

OPIOID RECOVERY & REMEDIATION ADVISORY COUNCIL

STRATEGIC PLAN



EXECUTIVE SUMMARY





SPRING 2025

NEW JERSEY

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Beginning in 2022, the State of New Jersey and qualifying counties and municipalities (subdivisions) began receiving settlement payments from major nationwide litigation and settlements that involve the opioid industry. The New Jersey Opioid Recovery and Remediation Advisory Council (Advisory Council) was established in 2023 to make recommendations for how the State's share of the opioid settlement funds should be allocated. Since 2023, the Advisory Council has used public input portals, listening sessions, and a roundtable discussion to hear the experiences and perspectives of those most closely affected by the risks of drug use, substance use disorder (including opioid use disorders), and the overdose crisis across New Jersey. This public input was reviewed and integrated by the Advisory Council to make three sets of funding recommendations for investing settlement funds to date (July 2023, February 2024, and October 2024).

The set of funding recommendations made by the Advisory Council included support for the development of a *Strategic Plan* to guide the ongoing allocation of remaining settlement funds. This five-year *New Jersey Opioid Recovery and Remediation Advisory Council Strategic Plan* (*Strategic Plan*) is the result of that work. It presents a data-informed roadmap to guide recommendations for using opioid settlement funds in New Jersey through 2030. The *Strategic Plan* is designed with flexibility in mind so that it can evolve in response to shifting community needs, emerging research, and changes in available funding. This document explains how the plan was developed and lays out the vision, mission, guiding principles, goals, and strategies of the plan. As well, it includes a framework for monitoring and evaluation that outlines key performance indicators to measure ongoing progress.

ADVISORY COUNCIL MEMBERS (JANUARY 2025)

Public Members

Mavis Asiedu-Frimpong

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

Bre N. Azañedo

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

Robert Detore

Chief Executive Officer, Turning Point, Inc.

Jenna Mellor

Executive Director, New Jersey Harm Reduction Coalition

Solomon Middleton-Williams

Director of Community Engagement, Public Works Alliance

Shirla Simpson

Director, Human Services, Burlington County

Brian Thompson

Housing Coordinator, Camden Coalition

Morgan Thompson

Chief Executive Officer, Prevention Links

Debra Wentz

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

EXECUTIVE SUMMARY

Ex-Officio/Members Representing State Agencies

Sarah Adelman

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

Michele Calvo

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

Carmen Diaz-Petti

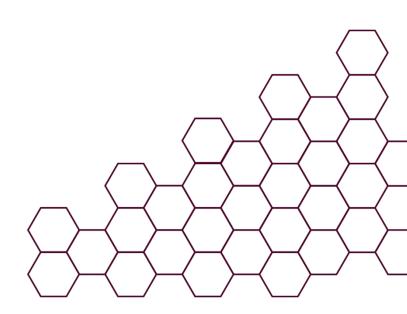
Deputy Commissioner, Department of Children and Families Designee for the Commissioner of Children and Families

Tiffany Wilson

Director, Office of Alternative and Community Responses, Office of the Attorney General, Department of Law and Public Safety Designee for the Attorney General

PLANNING PROCESS

The Advisory Council used a two--phase process to develop the *Strategic Plan* from January 2024 through March 2025. It partnered with the Center for Research and Evaluation on Education and Human Services (CREEHS) at Montclair State University to facilitate the process.



Phase 1

During Phase 1 of the strategic planning process (January 2024 through September 2024), the Advisory Council directed the completion of a *Needs Assessment* to identify the needs, resources, and gaps related to substance use disorder in New Jersey. This assessment included four key components:



Advisory Council engagement to set goals for the Needs Assessment.



Secondary data collection and review of substance use related indicator data, demographic data, as well as an inventory of programs and services for substance use disorder.



Material review of public perceptions, public input, and published documents, including feedback from public listening sessions, public comments, and public roundtables.



Primary data collection of 10 interviews with Advisory Council members; 13 interviews with 16 stakeholders providing substance use-related services; and five focus groups with 41 individuals with lived or living experience and families of youth with substance use disorder.

From these components, a set of consistent *Needs Assessment* findings were synthesized and then used to identify a set of commonly agreed upon overarching goals and strategic objectives.

Phase 2

During Phase 2 of the strategic planning process (September 2024 through March 2025), the Advisory Council interpreted the *Needs Assessment* findings and prioritized strategic objectives to develop the *Strategic Plan*. This phase also consisted of four key components:



Co-interpretation to review and understand the results of the *Needs Assessment*.



Priority setting to rank the strategic objectives and identify a set of strategies.



Specification to draft, review, and revise the components of the *Strategic Plan*, which included the vision, mission, set of guiding principles for using settlement funds, goals, strategic objectives, and strategies.



Strategic Plan finalization to assess members' overall agreement with the *Strategic Plan* components and solicit additional detailed feedback.

OVERVIEW OF CURRENT NEED IN NEW JERSEY

In New Jersey, about 2,800 confirmed overdose deaths were recorded in 2023, representing a 10% decrease from 2021 (New Jersey Overdose Data Dashboard, March 2025). Historical trends in total overdose deaths in New Jersey, however, mask substantial variation by race and ethnicity. Key findings from the Needs Assessment, which references data compiled in March through July 2024, are presented below. These data reflect a snapshot of data available during that time period.^a

- Populations Uniquely Affected by Substance Use Disorder and the Opioid Crisis: Although substance use disorder and the overdose crisis impact individuals across all demographic groups, some populations are disproportionately harmed. As of 2022 data (the most recent year for which demographic data on overdose deaths were available as of the close of the Needs Assessment in September 2024), overdose deaths were on the decline for White residents in New Jersey but were increasing steadily for Black and Hispanic residents. Older adults, youth, incarcerated individuals, individuals with mental health disorders, unhoused individuals, and rural populations are also affected by increasing overdose rates or factors related to accessing treatment services (e.g., Medicaid reimbursement, eligibility restrictions based on co-occurring disorders).
- Successful Strategies to Preserve Life: Housing assistance, naloxone distribution, medications
 for opioid use disorder treatment, Harm Reduction Centers, and whole-family support services
 are evidenced-based and best practice strategies supported by all Needs Assessment
 stakeholder groups for reducing the harmful effects of substance use disorder.
- Persistent Barriers to Service Delivery Across the Continuum of Care: Expanding access to effective services is a salient need in New Jersey, especially for residents who remain underserved or are disproportionately impacted by the opioid crisis. Consistent barriers include: stigma around substance use disorder, harm reduction, and medications for opioid use disorder treatment; suboptimal coordination across agencies and sectors of care; workforce capacity (e.g., staff shortages); and unmet basic needs like housing, transportation, and food. Community-based organizations (e.g., local non-profits, street teams, faith-based organizations) and/or some local businesses (e.g., barber shops, corner stores) may be well-suited to enhance service provision because they are able to gain trust and a nuanced understanding of their communities.
- Accessibility of Treatment: Substance use-related treatment admissions in New Jersey have been declining since 2019 with a significant dip in admissions observed in 2020 (i.e., at the height of the COVID-19 pandemic). Although there was a slight uptick in treatment admissions for all substances from 2020 to 2021, admission rates have not recovered to pre-pandemic levels, especially for opioid admissions, for which there have been the steepest declines.

^a Since the *Needs Assessment* and the strategic planning process were completed, data for 2023 were released in February 2025, revealing declines in New Jersey's overall overdose death rates and among all racial groups for the first time in over a decade. For the most recent data available, please see New Jersey Overdose Data Dashboard.

NEW JERSEY OPIOID RECOVERY AND REMEDIATION ADVISORY COUNCIL STRATEGIC PLAN

The New Jersey Opioid Recovery and Remediation Advisory Council Strategic Plan (Strategic Plan) is designed to guide the Advisory Council's funding recommendations over a five-year period (2025 through 2030). It focuses on the priorities that emerged from the Advisory Council's review and interpretation of the 2024 Needs Assessment findings. While many important needs emerged throughout the process, this Strategic Plan focuses on goals and strategies that Advisory Council members collectively agreed upon.

VISION

Individuals and communities will view substance use disorder as a health condition and those impacted by it will have equitable access to treatment and long-term support services that meet their basic needs, reduce harm, and foster recovery and wellbeing, ultimately **reducing drug-related fatalities.**



MISSION

The Advisory Council will provide data-driven and equity-focused recommendations for the allocation and distribution of opioid settlement funds in New Jersey. The Advisory Council will engage in the following ongoing activities to accomplish this mission.



TRANSPARENCY

The Advisory Council will use a systematic process to recommend how to allocate funds.



FEEDBACK

The Advisory Council will routinely gather, review, make public, and strongly consider input from relevant stakeholder groups with a focus on including individuals and families with lived and living experience.



DATA TRACKING & EVALUATION

The Advisory Council will continuously monitor historical, county-level, and statewide data to identify shifts in trends over time and track the impact of funded initiatives.



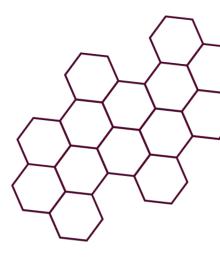
REFINEMENT

The Advisory Council will review and adjust the Strategic Plan in accordance with changes to available funding streams, drug supply, populations disproportionately affected, and available evidence.



COMMUNICATION

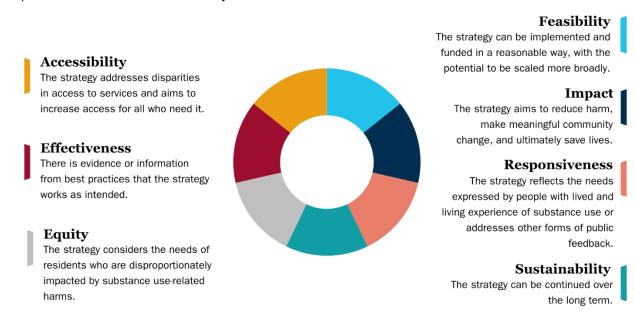
The Advisory Council will routinely share information about its activities and funding opportunities with public stakeholders via their established networks and listservs.



Guiding Principles for Funding Recommendations

The Advisory Council will rely on several criteria when reviewing proposals to make funding recommendations (Figure ES-1). All guidelines should be considered but not all must be satisfied for the recommendation to be prioritized.

Figure ES-1. The Advisory Council uses seven guiding principles to inform their recommendations for using opioid settlement funds in New Jersey



To further aid in the prioritization of funding activities, the Advisory Council will look to the *Statement* on *Funding Recommendations* which outlines the values of the Advisory Council and articulates three types of activities that it will not recommend for funding.

The New Jersey Opioid Recovery and Remediation Advisory Council recognizes the devastating impacts and complex needs presented by the ongoing opioid crisis. In light of these challenges, the Advisory Council is choosing to pursue human-centered, community-driven, and evidence-based frameworks in our funding recommendations for these limited opioid abatement funds. The Advisory Council will continue to prioritize equity and utilize available data to ensure these funds reach communities that are experiencing higher rates of overdose, opioid use, or substance use.

The Advisory Council's primary focus is to support programs and initiatives that directly address the opioid crisis, such as prevention and education, harm reduction and overdose prevention, treatment, recovery services, and services strengthening social determinants of health. The Advisory Council believes that this approach will have the most significant impact in helping individuals and communities affected by the opioid crisis. As such, the Advisory Council will not recommend that funding be used for (i) activities or programs that are not evidence-based or promising practices for opioid abatement; (ii) non-Federal Drug Administration (FDA) authorized medications for the treatment of opioid use disorder or substance use disorder; (iii) purchases of equipment for law enforcement use in search and seizure, suspect apprehension, or evidence gathering, or items that run counter to the evidence-driven and individual-first approach that we have embraced.

Goals, Strategic Objectives, Strategies, and Progress Measures

The goals, strategic objectives, and strategies of the *Strategic Plan* are outlined below, providing a broad roadmap to guide the development of specific funding recommendations and future investments (Figure ES-2). Investing in activities across all strategic objectives, and doing so in integrated ways, is likely to make more progress in achieving the vision of the *Strategic Plan* than focusing on one strategic objective alone. Moreover, the concept of funding community-based organizations is woven into several strategies as these organizations are uniquely positioned to reach those populations and geographic areas that are underserved and/or disproportionately impacted by SUD and the overdose crisis.

Monitoring and Evaluation

The three-component monitoring and evaluation framework is presented to inform the assessment of the scope and reach of the investments made using opioid settlement funds as well as to track progress on a set of statewide indicators linked to the goals of the *Strategic Plan*. The framework capitalizes on existing State infrastructure and balances research design rigor in ways that require modest investment in evaluation and maximizes funding to direct services (Figure ES-2). The actual evaluation design will reflect the specific programs funded as well as other relevant context (e.g., resources available). Due to the challenges with establishing causal relationships, this design assesses associated changes and broader outcomes to which investment activities may contribute.

- 1. Grantee-specific outputs (i.e., units of services delivered): This component of the framework is designed to measure the units of services delivered that are aligned with each goal of the Strategic Plan. Together, these outputs and related details provide a picture of the services delivered as a direct result of the settlement funds invested. They inform questions about how funding allocation is increasing access to evidence-based and best practice services for residents who remain underserved or are disproportionately impacted by SUD and the overdose crisis.
- 2. Program-specific activities: Using information from grantee agencies and/or organizations, this component is designed to examine barriers and facilitators to implementing programs and document outcomes that are directly related to those programs. This component informs questions about whether and how programs and services are meeting the needs of residents experiencing substance use disorder-related harm and how effectively programs can overcome salient obstacles to service delivery.
- 3. State-level indicators: A set of 10 state-level indicators that can be tracked over time are presented to provide a broad picture of trends related to substance use in New Jersey. This component informs questions about how disparities in outcomes shift, identifying priority populations or geographic areas, and shaping future funding recommendations.

Next Steps

This *Strategic Plan* serves as a roadmap for investing New Jersey opioid settlement funds through 2030. The goals, strategic objectives, strategies, and other components are responsive to the findings of the *Needs Assessment* and public input, aligned with evidence-based and best practice information, and designed to save lives and improve the health and wellbeing of individuals and families affected by substance use disorder and the overdose crisis. The following activities aim to maintain the plan's effectiveness, responsiveness, and adaptability over time.

- Review the Strategic Plan annually by monitoring progress toward the goals and strategic objectives. This review may also include identifying areas for improvement and ensuring that resources are being allocated efficiently and effectively. The plan may be adapted based on the latest evidence, public input, available resources, and context.
- Make funding decisions that apply the Guiding Principles for Funding Recommendations and invest across all the goals, strategic objectives, and strategies in this Strategic Plan. Invest in activities that continue for multiple years (e.g., three years or more). As well, maintain mechanisms for tracking the distribution of settlement funds, particularly in underserved populations, and this includes using findings from monitoring and evaluations to make future funding decisions. Collaborate with stakeholders outside of the Advisory Council to encourage implementation of strategies.
- Engage the public and stakeholders, including service providers, community organizations, and individuals with lived or living experience with substance use disorder, on at least an annual basis throughout the lifespan of this Strategic Plan.

The New Jersey Opioid Recovery and Remediation Advisory Council Strategic Plan is a tool for the Advisory Council to use in making decisions about how to use funds from the opioid settlement over the next five years and beyond. It is shaped by the expertise and lived experiences of the Advisory Council, New Jersey stakeholders working in the substance use-related field, and individuals directly impacted by substance use disorder. It is rooted in the vision that substance use disorder is a health condition and that fatalities may be reduced when equitable access to treatment and long-term support services meet people's basic needs, reduce harm, and foster health and wellbeing. Over the coming years, the Advisory Council will continue in its mission to provide data-driven and equity-focused recommendations for the allocation and distribution of opioid settlement funds in New Jersey related to housing, harm reduction, treatment, and coordinated wraparound services for substance use disorder.

Figure ES-2. The Strategic Plan focuses on investing in 12 strategies across housing, harm reduction, treatment, and coordinated wraparound service goals and includes a set of indicators to measure progress

GOAL	STRATEGY	OUTPUT MEASURE	STATE-LEVEL INDICATOR
Safe, Stable, and Supportive Housing Increase the availability and accessibility of housing for individuals and families affected by substance use disorder (e.g., Housing First approaches)	Expand Housing First initiatives Expand affordable, supportive, and transitional and permanent housing models	 # of people placed in housing % of people placed in housing who access harm reduction, recovery, and wraparound support services # of housing units and vouchers made available 	Drug-related hospital visits (all drugs) Homelessness among those accessing treatment
Harm Reduction Services Increase access to harm reduction services for people who use substances	Distribute Harm Reduction supplies through community-based organizations Integrate Harm Reduction services into health care settings Train emergency services in harm reduction	 # of Harm Reduction supplies distributed, by type and location # of health care organizations using protocols for Harm Reduction services delivery and referral # of staff trained, by location 	MOUD prescriptions Naloxone distribution in communities Naloxone incidents
Treatment Services Increase access to treatment services for people who use substances	1. Conduct a treatment gap analysis 2. Expand evidence-based/best practice treatment services (medication for opioid use disorder (MOUD) and traumainformed care) 3. Train facility staff in evidence-based/best practice treatment approaches	List of areas without accessibility to MOUD and/or Medicaid-accepting or state-funded treatment facilities # of facilities that offer MOUD, by county # of treatment facility staff trained, by location	New hepatitis C infections Overdose deaths Recovery support service participation
Coordinated Wraparound Services Improve the coordination of wraparound supports (e.g., transportation, legal services) provided to individuals and families affected by substance use	Enhance or expand transportation options Develop guidelines for discharge planning Expand peer specialist (PS) capacity to provide case management services Expand family support groups and treatment programs	 # of transports provided # of treatment facilities applying guidelines for connection to resources # of individuals with discharge plan # of PSs trained in case management # of new/expanded family support groups, by location 	Substance use disorder among people experiencing homelessness Treatment admissions

Note: The monitoring and evaluation framework prioritizes the use of routinely collected grantee-specific output measures and publicly available state-level indicators. Additional outputs and indicators may be included (e.g., percent of individuals accessing harm reduction services who are experiencing homelessness, new injection-related HIV infections) as additional data are identified and made available. The monitoring and evaluation plan is intended to assess associated changes and broader outcomes to which investment activities may contribute and is not designed to estimate causal relationship.

