

## New Jersey SOR Initiatives

# Addressing Opioid and Stimulant Misuse & Use Disorders: The Impact of State Opioid Response (SOR) Grants

The Substance Abuse and Mental Health Services Administration (SAMHSA) administers the SOR grant program. SOR addresses the opioid overdose crisis by providing resources to states and territories to increase access to Federal Drug Administration-approved medications for opioid use disorder (MOUD) and to reduce unmet treatment needs and opioid-related overdose deaths with prevention, harm reduction, treatment, and recovery supports. In 2020, SOR expanded to support evidence-based services for stimulant misuse and use disorders (StUD), including cocaine and methamphetamine.

This brief was developed by the National Association of State Alcohol and Drug Abuse Directors (NASADAD) in collaboration with the Opioid Response Network (ORN) as part of a series of state reports intended to showcase initiatives across the continuum of care that states have implemented with SOR funds. The ORN is a SAMHSA-funded technical



assistance and training center that works with states, health professionals, community organizations, the justice system, and individuals in all 50 states and nine territories to support efforts to address the opioid and stimulant crisis.

## Single State Agency (SSA): New Jersey Department of Human Services (DHS), Division of Mental Health and Addiction Services (DMHAS)

DHS DMHAS has received \$253,085,251 in SOR funding from FY18 through FY23. For FY23–FY24, it received \$66,756,027.

The goal of New Jersey SOR is to address the state's opioid crisis and the rising issue of StUD by providing prevention, harm reduction, treatment, family and peer recovery support, community prevention and education programs, and training. The key objectives of funding are to increase access to FDA-approved MOUD, reduce unmet treatment needs, decrease opioid-related deaths, and provide services to address individuals with StUD.



New Jersey mitigated a drastic annual increase in drug-related deaths due to the foundation Governor Murphy's administration set to end the overdose epidemic, which includes comprehensive, data-driven collaboration across several state departments. This comprehensive approach included increasing access to treatment, especially MOUD, harm reduction, and prevention programs; implementing robust law enforcement efforts to stem the supply of illicit drugs, such as initiatives to divert unused prescription drugs; and strengthening data-driven work and infrastructure.



## **Preventing Opioid and Stimulant Misuse Before It Starts**

New Jersey has used SOR to support a public awareness campaign and educational community programming.

#### **Public Awareness Campaign**

A campaign was developed and is being publicized to eliminate stigma and discrimination concerning the use of MOUD. The statewide advertising campaign centers around opioid misuse and how MOUD can support an individual's recovery. The campaign encourages viewers and listeners to call the 24/7 Addiction Hotline (ReachNJ). Messaging targets multiple resident groups, including student athletes, pregnant women, older adults, and prescribers. The campaign generated a much higher call volume at ReachNJ than before its launch.

#### **Public Education for Older Adults**

SOR supports educational programs for older adults (aged 60+) on alternatives to opioid analgesics for dealing with acute or chronic pain. The evidence-based Wellness Initiative for Senior Education (WISE) program, developed by the New Jersey Prevention Network, is the curriculum that most contracted providers use. WISE is a wellness and prevention program targeting older adults, designed to help them celebrate healthy aging, make healthy lifestyle choices, and avoid substance misuse. It provides valuable educational services to older adults on topics like medication misuse and management, stress management, depression, and substance misuse. Through SOR, the program is provided in 20 of New Jersey's 21 counties and provided training for 8,106 older adults in FY22 and FY23.

#### **Community Education – Opioid Summit**

Since SOR funding commenced, DMHAS has hosted an annual Opioid Summit, with the exception of 2020 due to the COVID-19 pandemic. In the four years the summit has been held (in-person or virtually), an average of more than 500 people have attended. Each year, the summit has consisted of a keynote speaker, state updates, panel discussions, and workshops with information on the latest trending topics of interest.

## **Overdose Reversal Efforts: Saving Lives**

New Jersey uses reduces overdoses through overdose reversal agent distribution and education.

#### **Opioid Overdose Prevention Programs**

The services for this initiative include distribution of naloxone kits and fentanyl test strips (FTS) to individuals who attend a training with one of three regional contracted providers. Across New Jersey's three regions (north, central, and south), trainings were facilitated with, but not limited to, offices of emergency management, school nurses, substance use disorder (SUD) program staff, teachers, police departments, fire departments, social services, transitional housing program staff, security guards, recovery court participants, and community mental health clinic staff.

#### **Opioid Overdose Prevention Network (OOPN)**

New Jersey's first Prescription Drug Overdose Project—OOPN—which began in fall 2016, implemented an Early Warning and Rapid Response System that enables an extensive network of practitioners and community workers in a variety of healthcare settings (e.g., federally qualified health centers, emergency departments, hospitals) to receive information when an increase in opioid overdoses affects their region. The alerts mobilize opioid overdose prevention practitioners to provide emergency response training and distribute naloxone to





at-risk individuals and their families, as well as disseminate information about addiction treatment services to the local affected communities.

A key aspect of the project involves extensive training and development of a naloxone distribution plan. In partnership with the Robert Wood Johnson School of Medicine at Rutgers University, a minimum of 3,000 individuals annually are trained to recognize an overdose and immediately take steps to address it, including administering naloxone. As a component of the training, the project distributes a minimum of 2,500 naloxone kits annually.

While the initiative reaches a broad spectrum of the adult (18 years or older) population in New Jersey, it also reaches out to programs serving individuals with specialized needs, including agencies and organizations working with justice-involved populations and offender re-entry programs, healthcare professionals, pharmacists, syringe access programs, community health centers, individuals who underwent an overdose reversal, and women's SUD providers.

#### **Naloxone Direct**

Naloxone Direct is a naloxone distribution initiative that allows local government agencies, first responders, and other eligible entities to place orders for naloxone through an online portal. Registered agencies can log into the portal and request naloxone 4mg nasal spray by the case (each case contains 12 two-dose kits). Orders received through the portal are sent to Emergent BioSolutions, the manufacturer of Narcan, who then ships the medication directly to the agency. The Naloxone Direct portal was launched in June 2022, and 122,340 kits have been distributed through September 30, 2023.

#### **DHS Naloxone 365 Program**

Naloxone 365 is a naloxone distribution initiative for individuals in the community. Launched in January 2023, DHS partnered with the New Jersey Board of Pharmacy and its Medicaid division to develop and implement this program. Individuals 14 years or older may obtain naloxone at no cost to them at participating pharmacies in New Jersey.

Naloxone 365 was launched in January 2023 and distributed 52,877 kits statewide from January 10, 2023, through September 29, 2023.

Anonymity, easy access, and free naloxone are the cornerstones of Naloxone 365. Individuals are not required to present a prescription for naloxone, nor are

they asked to provide identification, personal information, or their insurance. Simply walk into a participating pharmacy and ask the pharmacist for naloxone, and that individual will receive a package of naloxone 4mg nasal spray (two doses per package) for free.

Pharmacies must complete the New Jersey Board of Pharmacy's Naloxone Pilot Agreement to participate in the program. Once signed up, participating pharmacies procure naloxone through their normal network of wholesalers, and after dispensing, bill for reimbursement using the New Jersey Medicaid billing code. Pharmacy reimbursement for naloxone is at the current Medicaid rate. This program is funded through SOR.

#### **Rutgers Interdisciplinary Opioid Trainers (RIOT)**

Rutgers University implements RIOT through SOR. It is a train-the-trainer program where faculty train university graduate students. Rutgers University graduate students then provide free one-hour trainings (inperson or virtual) for community members and groups to educate them on the opioid epidemic in New Jersey and how to manage an overdose, and to reduce stigma and discrimination related to opioid use disorder (OUD) and MOUD. Community trainings began in early 2020. Approximately 204 students have completed the



train-the-trainer program across various Rutgers University graduate schools since the program's inception. Since 2020, 106 RIOT presentations have been held statewide with 1,674 individuals participating.

## **Implementing Harm Reduction Strategies**

New Jersey has also used SOR to support allowable harm reduction strategies.

#### FTS and Access to Reproductive Care and HIV (ARCH)

In January 2022, Governor Phil Murphy signed legislation to carve out an exception for FTS to no longer fall under the definition of drug paraphernalia (N.J.S.A. 2C:36-1). In August 2023, the state made funding available for harm reduction programs and ARCH nurse programs to disseminate FTS to individuals at the highest risk for overdose. ARCH nurses provide free specialty reproductive and HIV services to those in need, including counsel about reproductive health and reducing HIV transmission, pregnancy and STD testing, adult vaccines, safer practices, wound care consultations, and referrals for preconception, antenatal, and HIV specialty care.

#### Low-Threshold Buprenorphine Induction at Harm Reduction Centers (HRCs)

This initiative provides funds for low threshold buprenorphine induction programs at seven statewide HRCs. It expands the successful pilot implemented with the Visiting Nurse Association of Central New Jersey in 2019. HRCs have developed strong partnerships with different stakeholders in their communities and continue to prepare their workforce for MOUD treatment. All clients receive substantial harm reduction education about naloxone, fentanyl, and xylazine.

## **Increasing Access to Treatment**

New Jersey has used SOR to enhance access to OUD treatment by expanding service hours at opioid treatment programs, partnering with university clinics to increase MOUD access, and implementing a MOUD mobile program.

#### **Expanded Hour Opioid Treatment Program (OTP)**

In March 2021, DHS launched an expanded hour and same-day service initiative to increase MOUD access by expanding the hours at OTPs. The program's intent is to provide low-barrier, on-demand MOUD followed by treatment or referral to ongoing care for individuals with OUD. This program was implemented in six OTPs. Since 2021, the extended hours have led to a significant increase in access to services, and contracted programs have provided MOUD to 1,468 individuals. Those struggling to maintain employment are now able to do so while also engaging in treatment during more convenient hours.



#### **Ambulatory Treatment and MOUD Services**

DHS established a memorandum of agreement with Rutgers University and Rowan University to provide MOUD and other ancillary services for individuals with OUD who are below 350% of the federal poverty level but not eligible for Medicaid at their university clinics. Both university clinics help patients complete Medicaid applications and have successfully enrolled individuals in Medicaid. Although some patients may have a short stay under SOR funding, this program has been a bridge to connect individuals to MOUD.





#### **Evidence-Based Practices (EBP) Training**

The EBP training initiative includes motivational interviewing, cognitive behavioral therapy, and solution-focused therapy training to assist agencies in delivering evidence-based practice modalities. The initiative's purpose is to improve agency services provision and enhance clinical staff skills in practicing therapeutic approaches that ensure meaningful outcomes for the individuals they serve. The contracted training entity has completed all required technical assistance services, executive consultation, training, coaching, fidelity monitoring, and sustainability planning with agencies throughout New Jersey. Since the program's start, 27 agencies have successfully participated. The contractor also worked with the agencies to create sustainability plans that will significantly improve policies and procedures and continue to implement services and quality workforce development plans for new employees.

#### **Mobile MOUD Program**

DMHAS contracted with two agencies to implement an initiative that will allow them to travel to communities on a regular basis to provide low-threshold medication services to people with SUD who encounter obstacles to receiving services at traditional brick-and-mortar treatment agencies. Both contracted agencies have successfully outfitted their mobile access vehicles and designed schedules and routes that respond to changing needs in their service area. Both agencies are working with the New Jersey Department of Health Certificate of Need and Licensing to attain an OTP license. While staffing up, they have conducted extensive surveying of areas of greatest need, which they have used to design routes and schedules and gain trust in the community. The contracted agencies have leveraged tremendous support from municipal and county government, as well as public safety.

## Supporting Long-Term Recovery

New Jersey has used SOR to assist individuals in recovery by expanding recovery support services in emergency departments, developing telephonic peer support services, implementing regional programs for family support services, and expanding recovery housing and other peer support services.

#### **Opioid Overdose Recovery Program (OORP)**

Recovery specialists and patient navigators provide nonclinical assistance, recovery support, and appropriate referrals for assessment and SUD treatment for individuals reversed from an opioid overdose and treated at hospital emergency departments. OORPs maintain contact and follow-up with individuals for at least eight weeks and are on-call a minimum of 84 hours per week. SOR-funded OORPs are operating in emergency departments in ten New Jersey counties. Between October 1, 2018, and September 30, 2023, 4,189 individuals who were reversed from an opioid overdose and seen at a participating emergency department were served by the SOR-funded OORP.

#### **Telephone Recovery Support (TRS)**

TRS is a peer check-in service where staff offer support and peer coaching. TRS also provides local recovery support information and resources, such as self-help meetings, food pantries, sober living, or services, as needed. Individuals discharged from SUD treatment with OUD and those trying to maintain recovery from OUD receive weekly phone calls from trained staff and volunteers who provide support, encouragement, and information on recovery resources.





#### Family Support Center (FSC)

The FSC initiative supports three regional programs that provide family support services to family members of individuals with OUD or StUD. FSCs offer virtual and safe-distancing resources to families seeking information on SUD recovery resources, inform families about naloxone training, link families to support resources, facilitate community reinforcement and family training model support groups, educate parents on navigating the treatment system, and provide direct family peer one-on-one and group support.

#### **Community Peer Recovery Centers (CPRCs)**

CPRCs provide peer support recovery services and activities to the community that include, but are not limited to, access to resources on SUD and mental health, MOUD, and naloxone training and kits. Peer recovery coaching is available at each recovery center to help individuals develop personal recovery plans and access safe social events and activities, mutual support groups, wellness activities, and special programs to address issues and concerns. CPRCs stress multiple pathways of recovery to help maintain and sustain recovery capital and overall quality of life among people who participate in recovery community center services.

New Jersey has achieved the goal of having at least one CPRC in each of its 21 counties, with SOR funding to help start new or enhance existing CPRCs. Since inception, CPRCs have provided services for more than 26,000.

#### **Oxford House Outreach**

SOR-funded Oxford House, Inc. recruited, hired, and trained six outreach staff. These staff focus solely on naloxone and MOUD education for those in recovery from OUD. Staff have helped expand the availability of beds for people with OUD by challenging recovery biases and educating members on overdose reversal. Additionally, the staff educate Oxford House members and Oxford House contract staff. Education includes up-to-date resources and information on the prevention and treatment of opioid misuse so house members and Oxford House contract staff can easily access resources and understand issues related to opioid misuse.

#### **Recovery Specialist Training**

This initiative builds capacity in the New Jersey peer workforce by providing professional development opportunities for peers. Peer workers can complete the DMHAS three-day required ethics training or the Connecticut Community Addiction Recovery (CCAR) five-day Recovery Coach Academy to satisfy the certified peer recovery specialist education requirement. New Jersey Prevention Network's success in carrying out the training shows the agency's ability to be flexible, offering in-person and virtual training options, as well as weekend trainings.

In addition to the initial training, New Jersey Prevention Network offers specialty training. These trainings are collaboratively designed with input from DMHAS, collaborating agencies, national representatives, peer recovery specialists, and other professional stakeholders to enhance the professional skills and knowledge of people working with individuals impacted by OUD and StUD. Training topics include, but are not limited to, co-occurring disorders, harm reduction pathways, law enforcement and peer specialists, and power and privilege.





## Reaching & Serving Populations of Focus

New Jersey has identified subpopulations for targeted initiatives: young adults in higher education and people in criminal justice settings.

#### **Collegiate Recovery**

DMHAS provided SOR funding to six state institutions of higher education. The funding enabled them to support students in recovery from SUD, students at risk of developing SUD, and students not in recovery who choose not to use alcohol and drugs. Funds enabled the development of a supportive community that promotes physical, psychological, social, and spiritual health. By providing this support, it is easier for a student who is in recovery to thrive in the college setting and work toward their academic goals.

Through this initiative in FY23 alone, 1,983 students received individual or group recovery support services and 43 students resided in recovery residences.

#### **County Correction Facilities MOUD Program and Reentry Services**

DMHAS continues to support MOUD for inmates in 20 New Jersey county jails. The funding provides FDA-approved medications, including methadone, buprenorphine, naltrexone, and extended-release naltrexone (Vivitrol). SOR resources supported the MOUD initiative in four county jails. MOUD is initiated in the correctional facilities and individuals are connected to community-based MOUD programs for maintenance. Case managers at county jails conduct intake assessments and establish pre-release plans for needed services in the community.

#### Support Team for Addiction Recovery (STAR) and Jail Expansion

Community STAR teams provide both case management and recovery support services to individuals with OUD or StUD who are currently at risk of overdose. As of September 30, 2023, there was a STAR program operating in each of New Jersey's 21 counties. Services are provided either virtually or in-person. Furthermore, the original 10 counties that received STAR funds were provided additional funding, through the STAR Jail Expansion program, to offer case management and recovery support services for individuals who were about to be or who were recently released from county jail to help navigate the transition back to civilian life. Since inception of the STAR program and the STAR Jail Expansion program, 4,120 individuals have received services through September 29, 2023.



About the Opioid Response Network (ORN): ORN is a group of diverse individuals and organizations working collaboratively to address the opioid and stimulant crisis. Funded by SAMHSA's SOR/Tribal Opioid Response (TOR) Technical Assistance (TA) grant, ORN works with states, health professionals, community organizations, the justice system, and individuals in all 50 states and nine territories to provide education and training. Visit the ORN website <a href="here">here</a> or request training or TA here.

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