for the next state funding cycle. These funds are intended to support swift, targeted interventions. Examples of potential uses include emergency distribution of harm reduction supplies or temporary funding of treatment or recovery capacity. This program ensures critical resources are available when they are most needed, reinforcing the State's commitment to saving lives and providing timely support during opioid-related emergencies.

6	Program target population:	Members of the General Public
7	Date this program was funded (please use MM/DD/YYYY)	10/3/2024
8	Amount of funding for this program.	$500,000.00
8a.	Amount expended:	$0.00
8b.	Amount encumbered/appropriated:	$500,000.00
9	How often are you disbursing funds to this program?	One time only
10	Program Launch Date	10/3/2024
11	Please choose the length of time of this program's duration:	1 year
12	Please state this program's statement of impact.	These resources will strengthen the State's ability to act decisively during moments of heightened need. By ensuring resources are available for immediate deployment, these funds will reduce delays in lifesaving interventions and prevent service disruptions.
13	What key performance indicators are you tracking to ensure success of the program (for example, # of services provided, # of people served, # of naloxone kits distributed)?	The State will develop individual tracking and success measures depending on the emergency response identified with each use of funds.
14	What outcomes or impact does the program aim to achieve? How do you plan to measure or track that impact?	Ensure timely, life-saving interventions during opioid-related emergencies by providing rapid access to funds for immediate response.
15	Primary Category:	All Categories – this emergency set-aside can be used across any and all categories.
16	The following are other categories that may apply (include all categories with the exception of the Primary category you chose above).	All Categories – this emergency set-aside can be used across any and all categories.
	2024 Fiscal Program List	
1	Program Name/Title	Community Peer Recovery Centers Expansion
2	Have there been any modifications or expansions to this program since the initial report? :	No modifications/expansions
3	Amount expended in this reporting period (7/1/2024 - 6/30/ 2025)	$3,712,500.00
4	What key performance indicators are you tracking to ensure success of the program (for example, # of services provided, # of people served, # of naloxone kits distributed)?	Please see below.

	Number of participants served (unduplicated)	14,589
	Number of harm reduction supplies distributed (e.g naloxone kits, drug disposal packets):	Naloxone kits - 550
	Number of participants who received services:	
	Recovery Housing	192
	Recovery Coaching or Peer Coaching	934
	Employment Support	405
	Basic Needs-Food, Clothing, Emergency Shelter	295
	Case Management/Individual Services Coordination	612
	Community Resources	2,563
	Cultural, Historical & Gender Issues	382
	Educational Support	178
	Harm reduction	645
	Life Skills	915
	Outreach	4,723
	Parenting/Childcare Resources	65
	Recovery Support	2,068
	Relapse Prevention	177
	Self-Help & Recovery Support Groups	1,977
	Social/Recreational	1,179
	Spiritual and Faith Based	132
	Substance Abuse Education	1,507
	Transportation	162
	Wellness activities	906
	Number of sessions:	
	Number of group recovery support meetings held (virtual and in person)	1,955
	Number of individual meetings held (virtual and in person)	4,240
	Number of community activities (virtual and in person)	691
	Number of phone, text, and email contacts (a participant may be contacted in multiple ways/times)	5,044
	Number of referrals to services made (e.g. recovery housing, community resources)	2,431
	Number of referrals to treatment	180

5	Is there anything else you would like to share or highlight regarding the progress and impact of this program? :	Yes
	5a) If yes, please explain:	Funding for this program is braided - both SAMHSA ($100,000 per center and Opioid Settlement Funds ($275,000 per center)
6	Last Updated Date:	8/26/2025
	2024 Fiscal Program List	
1	Program Name/Title	Housing Options for Individuals with Substance Use Disorder (SUD)
2	Have there been any modifications or expansions to this program since the initial report? :	No modifications/expansions. This program is designed to provide individuals impacted by substance use disorder with safe, stable, and supportive housing options. The program consists of four subprograms: 1. Temporary Shelter 2. Case Management 3. Housing Vouchers for permanent supportive housing 4. Oxford House model housing
3	Amount expended in this reporting period (7/1/2024 - 6/30/2025)	$666,667.00

	Oxford House	<u>Overview and Accomplishments</u> During this reporting period, Oxford House, Inc (OHI) recruited and trained five new staff, opened 12 new Oxford Houses, and added 91 beds. Settlement-funded houses served 99 individuals and maintained an average monthly abstinence rate of 93.7%, with all rent and bills current despite rising housing costs. A dedicated staff member now leads education on naloxone and medications for opioid use disorder (OUD), helping reduce stigma, expand access to housing, and train both residents and staff. OHI organized 32 naloxone trainings, reaching 510 participants, and partnered with Hope One and Rutgers Medical Institute to distribute naloxone kits. Monthly workshops introduce new members to the Oxford House Model, with added focus on overdose prevention and medication-assisted recovery. <u>Health Equity</u> Oxford House, Inc. OHI is expanding outreach to individuals re-entering from carceral settings and other diverse populations, including racial/ethnic minorities, LGBTQ+, and older adults. Its inclusive acceptance policy—requiring only a history of substance use disorder—removes unnecessary barriers and supports behavioral health equity. Targeted interventions and community presentations ensure broader awareness and access to Oxford House opportunities.
	What key performance indicators are you tracking to ensure success of the program (for example, # of services provided, # of people served, # of naloxone kits distributed)?	Please see below.
	Number of new Houses	12
	Number of beds	91
	Number of individuals served	99
	Number of harm reduction supplies distributed (e.g naloxone kits, drug disposal packets):	Naloxone Kits - 332
	Number of training/education sessions	32
	Number of individual trainings	510
	Number of individuals referred to treatment	19

	Community Awareness Events	74
	Temporary Shelter	
	Number of individuals served	13
	Number of individuals linked to case management	13
	Number of training/education sessions	5
	Number of services provided/encounters	6
	Number of harm reduction supplies distributed (e.g naloxone kits, drug disposal packets):	Naloxone Kits - 7
	Increased community awareness (please describe)	Providers have distributed flyers, sent E-blasts, have held open houses and stakeholder meetings.
	Case Management	
	Number of individuals served	11
	Number of individuals who were referred to SUD or co-occurring services	2
	Number of individuals linked to entitlements or benefits	SNAP – 2 SSI - 2
	Increased community awareness (please describe)	Providers have distributed flyers, sent E-blasts, have held open houses and stakeholder meetings.
4	Last Updated Date:	9/8/2025
	2024 Fiscal Program List	
1	Program Name/Title	Emergency Opioid Settlement Funding for Harm Reduction Supplies: Xylazine Test Strip Program
2	Have there been any modifications or expansions to this program since the initial report? :	Yes, other modifications/expansions
	2a) If yes, please explain:	A no-cost extension was recently executed to grant one additional year to finish the program.
3	Amount expended in this reporting period (7/1/2024 - 6/30/ 2025)	$500,000.00
4	What key performance indicators are you tracking to ensure success of the program (for example, # of services provided, # of people served, # of naloxone kits distributed)?	Please see below.
	Number of harm reduction supplies distributed (e.g naloxone kits, drug disposal packets):	Xylazine test strips: 7,295 Basic hygiene kits: 7,975 Wound care kits: 4,859

5	Is there anything else you would like to share or highlight regarding the progress and impact of this program? :	Yes
	5a) If yes, please explain:	NJDOH works with community-based organizations across New Jersey to distribute xylazine test strips, basic hygiene kits and wound care kits to those who need them most. Below is some of the feedback and testimonials that NJDOH has received from these partners: *"We are thankful and grateful for the supplies!!"* *"Thank you so much for the toiletry bags. We literally just gave our last one out. They are very appropriate."* *"The kits arrived! They are wonderful too."* *"Thank you, you all are so appreciated!"* *"I received my shipment today. The only issue is that I had to carry those boxes inside. :D Seriously, they're great. I will be putting them to good use in the near future."* *"We received ours, thank you so much! Our community deeply appreciates it."* *"Thank you so much for the kits!! The … truly appreciates all the items that we receive. We have been able to distribute them to those experiencing housing insecurities within Salem County. Thank you for all that you (and your team) do!!"* *"We received the kits last week. They look great."* *"I'd like to thank you in advance for these wonderful kits. We appreciate them very much as they are so needed. Please thank all of your Team members for us! Thank you for all the support you provide us!!!"* *"I just wanted to thank you for sending me all the wonderful resources and supplies specifically the wound care kits. I ensure you we will get these into the hands of those that need them on the street in Atlantic City and surrounding area. We are extremely appreciative of this initiative and all that*

		you are doing to make it happen. THANK YOU!" *"Thank you so very much for all your support and supplies!!!"*
6	Last Updated Date :	9/3/2025
	2024 Fiscal Program List	
1	Program Name/Title	Harm Reduction Expansion Activities
2	Have there been any modifications or expansions to this program since the initial report? :	Yes, other modifications/expansions
	2a) If yes, please explain:	NJ Department of Health offered one-time innovation money to Harm Reduction grantees from a one-time account through an opportunity with the Office of Opioid Response and Policy in FY25 that was renewed for some agencies in FY26. This funding supported and continues to support community safety projects like drug checking and mapping, access expansion projects like vending machines, and the educational and technical assistance support that corresponds with each. OPRI/HIT Total Grant Award Allocations: • FY25 = $2,031,054 • FY26 = $1,140,256
3	Amount expended in this reporting period (7/1/2024 - 6/30/ 2025)	$12,000,000.00
4	What key performance indicators are you tracking to ensure success of the program (for example, # of services provided, # of people served, # of naloxone kits distributed)?	Please see below.
	Number of participants served:	7,023
	Reduction in opioid-related incidents:	1,740
	Number of harm reduction supplies distributed (e.g naloxone kits, drug disposal packets):	Total number of harm reduction supplies: 263,495 (please see breakdown below) Wound Care kits – 12,641 Naloxone – 16,648 Safer use supplies – 66,424 Test trips – 126,259 Syringes – 2,414,636 Other (weather-related, food, socks, etc.) – 62,504
	Number of training/education sessions:	18,441

	Number of services provided/encounters:	26,154
	Increased community awareness (please describe):	As the number of agencies serving this population increase across the state, local communities are starting to learn more about the services. Currently, this is reported by harm reduction specialists and anecdotal, but the Department entertains the possibility of conducting more formal community surveys and possible awareness campaigns.
	Number of referrals to treatment	123
	Other (please specify)	10 agencies are funded with opioid settlement funds for fixed and mobile sites to offer core harm reduction services. Additionally, seven agencies are funded for Harm Reduction Health (integrated harm reduction and health care services) with opioid settlement funds.
5	Is there anything else you would like to share or highlight regarding the progress and impact of this program? :	Yes
	5a) If yes, please explain:	First, it is important to mention that this wave of expansion was funded for nine months (for new sites – as per the timing of the Request For Application). The grants awarded through the RFA took time to go through the grants management system, thus delaying the agencies' hiring process and the dates by which they started providing services. In FY26, grantees will be operating for the full 12 months and thus NJDOH expects funds to be much closer to fully expended. Of note, as harm reduction services expand, NJDOH is integrating more agencies, often grassroots organizations attuned to community needs—a significant advantage. However, these new agencies frequently face an administrative learning curve, especially since many have not previously managed grants, particularly government or state-level grants. This curve often causes delays in launching funded services, which may initially seem to affect the demonstration of impact. Yet, these delays are often minor, sometimes due to data entry training issues, and typically resolve over time.
6	Last Updated Date :	8/26/2025
	2024 Fiscal Program List	

1	Program Name/Title	Mobile Medication for Addiction Treatment (MAT) Expansion
2	Have there been any modifications or expansions to this program since the initial report? :	Yes, modification to funding amount
	2a) If yes, please explain:	One of the agencies identified to receive this funding relinquished their license, therefore $325,000 was not expended.
3	Amount expended in this reporting period (7/1/2024 - 6/30/ 2025)	$2,433,148.00
4	What key performance indicators are you tracking to ensure success of the program (for example, # of services provided, # of people served, # of naloxone kits distributed)?	Number of participants served Number of harm reduction supplies distributed (e.g naloxone kits, drug disposal packets)
	Other:	Increase the number of people admitted to opioid treatment program services in the State, lower the incidence of overdose deaths experienced in parts of the State where the program is implemented. Data to be evaluated will include treatment admissions as well as overdose deaths in specific counties where the initiative is implemented.
5	Is there anything else you would like to share or highlight regarding the progress and impact of this program? :	Yes
	5a) If yes, please explain:	At the end of the reporting period: JSAS Healthcare was expecting delivery of a mobile unit on July 17, 2025 and is working toward OTP licensure. New Brunswick Counseling Center was awaiting delivery of two mobile units, expected late August or September 2025, and then will work to get vehicles properly licensed. The three other agencies (Paterson Counseling Center, Iron Recovery and Wellness and Organization for Recovery) were expecting delivery of their replacement mobile medication units between November 2025 and January 2026.
6	Last Updated Date :	9/9/2025
	2024 Fiscal Program List	
1	Program Name/Title	NJ Keeping Families Together (KFT) Expansion
2	Have there been any modifications or expansions to this program since the initial report? :	No modifications/expansions

3	Amount expended in this reporting period (7/1/2024 - 6/30/ 2025)	$1,153,750.00
4	What key performance indicators are you tracking to ensure success of the program (for example, # of services provided, # of people served, # of naloxone kits distributed)?	Number of participants served
5	Is there anything else you would like to share or highlight regarding the progress and impact of this program? :	Yes
	5a) If yes, please explain:	Rising costs in housing, energy, transportation and staffing costs have increased considerably. Consequently, rather than serve new individuals with this funding, the funding covers the increasing costs for the 664 KFT participants currently in the program to ensure continuity of services. The Department of Children and Families will re-assess the feasibility of expansion over time.
6	Last Updated Date:	9/9/2025
	2024 Fiscal Program List	
1	Program Name/Title	Rapid Referral Platform for Low Threshold Medication Access for Opioid Use Disorder
2	Have there been any modifications or expansions to this program since the initial report? :	No modifications/expansions
3	Amount expended in this reporting period (7/1/2024 - 6/30/ 2025)	$6,500,000.00
4	What key performance indicators are you tracking to ensure success of the program (for example, # of services provided, # of people served, # of naloxone kits distributed)?	Number of participants served Reduction in opioid-related incidents Number of harm reduction supplies distributed (e.g., naloxone kits, drug disposal packets) Number of services provided/encounters Number of referrals to treatment
5	Is there anything else you would like to share or highlight regarding the progress and impact of this program? :	Yes

	5a) If yes, please explain:	The NJ Department of Health (NJDOH) and partners have implemented a program to address barriers to MOUD and thus to reduce morbidity and mortality of substance use disorder. The program establishes a rapid referral electronic platform and collection of resources to facilitate expedited access to a vetted network of MOUD providers and wraparound services ("Rapid Referral Platform"). The platform will be available to first responders, emergency departments, treatment providers, correctional settings, and community-based providers that encounter individuals experiencing an overdose or are otherwise seeking care. Linkage-to-care services through the program will be available to all residents of New Jersey who are interested in receiving MOUD or other resources to address their substance use. To support success, the Rapid Referral Platform will include necessary channel factors such as transportation vouchers, bridge prescriptions, and telehealth services. Pilot projects will be supported by community paramedicine grants. Program Update: - Hired Southern Outreach Coordinator - Sent Letter of Intent to Fund to Rapid Referral Platform Vendor - Successfully completed Request For Application (RFA) Process for Telehealth Provider and Sent Letter of Intent to Fund to selected statewide provider - Finalizing procurement processes for both - Completing steps for HIT integration/specs of Rapid Referral App to go live - Planning for future components such as kiosks/vending machines and community paramedicine pilots Metrics: The Platform tracks multiple metrics, including: - Patient information – Patient Name, Contact Information, demographics - Linkages to Care – Referred Agency, Type of Treatment provided by Referred Agency, Date, Location In addition, our Outreach Coordinators follow up with referred patients, and will track:

		- Referring/referred agency - Follow up contact(s) with patient/agency - Outcomes (e.g., successful linkages to care, other resources provided) In addition to the Referrals, the Rapid Referral Platform allows for supportive services. Metrics related to each of these will also be tracked, including: - For transportation vouchers: Number of vouchers, location - For bridge prescriptions: pharmacy, filled status - For telehealth: multiple metrics including provider, date/time, disposition of services, outcome (script, referral, etc.). To support this and other Overdose Response efforts, NJDOH regularly tracks outcomes measures including overdose and substance use-related data provided by EMS/first responders, hospitals, medical examiners, and other sources. These analyses allow NJDOH to track progress and informs quality improvement efforts, policy decisions, and continued effective deployment of resources. Future components including kiosks and mobile integrated health (MIH) pilots are in development and metrics will be defined.
6	Last Updated Date:	9/3/2025
	2023 Fiscal Program List	
1	Program Name/Title	Opioid Recovery and Remediation Advisory Council – Strategic Plan
2	Have there been any modifications or expansions to this program since the initial report? :	Yes, modification to funding amount
	2a) If yes, please explain:	The development of the Strategic Plan was completed under budget at a final cost of $279,940.53.
3	Amount expended in this reporting period (7/1/2023 - 6/30/ 2024)	$189,778.53

4	What key performance indicators are you tracking to ensure success of the program (for example, # of services provided, # of people served, # of naloxone kits distributed)?	
	Other:	Completion of the Strategic Plan within budget
5	Is there anything else you would like to share or highlight regarding the progress and impact of this program? :	Yes
	5a) If yes, please explain:	The Strategic Plan is available online at https://www.nj.gov/opioidfunds/strategic-plan/
6	Last Updated Date:	8/26/2025