

New Jersey Opioid Settlement Roadmap

2025

Overview

The **New Jersey Opioid Settlement Advocacy Group** is a peer-driven initiative that brings together individuals impacted by the opioid crisis, including people with lived experience, stakeholder organizations, family members, and allies. This proposal demonstrates our commitment to ensuring that opioid settlement funds are allocated to critical areas that promote recovery and community resilience. These areas include recovery housing, transportation, family support, grassroots recovery initiatives, harm reduction, employment, and the establishment of a statewide Office of Recovery.

The New Jersey Opioid Settlement Funds, managed by DMHAS as the fiduciary agent, originates from litigation settlements distinct from traditional DMHAS funding. As such, it is essential that the allocation of these funds prioritizes the voices of those most impacted by the opioid crisis, including individuals in recovery, family members, and allies. The funds must not supplant existing funding sources or address budgetary shortfalls but should instead ensure equitable and impactful resource utilization.

1. Recovery Housing

Safe and supportive recovery housing is fundamental to long-term recovery. We propose funding to:

- Expand access to certified recovery residences that meet National Association of Recovery Residence (NARR) standards.
 - Provide rental subsidies for individuals in early recovery.
 - Enhance support services, including financial assistance, to accelerate transitions from recovery housing to permanent housing.
 - Support the Garden State Alliance of Recovery Residences (GSARR) in introducing NARR standards to New Jersey and in helping current and future recovery residences build capacity to meet these standards.
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2. Expanded Transportation Options

Reliable transportation is essential for recovery but remains scarce in underserved areas. To address this, we propose funding for:

- A subsidized transit program, including partnerships with rideshare services.
 - A coordinated recovery transportation network to connect individuals to treatment, support groups, and employment opportunities.
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3. Family Support Services, Including Grief and Bereavement

Families are integral to the recovery process but often lack adequate resources.

Funding should support:

- Equipping peer family coaches and support groups with tools to assist families in supporting their loved ones and themselves.
 - Expanding Family Support Centers to all 21 counties in New Jersey, in addition to and separate from the existing three regional centers.
 - Grief and bereavement services for those affected by overdose loss.
 - Educational resources on opioid use disorder (OUD) to empower families, promote healing, and reduce stigma.
 - Identifying families as a primary target population for direct support, ensuring resources are allocated to impacted family members.
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4. Support for Grassroots Recovery, Harm Reduction and Prevention Initiatives

Grassroots organizations, often led by those with lived experience, deliver culturally responsive and accessible recovery services. To bolster their efforts, we propose:

- Grants and technical assistance to sustain grassroots recovery, Harm Reduction and prevention programs.
 - A state-funded recovery incubator to foster innovative peer recovery, harm reduction, and outreach initiatives.
 - Simplified and widely publicized funding applications to reduce administrative burdens on under-resourced organizations.
 - Advanced payments to grassroots organizations instead of reimbursement models.
 - Support for evidence-based and innovative prevention programming.
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5. Harm Reduction and Public Health Interventions

The opioid crisis requires evidence-based public health strategies. To achieve this:

- Support Harm Reduction practices, such as harm reduction centers, both mobile and fixed sites, including Narcan, drug testing equipment, sterile syringes, safer sex supplies, snorting kits, smoking kits and other harm reduction supplies.
- Primary care interventions such as, low threshold buprenorphine, wound care, Hep-C, mental health and other behavioral health concerns.
- Harm reduction centered navigators to assist with additional treatment options and continuation of care.

6. Law enforcement:

- **Law Enforcement:** No settlement funds should be allocated to law enforcement personnel, overtime, or equipment.
- **Jails and Prisons:** Settlement funds should not finance renovations or maintenance of correctional facilities.
- Instead, funds may only be used to increase access to FDA-approved Medication-Assisted Treatment (MAT), particularly methadone and buprenorphine, within these settings. Programming should ensure:
 - Continued care upon release, including seamless medication access.
 - Protection from retaliation for program participation.
- **Avoid Supplanting Existing Funds:** Diversion programs should be fully supported but funded separately from opioid settlement dollars.

7. Employment as a Pillar of Sustainable Recovery

Employment is critical for building self-esteem, structure, and financial stability in recovery. We propose funding to:

- Conduct a needs assessment to identify gaps in employment resources for individuals in recovery.
- Develop strategies to connect individuals to job training and placement services.
- Provide ongoing support for job retention and career growth.

- Implement Recovery Friendly Workplace initiatives to foster supportive, nonjudgmental work environments for individuals and families impacted by the opioid crisis.

8. Feasibility Study for a New Jersey Office of Recovery

In response to grassroots support expressed through submissions on the Opioid Advisory Council's portal, as well as verbal and written testimony.

We are aware that there are millions of dollars in accumulated interest in unspent Opioid Settlement Funds, and we strongly propose using interest from these funds to conduct a feasibility study for establishing a New Jersey Office of Recovery.

This Office would serve as an independent recovery advocacy body, reporting directly to the Governor. The study should include:

- Size and Cost: Assess staffing, operational budget, and resource needs.
- Purpose and Goals: Define objectives such as ensuring fund transparency, promoting recovery-oriented policies, and advocating for those impacted by the opioid crisis.
- Duration and Scope: Determine if the Office should be permanent or time limited.
- Reporting Structure: Establish direct reporting to the Governor with regular public updates.
- Stakeholder Input: NJ-OSAG to have significant input into identifying key stakeholders, including but not limited to individuals with lived experience, persons who use drugs, families, recovery organizations, and healthcare providers.
- Implementation Plan: Outline timelines, milestones, and success metrics.
- NJ-OSAG to be a necessary decision maker regarding formation and execution of the study.

Driven by public demand, this study is a critical step toward creating a dedicated body to amplify impacted voices, ensure transparent and effective use of settlement funds, and promote a unified statewide recovery strategy.

Conclusion

The opioid crisis demands targeted, effective solutions rooted in lived experience and evidence-based practices. By investing in recovery housing, transportation, family support, grassroots initiatives, harm reduction, and employment, New Jersey can build a recovery-oriented system that fosters resilience and hope.

A coordinated Office of Recovery, reporting to the governor and independent of settlement funds, will ensure accountability, stakeholder collaboration, and a comprehensive approach to supporting those impacted by addiction.

A feasibility study using interest from unspent settlement funds will assess the scope, cost, and implementation of such an office, ensuring transparency and prioritizing impacted voices in decision-making.

The New Jersey Opioid Settlement Roadmap 2025 offers a strategic vision for sustainable, community-driven recovery. Thank you for considering this plan to build a stronger, healthier New Jersey.