

HARM REDUCTION		
Request	County	Proposal
Request # 05117033	ATLANTIC	New Jersey DHS must prioritize the following: Affordable and accessible treatment. We need evidence-based treatment facilities, compliant supportive housing, and harm reduction measures across under-resourced rural and suburban regions of NJ. We need free Narcan vending machines in areas with high densities of overdose and in prisons for people upon release. Those without reliable transportation should benefit from mobile units that hand out MAT on site. EBT/SNAP-style money cards or specific service vouchers must be available so everyone, particularly people with Medicaid, Medicare, or no insurance, can afford treatment and transportation. Appropriate care. Case managers and peer recovery advocates should be available at the beginning of recovery by accompanying first responders to
Request # 05117068	ATLANTIC	New Jersey DHS must prioritize the following: Affordable and accessible treatment. We need evidence-based treatment facilities, compliant supportive housing, and harm reduction measures across under-resourced rural and suburban regions of NJ. We need free Narcan vending machines in areas with high densities of overdose and in prisons for people upon release. Those without reliable transportation should benefit from mobile units that hand out MAT on site. EBT/SNAP-style money cards or specific service vouchers must be available so everyone can afford treatment and transportation. Appropriate care. Case managers and peer recovery advocates should be available at the beginning of recovery by accompanying first responders to overdose calls and supporting patients stabilizing in hospitals

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Request # 05117216	ATLANTIC	Jersey DHS must prioritize the following: Affordable and accessible treatment. We need evidence-based treatment facilities, compliant supportive housing, and harm reduction measures across under-resourced rural and suburban regions of NJ. We need free Narcan vending machines in areas with high densities of overdose and in prisons for people upon release. Those without reliable transportation should benefit from mobile units that hand out MAT on site. EBT/SNAP-style money cards or specific service vouchers must be available so everyone, particularly people with Medicaid, Medicare, or no insurance, can afford treatment and transportation.
Request # 05097012	BERGEN	1/2 the \$\$ should go to harm reduction. This prevents deaths. And many people age out of drug use. I say this because I know someone who lives in Georgia and she's shared her experiences with me.. She's a nurse, and her daughter used to be an addict. She now runs an organization where she goes out once a week into her town and offers people in narcon, clean needles, advice on how to inject safely, and also ways to determine the amount of fentanyl in the substance the user is ingesting. She has saved many lives, and at least 17 people who she has worked with are now abstinent. She has also saved lives being on the phone tree "Never Use Alone." In other words if someone is using alone, they call this hotline and stay with the answerer in case they pass out. If that happens, medica
Request # 05096813	BERGEN	Passing out Narcan kits and fentanyl identifiers

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Request # 05117194	BERGEN	New Jersey DHS must prioritize the following: Affordable and accessible treatment. Many people, due to the Pandemic, resorted to drugs to ease restrictions. We need evidence-based treatment facilities, compliant supportive housing, and harm reduction measures across under-resourced rural and suburban regions of NJ. We need free Narcan vending machines in areas with high densities of overdose and in prisons for people upon release. Those without reliable transportation should benefit from mobile units that hand out MAT on site. EBT/SNAP-style money cards or specific service vouchers must be available so everyone, particularly people with Medicaid, Medicare, or no insurance, can afford treatment and transportation. Appropriate care. Case managers and peer recovery advocates should be a
Request # 05117199	BERGEN	Affordable and accessible treatment. We need evidence-based treatment facilities, compliant supportive housing, and harm reduction measures across under-resourced rural and suburban regions of NJ. We need free Narcan vending machines in areas with high densities of overdose and in prisons for people upon release. Those without reliable transportation should benefit from mobile units that hand out MAT on site. EBT/SNAP-style money cards or specific service vouchers must be available so everyone, particularly people with Medicaid, Medicare, or no insurance, can afford treatment and transportation. Appropriate care. Case managers and peer recovery advocates should be available at the beginning of recovery by accompanying first responders to overdose calls and supporting patients stabilizing

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Request # 05117075	BERGEN	The important priorities in the use of these funds are affordable and accessible treatment for all who need it—in no particular order, (1) evidence-based treatment, compliant supportive housing, and harm reduction measures across under-resourced rural and suburban regions of NJ, with free Narcan vending machines in areas of high drug use, including prisons for reentering citizens. Mobile MAT units are important for those without reliable transportation; (2) appropriate care, including peer recovery advocates and case managers accompanying first responders to overdose calls and for supporting patients stabilizing in hospitals for proper care from the beginning, as well as syringe-access programs; and (3) community resources, including Recovery Community Organizations that offer safe space
Request # 05097228	BERGEN	As a pharmacist, we should have authorization to dispense Naloxone to at risk patients and family members. Utilize pharmacies to educate public.
Request # 05096966	BURLINGTON	Narcotics anonymous
Request # 05099108	BURLINGTON	NJ law needs to change so that it's a requirement to get help for anyone in crisis, or it's a chargeable offense. Right now you can let anyone die as long as they aren't your child or spouse and that's immoral. My 20 year old daughter was allowed to die by her bf from all overdose when he waited 6 hours to call for help and he walks free. Changing this law will assist the entire state of NJ and every citizen in NJ. Narcan should be free at pharmacy's for those at risk or have loved ones at risk, not just through insurance. It would have saved my child's life. MAT treatment needs to be available more readily online, and be covered through special funds for those unable to get insurance or pay out of pocket. Suboxone saved my life. Doctors need to be held accountable for over prescribi

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Request # 05117185	CAMDEN	Affordable and accessible treatment. We need evidence-based treatment facilities, compliant supportive housing, and harm reduction measures across under-resourced rural and suburban regions of NJ. We need free Narcan vending machines in areas with high densities of overdose and in prisons for people upon release. Those without reliable transportation should benefit from mobile units that hand out MAT on site. EBT/SNAP-style money cards or specific service vouchers must be available so everyone, particularly people with Medicaid, Medicare, or no insurance, can afford treatment and transportation.
Request # 05110425	ESSEX	I am writing as a citizen of New Jersey as well as Director of Drug Policy at Open Society Foundations, where for decades I've promoted drug policies based on public health and human rights. I encourage NJ to invest opioid settlement monies in programs we know work to reduce overdose: - expansion of syringe service programs (SSPs). We have a mere half-dozen programs, which is severely inadequate. SSPs are an on-ramp to care for people who use drugs. Besides providing sterile supplies to reduce blood-borne diseases, they also provide the most effective access to naloxone and connect people to treatment. Additionally, with a tainted drug supply, SSPs in other states have begun offering drug checking with Fourier-transform infrared spectroscopy (FTIR). These machines allow people to te
Request # 05098170	ESSEX	- New Jersey needs to invest in community responder models that DO NOT involve law enforcement in overdose response. - Support the work of NCST's Overdose Response Team (the first in the state). - Support community-led harm reduction programs. -NCST and University Hospital can be used to provide training and technical assistance for community-led Overdose Response Teams throughout the state.
Request # 05098475	ESSEX	we are in need of harm reduction and overdoes prevention

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Request # 05098742	ESSEX	- New Jersey needs to invest in community responder models that DO NOT involve law enforcement in overdose response and harm reduction. - Support the work of NCST's Overdose Response Team (the first in the state). - Support community-led harm reduction programs. - NCST and University Hospital can be used to provide training and technical assistance for community-led Overdose Response Teams throughout the state.
Request # 05098755	ESSEX	Please Fund Our Program! So we can continue the great work we already doing.....DJ
Request # 05117061	ESSEX	New Jersey DHS must prioritize the following: Affordable and accessible treatment. We need evidence-based treatment facilities, compliant supportive housing, and harm reduction measures across under-resourced rural and suburban regions of NJ. We need free Narcan vending machines in areas with high densities of overdose and in prisons for people upon release. Those without reliable transportation should benefit from mobile units that hand out MAT on site. EBT/SNAP-style money cards or specific service vouchers must be available so everyone can afford treatment and transportation. Appropriate care. Case managers and peer recovery advocates should be available at the beginning of recovery by accompanying first responders to overdose calls and supporting patients stabilizing in hospitals
Request # 05108818	ESSEX	The Use of an Emergency Department Peer Navigator Program (EDPN) to Provide Linkage to Medication for Opioid Use Disorder (MOUD) and Harm Reduction Services to Ultimately Improve Clinical Outcomes and Quality of Life Measures Summary: Our Emergency Department Peer Navigator Program (EDPN) is a collaborative effort between the Departments of Emergency Medicine, Psychiatry, Internal Medicine, and Infectious Disease in order to provide robust addiction care and recovery support services for patients from Essex County by providing linkage to clinics providing medication for opioid use disorder (MOUD), harm reduction, and social support services. The population we serve are overwhelmingly resource limited, with high rates of illicit drug use, poverty, homelessness, financial instability, an

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Request # 05115628	HUDSON	Partners in Prevention's PROPOSAL GOAL, with partnerships with RWJ Barnabas Hospital System, Hudson Pride Center, and the County of Hudson's Department of Health and Human Services, is to enhance community-based overdose prevention programs, the availability of harm reduction supplies, and other harm reduction services to help control the spread of infectious diseases and the consequences of such diseases for individuals with, or at risk of developing, substance use disorders and HIV and other STIs as well as reduce negative personal and public health impacts as a result of substance use and misuse. The TARGET POPULATION SERVED is populations in need of harm reduction services (e.g. opioid/heroin/fentanyl substance users, those in need of PrEP such as some members of the LGBTQ+ communit
Request # 05117025	HUDSON	New Jersey DHS must prioritize the following: Affordable and accessible treatment. We need evidence-based treatment facilities, compliant supportive housing, and harm reduction measures across under-resourced rural and suburban regions of NJ. We need free Narcan vending machines in areas with high densities of overdose and in prisons for people upon release. Those without reliable transportation should benefit from mobile units that hand out MAT on site. EBT/SNAP-style money cards or specific service vouchers must be available so everyone, particularly people with Medicaid, Medicare, or no insurance, can afford treatment and transportation. Appropriate care. Case managers and peer recovery advocates should be available at the beginning of recovery by accompanying first responders to
Request # 05117586	HUDSON	Please see attached
Request # 05096867	HUNTERDON	Broadly, please invest more in harm reduction and saving lives, less in programs that don't work

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Request # 05117508	HUNTERDON	• Harm Reduction: Bold investment in evidence-based harm reduction services, training, and infrastructure development. This includes the expansion of the Department of Health’s Harm Reduction Center (also known as syringe access program) program to 21 counties; pilot programs to introduce overdose prevention sites (also known as safe use sites) to New Jersey, following the model of New York City; and expanded availability of naloxone and fentanyl testing strips to people who use drugs, their friends and family, and community providers. • Funding Equity: Enhancing existing funding and creating new funding mechanisms that ensure communities most impacted by the overdose epidemic and war on drugs are adequately funded. Additionally, because small recovery community organizations and community
Request # 05117081	HUNTERDON	New Jersey DHS must prioritize the following: Affordable and accessible treatment. We need evidence-based treatment facilities, compliant supportive housing, and harm reduction measures across under-resourced rural and suburban regions of NJ. We need free Narcan vending machines in areas with high densities of overdose and in prisons for people upon release. Those without reliable transportation should benefit from mobile units that hand out MAT on site. EBT/SNAP-style money cards or specific service vouchers must be available so everyone, particularly people with Medicaid, Medicare, or no insurance, can afford treatment and transportation. Appropriate care. Case managers and peer recovery advocates should be available at the beginning of recovery by accompanying first responders to

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Request # 05117186	HUNTERDON	New Jersey DHS must prioritize the following: Affordable and accessible treatment. We need evidence-based treatment facilities, compliant supportive housing, and harm reduction measures across under-resourced rural and suburban regions of NJ. We need free Narcan vending machines in areas with high densities of overdose and in prisons for people upon release. Those without reliable transportation should benefit from mobile units that hand out MAT on site. EBT/SNAP-style money cards or specific service vouchers must be available so everyone, particularly people with Medicaid, Medicare, or no insurance, can afford treatment and transportation. Appropriate care. Case managers and peer recovery advocates should be available at the beginning of recovery by accompanying first responders to
Request # 05117190	HUNTERDON	New Jersey DHS must prioritize the following: Affordable and accessible treatment. We need evidence-based treatment facilities, compliant supportive housing, and harm reduction measures across under-resourced rural and suburban regions of NJ. We need free Narcan vending machines in areas with high densities of overdose and in prisons for people upon release. Those without reliable transportation should benefit from mobile units that hand out MAT on site. EBT/SNAP-style money cards or specific service vouchers must be available so everyone, particularly people with Medicaid, Medicare, or no insurance, can afford treatment and transportation. Appropriate care. Case managers and peer recovery advocates should be available at the beginning of recovery by accompanying first responders to

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Request # 05117213	HUNTERDON	New Jersey DHS must prioritize the following: Affordable and accessible treatment. We need evidence-based treatment facilities, compliant supportive housing, and harm reduction measures across under-resourced rural and suburban regions of NJ. We need free Narcan vending machines in areas with high densities of overdose and in prisons for people upon release. Those without reliable transportation should benefit from mobile units that hand out MAT on site. EBT/SNAP-style money cards or specific service vouchers must be available so everyone, particularly people with Medicaid, Medicare, or no insurance, can afford treatment and transportation. Appropriate care. Case managers and peer recovery advocates should be available at the beginning of recovery by accompanying first responders to over
Request # 05103764	MERCER	Professional and community education regarding harm reduction. We could offer a certificate in harm reduction for nursing, public health and mental health professionals. We could also provide community education regarding the benefits of harm reduction. This certificate need to be linked to an actual degree, but rather be free standing. We could partner with hospitals to train staff, counties to train providers, etc. By making the course asynchronous and online we can both meet the diverse scheduling needs of these populations and bring expert lectures globally to the courses. The development and implementation would be collaborative with faculty at TCNJ in these departments and the NJ Harm Reduction Coalition. Community education would be held virtually statewide through Prevention Coalit
Request # 05096865	MERCER	Focus money and time on recovery, housing, and long term options for addicts. Less time and money on limiting doctors prescribing because that is only hurting the non abusers by making it nearly impossible for them to get their needed prescriptions as doctors are so afraid to prescribe to anyone for fear of losing their license.

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Request # 05117215	MERCER	New Jersey DHS must prioritize the following: Affordable and accessible treatment. We need evidence-based treatment facilities, compliant supportive housing, and harm reduction measures across under-resourced rural and suburban regions of NJ. We need free Narcan vending machines in areas with high densities of overdose and in prisons for people upon release. Those without reliable transportation should benefit from mobile units that hand out MAT on site. EBT/SNAP-style money cards or specific service vouchers must be available so everyone, particularly people with Medicaid, Medicare, or no insurance, can afford treatment and transportation. Appropriate care. Case managers and peer recovery advocates should be available at the beginning of recovery by accompanying first responders to
Request # 05117869	MIDDLESEX	Supervised consumption sites (SCS) modeled on international and domestic examples of successful reduction in overdose rates and overdose reversals. For budgeting, an SCS in Toronto cost \$4.1 million and resulted in favorable ratios of quality-adjusted life years to dollars spent; favorable investment analysis occurred in Ottawa as well (Enns et al., 2016). Two proposed locations in Camden and Essex County, two of New Jersey's counties most affected by the opioid and substance overdose epidemic. References and more details available in the uploaded PDF proposal. Authors' information available upon request.
Request # 05117875	MIDDLESEX	The contained proposal is for syringe services programs in each county in New Jersey. For equity of access, cities with a population that exceeds 75,000 people can receive one SSP for each factor of 75,000 residents, with a ceiling of three SSPs per city. Estimates for yearly operating costs can range from \$400,000 for a small rural SSP (serving 250 clients) to \$1.9 million for a large urban SSP (serving 2,500 clients) (Teshale et al., 2019) and approximately \$407,000 per year for an academic medical center-based SSP (Bartholomew et al., 2021). To counter issues related to 'not in my backyard' (NIMBY), offerings for a given county or city can include mobile SSPs, which have estimated operating costs of approximately \$311,000 per year (Bartholomew et al., 2021). References and more details

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Request # 05099002	MIDDLESEX	The workforce in NJ employed in recovery and support services, harm reduction and overdose prevention, and prevention, education, and diversion initiatives needs to be well funded and supported. The work of these individuals can be taxing on a physical, emotional and psychological level. Wages and compensation for this workforce should be adequate to compete with private sector jobs. It is imperative to recruit and retain skilled individuals for this workforce. It is also necessary to create a sustainable training and career path for individuals that are interested in this difficult work. In addition to sufficient wage compensation, this workforce needs benefits such as sufficient paid time off, work schedule flexibility, and access to mental health services, to alleviate the emot
Request # 05097137	MIDDLESEX	-repeat the free Narcan distribution weekends to the general public. -provide funding for pharmacies to distribute Narcan to interested family members without insurance or copay -make Narcan vending machines available at NJ college campuses
Request # 05097215	MIDDLESEX	A proposal I would like to submit involves monitoring Narcan use by EMS/PD as well as overdose death data. With deaths per day just a bit under 10, there should be some more real time response as non fatal and fatal overdoses occur. I would think that opioid response teams could be set up in all counties should a heavy concentration of overdoses occur. Once small clusters are identified, besides working the name/type of drug currently in place, these teams could be dispatched with Narcan kits. Maybe even in a small response van/truck into the specific area/neighborhood. These vans can provide the life saving medication but also act as a resource to get people into treatment programs. In addition, a law enforcement officer/detective could be present to help facilitate information gathering.

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Request # 05117200	MIDDLESEX	New Jersey DHS must prioritize the following: Affordable and accessible treatment. We need evidence-based treatment facilities, compliant supportive housing, and harm reduction measures across under-resourced rural and suburban regions of NJ. We need free Narcan vending machines in areas with high densities of overdose and in prisons for people upon release. Those without reliable transportation should benefit from mobile units that hand out MAT on site. EBT/SNAP-style money cards or specific service vouchers must be available so everyone, particularly people with Medicaid, Medicare, or no insurance, can afford treatment and transportation. Appropriate care. Case managers and peer recovery advocates should be available at the beginning of recovery by accompanying first responders to
Request # 05117212	MIDDLESEX	I encourage New Jersey DHS to prioritize the following: 1. Affordable and accessible treatment is critical, through evidence-based treatment facilities, compliant supportive housing, and harm reduction measures across under-resourced rural and suburban regions of NJ. Free Narcan vending machines should be considered in areas with high densities of overdose and in prisons for people upon release. Those without reliable transportation should benefit from mobile units that hand out MAT on site. EBT/SNAP-style money cards or specific service vouchers must be available so everyone, particularly people with Medicaid, Medicare, or no insurance, can afford treatment and transportation. 2. Appropriate care must be provided, with support toward ensuring case managers and peer recovery advocates ar
Request # 05097694	MONMOUTH	purchase Naloxone for EMS agencies. Do not limit to 4mg dose. Some use 2mg prefilled syringes. Fund OD outreach teams. MonCo has one through the sheriff's office b8ut it needs to do more. There needs to be a response directly to patients who are woken up with Narcan with little delay.

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Request # 05117031	MONMOUTH	New Jersey DHS must prioritize the following: Affordable and accessible treatment. We need evidence-based treatment facilities, compliant supportive housing, and harm reduction measures across under-resourced rural and suburban regions of NJ. We need free Narcan vending machines in areas with high densities of overdose and in prisons for people upon release. Those without reliable transportation should benefit from mobile units that hand out MAT on site. EBT/SNAP-style money cards or specific service vouchers must be available so everyone, particularly people with Medicaid, Medicare, or no insurance, can afford treatment and transportation. Appropriate care. Case managers and peer recovery advocates should be available at the beginning of recovery by accompanying first responders to
Request # 05117244	MONMOUTH	Expand Street Crisis Response Teams: Modeled on San Francisco's Street Crisis Response Team (https://abc7news.com/sf-first-street-crisis-response-team-mental-health-addiction-911-calls/8390976/) and building on work in New Jersey by Salvation and Social Justice (https://www.nj.com/opinion/2021/05/our-next-battle-reducing-police-interaction-in-drug-and-mental-health-issues-opinion.html) and the Newark Community Street Team, this opportunity would fund teams including a behavioral health clinician, peer specialist, and medical professional. The teams would respond to non-violent mental health and addiction-related 911 calls and connect individuals with behavioral health support, on-scene counseling, and/or ambulance transport. The program would be designed to reduce law enforcement involvement
Request # 05104141	MORRIS	Retired Captain, East Hanover Police Reserve With the thought of being able to quickly provide/administer to family, friends, visitors, neighbors Narcan as needed for treatment of potential accidental overdose. With fentanyl and other opioids all around us in many hidden forms looking to be prepared in any event. No identified individual(s) needing at this moment. Suggest State handing out Narcan dose(s) to families/addresses as requested similar to the way Covid Home Tests were sent to requesting parties/addresses by Fed Gov. Thanks for your consideration !

New Jersey Opioid Remediation Portal Submissions

Request # 05096801	MORRIS	More needle exchanges
Request # 05117197	MORRIS	New Jersey DHS must prioritize the following: Affordable and accessible treatment. We need evidence-based treatment facilities, compliant supportive housing, and harm reduction measures across under-resourced rural and suburban regions of NJ. We need free Narcan vending machines in areas with high densities of overdose and in prisons for people upon release. Those without reliable transportation should benefit from mobile units that hand out MAT on site. EBT/SNAP-style money cards or specific service vouchers must be available so everyone, particularly people with Medicaid, Medicare, or no insurance, can afford treatment and transportation. Appropriate care. Case managers and peer recovery advocates should be available at the beginning of recovery by accompanying first responders to
Request # 05101854	MORRIS	To whom it may concern: My name is Michael Koroski and I am the Chief of Police in Morris Plains, Morris County. I have had both the pleasure and honor to work with Sheriff James Gannon and his personnel on the many opioid initiatives they have created. The mobile addiction service, Hope One, and its sister program, The Hope Hub, have proved to be invaluable resources for Morris County. Both of these ventures have not only aided individuals and families with addiction, but they have helped change the face of law enforcement in this State. More and more, people are turning to law enforcement for support and resources rather than viewing us as adversaries. This is in great part to the work of the Morris County Sheriff's, who you can continue to provide pivotal services with your financial s

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Request # 05117015	OCEAN	New Jersey DHS must prioritize the following: Affordable and accessible treatment. We need evidence-based treatment facilities, compliant supportive housing, and harm reduction measures across under-resourced rural and suburban regions of NJ. We need free Narcan vending machines in areas with high densities of overdose and in prisons for people upon release. Those without reliable transportation should benefit from mobile units that hand out MAT on site. EBT/SNAP-style money cards or specific service vouchers must be available so everyone, particularly people with Medicaid, Medicare, or no insurance, can afford treatment and transportation. Appropriate care. Case managers and peer recovery advocates should be available at the beginning of recovery by accompanying first responders to
Request # 05117017	OCEAN	New Jersey DHS must prioritize the following: Affordable and accessible treatment. We need evidence-based treatment facilities, compliant supportive housing, and harm reduction measures across under-resourced rural and suburban regions of NJ. We need free Narcan vending machines in areas with high densities of overdose and in prisons for people upon release. Those without reliable transportation should benefit from mobile units that hand out MAT on site. EBT/SNAP-style money cards or specific service vouchers must be available so everyone, particularly people with Medicaid, Medicare, or no insurance, can afford treatment and transportation. Appropriate care. Case managers and peer recovery advocates should be available at the beginning of recovery by accompanying first responders to

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Request # 05117022	OCEAN	New Jersey DHS must prioritize the following: Affordable and accessible treatment. We need evidence-based treatment facilities, compliant supportive housing, and harm reduction measures across under-resourced rural and suburban regions of NJ. We need free Narcan vending machines in areas with high densities of overdose and in prisons for people upon release. Those without reliable transportation should benefit from mobile units that hand out MAT on site. EBT/SNAP-style money cards or specific service vouchers must be available so everyone, particularly people with Medicaid, Medicare, or no insurance, can afford treatment and transportation. Appropriate care. Case managers and peer recovery advocates should be available at the beginning of recovery by accompanying first responders to
Request # 05117067	OCEAN	New Jersey DHS must prioritize the following: Affordable and accessible treatment. We need evidence-based treatment facilities, compliant supportive housing, and harm reduction measures across under-resourced rural and suburban regions of NJ. We need free Narcan vending machines in areas with high densities of overdose and in prisons for people upon release. Those without reliable transportation should benefit from mobile units that hand out MAT on site. EBT/SNAP-style money cards or specific service vouchers must be available so everyone can afford treatment and transportation. Appropriate care. Case managers and peer recovery advocates should be available at the beginning of recovery by accompanying first responders to overdose calls and supporting patients stabilizing in hospitals. Al

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Request # 05117070	OCEAN	Affordable and accessible treatment. We need evidence-based treatment facilities, compliant supportive housing, and harm reduction measures across under-resourced rural and suburban regions of NJ. We need free Narcan vending machines in areas with high densities of overdose and in prisons for people upon release. Those without reliable transportation should benefit from mobile units that hand out MAT on site. EBT/SNAP-style money cards or specific service vouchers must be available so everyone, particularly people with Medicaid, Medicare, or no insurance, can afford treatment and transportation. Appropriate care. Case managers and peer recovery advocates should be available at the beginning of recovery by accompanying first responders to overdose calls and supporting patients stabilizin
Request # 05117072	OCEAN	Affordable and accessible treatment. We need evidence-based treatment facilities, supportive available long term housing, and harm reduction measures across under-resourced rural and suburban regions of New Jersey..especially Southern NJ.
Request # 05117078	OCEAN	New Jersey DHS must prioritize the following: Affordable and accessible treatment. We need evidence-based treatment facilities, compliant supportive housing, and harm reduction measures across under-resourced rural and suburban regions of NJ. We need free Narcan vending machines in areas with high densities of overdose and in prisons for people upon release. Those without reliable transportation should benefit from mobile units that hand out MAT on site. EBT/SNAP-style money cards or specific service vouchers must be available so everyone can afford treatment and transportation. Appropriate care. Case managers and peer recovery advocates should be available at the beginning of recovery by accompanying first responders to overdose calls and supporting patients stabilizing in hospitals. Al

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Request # 05117079	OCEAN	Affordable and accessible treatment. We need evidence-based treatment facilities, compliant supportive housing, and harm reduction measures across under-resourced rural and suburban regions of NJ. We need free Narcan vending machines in areas with high densities of overdose and in prisons for people upon release. Those without reliable transportation should benefit from mobile units that hand out MAT on site. EBT/SNAP-style money cards or specific service vouchers must be available so everyone, particularly people with Medicaid, Medicare, or no insurance, can afford treatment and transportation. Appropriate care. Case managers and peer recovery advocates should be available at the beginning of recovery by accompanying first responders to overdose calls and supporting patients stabilizin
Request # 05117217	OCEAN	Affordable and accessible treatment. We need evidence-based treatment facilities, compliant supportive housing, and harm reduction measures across under-resourced rural and suburban regions of NJ. We need free Narcan vending machines in areas with high densities of overdose and in prisons for people upon release. Those without reliable transportation should benefit from mobile units that hand out MAT on site. EBT/SNAP-style money cards or specific service vouchers must be available so everyone, particularly people with Medicaid, Medicare, or no insurance, can afford treatment and transportation. Appropriate care. Case managers and peer recovery advocates should be available at the beginning of recovery by accompanying first responders to overdose calls and supporting patients stabilizin

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Request # 05117219	OCEAN	New Jersey DHS must prioritize the following: Affordable and accessible treatment. We need evidence-based treatment facilities, compliant supportive housing, and harm reduction measures across under-resourced rural and suburban regions of NJ. We need free Narcan vending machines in areas with high densities of overdose and in prisons for people upon release. Those without reliable transportation should benefit from mobile units that hand out MAT on site. EBT/SNAP-style money cards or specific service vouchers must be available so everyone, particularly people with Medicaid, Medicare, or no insurance, can afford treatment and transportation. Appropriate care. Case managers and peer recovery advocates should be available at the beginning of recovery by accompanying first responders to
Request # 05117096	OCEAN	While the state of New Jersey has made more of an effort through regulation and legislation to expand access to the life-saving overdose-reversing drug, naloxone, access can be even expanded further through the use of naloxone vending machines. A number of cities have instituted this program, including New York and Philadelphia, as well as Las Vegas, San Diego, and Detroit. We recommend a portion of the opioid settlement funds be used to implement such a program in New Jersey. The goal with any harm reduction method is to save lives. Only if people's lives are saved is there any possibility for treatment and recovery. Naloxone vending machines are an additional tool in the arsenal to potentially save more lives and an appropriate use of the opioid settlement funds. We leave it to the ex
Request # 05098552	OUTSIDE NJ	- New Jersey needs to invest in community responder models that DO NOT involve law enforcement in overdose response and harm reduction. - Support the work of NCST's Overdose Response Team (the first in the state). - Support community-led harm reduction programs. -NCST and University Hospital can be used to provide training and technical assistance for community-led Overdose Response Teams throughout the state.
Request # 05116921	OUTSIDE NJ	Please see attached comment letter from Partnership to End Addiction. Thank you for the opportunity to submit comments.

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Request # 05102532	PASSAIC	The city of Paterson is the epicenter of the opioid epidemic and it appears that officials continue to miss the mark when it comes to resolving the issue at its core. In my experience as a social support professional in this city, here is what is working: Harm Reduction SAP initiatives. One of the biggest problems that my clients face when seeking treatment options is lack of identification. This has also been a barrier to finding permanent supportive housing solutions which is a contributing factor to continued substance abuse. In my professional opinion, the Opioid Settlement Fund should be used to enforce Harm Reduction efforts including mobile units that can provide services to clients in the most accessible way possible. The people employed for this initiative should be compensated fa
Request # 05117866	SOMERSET	Requesting \$180,000 to put first aid boxes in the girls/boys bathrooms and locker rooms, that hold Narcan. line items: Cost of Unit\$\$\$5,000 Installation\$\$\$5,000 Assembly Training\$\$\$0 Narcan\$\$\$5,000 Approval Costs\$\$\$5,000 No. of Public Schools\$\$\$9 Total estimated costs\$\$\$180,000 This allows students to use if needed, or, to take for personal use if needed.
Request # 05118037	SOMERSET	Recommendations are enclosed as a file upload, below.
Request # 05098744	SOMERSET	Safe or supervised consumption sites and free mental health services for people who use drugs and their families. As a mental health clinician who caters to people who use drugs, I see and hear from my client every day that they and their friends and family who use are in need of a supervised location to use. Some concerns they have shared with me are be very fearful that they will overdose because they use drugs alone. My clients have also been in desperate need of mental health services. People who use drugs are more likely to have experienced multiple traumas throughout their lives, and will experience more. Most of them have never spoken to anyone about these traumas or their drug use and are suffering, which in turn keeps them addicted to substances. I would estimate that harm reducti

New Jersey Opioid Remediation Portal Submissions

Request # 05107455	SUSSEX	MULTIPLE DHS FREE NALOXONE DISTRIBUTION DAYS MULTI-COUNTY SAFE CONSUMPTION SITES NALOXONE VENDING MACHINES ACCESS TO CLEAN STERILE SYRINGES CONVERSION OF ABANDONED MOTEL AND HOTEL SPACE TO FREE PUBLIC HOUSING FOR PEOPLE OF COLOR, FAMILIES, HOMELESS, TRANSIENT POPULATIONS TRAINING FUNDS FOR PEER RECOVERY SPECIALISTS
Request # 05096895	SUSSEX	The goal of my proposal is to save a student's life in the event of an overdose. My concern is many students may not even realize they are taking a tainted pill and overdose accidentally. I think Narcan should be supplied free to all NJ schools on a yearly basis; it should be based on school population. I'm not sure of the cost of this life-saving program, however, currently I believe schools can order twin packs of Narcan for \$75.00. There is a program that will give the schools a free Narcan one time only after that schools have to pay. The drug problem is very serious and this young population must be saved. I would hate to have a student lost for a one-time mistake. Children and parents need to know the schools have the resources available to save their child. Please consider this very important.
Request # 05103275	UNION	Harm reduction and recovery for mental health/substance use disorder (the disease of addiction) go hand in hand. They can complement each other. No more stigma! We need to provide services in every area of this disease. We need more empathy and decriminalization of this population. We need to prevent overdoses which can be preventable not only by treatment but also through harm reduction practices and safe consumption sites and education. We focus on prevention, harm reduction and treatment/recovery services. We need to offer aid in being able to get into treatment when it is asked for and make sure there are beds ready and not a waiting list like there is in this state! There is always focus on ask for help...but that help needs to be available when sought whether through treatment,

New Jersey Opioid Remediation Portal Submissions

Request # 05097035	UNION	Provide naloxone kits to schools. Currently, while required for schools to have naloxone available in grades 7-12, replenishing expired kits is a challenge for school nurses. Funds should also be provided for training school nurses and providing materials or training modules for school staff who volunteer to be a naloxone delegate.
Request # 05117037	UNION	New Jersey DHS must prioritize the following: Affordable and accessible treatment. We need evidence-based treatment facilities, compliant supportive housing, and harm reduction measures across under-resourced rural and suburban regions of NJ. We need free Narcan vending machines in areas with high densities of overdose and in prisons for people upon release. Those without reliable transportation should benefit from mobile units that hand out MAT on site. EBT/SNAP-style money cards or specific service vouchers must be available so everyone, particularly people with Medicaid, Medicare, or no insurance, can afford treatment and transportation. Appropriate care. Case managers and peer recovery advocates should be available at the beginning of recovery by accompanying first responders to
Request # 05096886	WARREN	Install Narcan boxes in front of hospitals and rescue squad and police stations with inhalable Narcan

OVERDOSE PREVENTION

Request	County	Proposal
Request # 05117433	ATLANTIC	Angels in Motion (AIM) is a registered 501(c)(3) non-profit, volunteer organization that participates in street outreach and provides recovery support services to individuals that are experiencing homelessness and struggling with substance use disorders (SUD). AIM chooses to show love, compassion, and hope in our local communities. We believe in harm reduction and meeting individuals with SUD exactly where they are: in the community. One of our goals is to guide them into recovery, when they are ready. We offer clean supplies and Narcan, as well as first aid for wound care and infection control. AIM provides direct linkages to treatment facilities and offers recovery support services upon discharge. AIM operates without any paid staff or costs associated with a physical location. As a resu

New Jersey Opioid Remediation Portal Submissions

Request # 05117434	ATLANTIC	Angels in Motion (AIM) is a registered 501(c)(3) non-profit, volunteer organization that participates in street outreach and provides recovery support services to individuals that are experiencing homelessness and struggling with substance use disorders (SUD). AIM chooses to show love, compassion, and hope in our local communities. We believe in harm reduction and meeting individuals with SUD exactly where they are: in the community. One of our goals is to guide them into recovery, when they are ready. We offer clean supplies and Narcan, as well as first aid for wound care and infection control. AIM provides direct linkages to treatment facilities and offers recovery support services upon discharge. AIM operates without any paid staff or costs associated with a physical location. As a re
Request # 05096881	BERGEN	holistic Art Thearapy for substance abuse. Using the medium of theatre dedicated to substance abuse prevention and recovery education. We do the Visions theatre program on Addiciton and Recovry based in NJ, that has reached tens of thousands in treatment facilities, shelters, correction centers and communities. Over 500 volunteers have joined us, few actors here. pointing the way to Hope and Recovery from substance abuse. Our proposal is to further our outreach, bringing our tehatre program Visions into more treatment facilities and correction centers. Our goal would be to reach 1,000 clients in those facilities. Budget estimate would be \$7500. Please see our web site. www.visionsrecoveryplay.com
Request # 05116812	BERGEN	We are using the medium of theatre, the Visions play) for prevention and recovery education. We have reached tens of thousands in the hearts of treatment centers, shelters, correctional facilities and communities using the medium of theatre to heal. Over 500 people have joined us now, few actors here. Recovering alcoholics and addicts reqching out to their peers. We have crerated one of the most powerful intervention mediums on addiction and recovery that exists in a little over an hour. We have no funding, have done this on our own. We have received the State of New Governor's volunteer Award in the Arts and Humanities and a presidential Points of Light Award from Washington DC for our community service anfd volunteerism. The New Jersey State of Addiction Services has ignored us an

New Jersey Opioid Remediation Portal Submissions

Request # 05116816	BERGEN	We are using the medium of theatre to heal for those abusing substances. We are a mobile theatre troupe of 25 cast and crew members w(grown to over 500 now) who depct addiction on stage and also point the way to recovery via treatment. We are recovering alcoholis and addicts, A healing not only for our audiences in treatment centers, shelters, correction centers and communities but cast and crew as well. A means to give back after takinbg for so long, We have had no funding in our 31 years of outreach. yet we have reached more than 40,000 people. Turning rehabs into tehatrical arenas with staging, event lighting, audio, and a full one hour plus production. We are in need of support for our not for profit and for equipment to continue our efforts.
Request # 05107051	BERGEN	As much funding that you can give to our organization to prevent drug overdue and provide education for clients as well as support and resources that ate available to assist them with their use of drugs and any damage in treatment after usage of these drugs
Request # 05096789	BURLINGTON	Should be used to fund the leave behind program. EMS agencies are funding this out of budget.
Request # 05096851	BURLINGTON	Make Narcan and associated training available to families whose children or siblings are drug addicts to help them treat an overdose.
Request # 05117984	MERCER	New Jersey needs a comprehensive drug remediation and education program that Inmar can provide. Additionally, we can leverage influencer behavior technology and consumer data to drive effectiveness levels not possible with traditional methods, and Inmar can provide all of the elements above. NJ loses 66 residents per day to overdose. 60k children ended up at ERs in the US with drug poisoning, and over 70% of samples from the Hudson River indicate drug contamination. (slide 5 of presentation). Inmar operates 64 drug take-back receptacles in NJ. Leveraging these receptacles and expanding to approximately 350 locations would provide convenient access for every NJ resident. Inmar operates nearly 5,000 take-back receptacles every day. Inmar is an expert in consumer engagement. (slide 8) Utili

New Jersey Opioid Remediation Portal Submissions

Request # 05117247	MONMOUTH	Create Overdose Prevention Centers: This funding would support the creation of overdose prevention centers where people can safely use pre-obtained drugs with staff available to intervene in the event of an overdose. Two such sites have opened in New York City. Overdose prevention centers have been shown to reduce disease transmission, mortality, crime, and litter while increasing treatment engagement (https://westminstercollege.edu/student-life/the-myrriad/the-impact-of-safe-consumption-sites-physical-and-social-harm-reduction-and-economic-efficacy.html). Overdose prevention centers, which could be co-located with existing Harm Reduction Centers, “serve as nexus points for naloxone distribution, syringe exchange, wraparound support services, and referrals to health care, housing, and trea
Request # 05114967	MONMOUTH	My daughter died of an opioid overdose on July 27, 2017, leaving her 20 month old son (my grandson) without a mom (and my wife of 38 years died in June 2016). I do have a few recommendations: (1) Ensure that EVERY emergency first aid vehicle and responder are fitted with Narcan .. and are properly trained in its administration. Narcan should also be made available to the general public, along with PSAs advising about it and instructions for use, (2) Mandate creation of statewide (national would be better, but at least statewide) data base of dispensed pharmacy prescriptions to absolutely prevent redundant dispensing of opioid prescriptions (from doctor shopping, etc). I am aware of efforts to provide such a data base for doctors (and those efforts should continue) .. but I’m talking abou

LONG-TERM RESILIENCY		
Request	County	Proposal

New Jersey Opioid Remediation Portal Submissions

Request # 05115314	BURLINGTON	I believe that one of the most cost-effective and successful SUD programs is dedicated Recovery Residences, which some call sober living residences. We are developing a National Alliance for Recovery Residences Level II community of 35 units providing for 35-45 people, depending on occupancy of each dwelling unit. Recovery Residence communities pledged to provide support and MOUD to persons seeking to live clean and sober lives have been proven to produce the greatest return on investment by helping those seeking to achieve a lifetime of sobriety. In addition to PEER Recovery support, provision of daily medications is critical for those with a clearly diagnosed SUD/ODD disorder. Providing emotional and psychological support through both Peer and professional counseling helps insure success
Request # 05111527	BURLINGTON	See attached
Request # 05096841	CAMDEN	Get them clean and keep them clean.. affordable housing free homes no jess cloth drive fooddeiv e.
Request # 05096868	CAMDEN	Many of those addicted need affordable housing and jobs once they have gone through recovery. Housing should not be some dump but decent so the individuals can have some pride in their accomplishments
Request # 05111051	CAMDEN	* Additional Housing for the Homeless utilize empty buildings for more group homes * Recrute all who are looking to volunteer their time at the center; retired teachers, faith based individuals, churches, retired professionals, anyone with compassion towards people; follow a curriculum and teach others. *Provide Learning Centers for those interested in working, basic life skills, resume, job assistance (Target population is those in poverty and interested in changing their circumstances)
Request # 05111589	CAMDEN	improvement in sober living to increase sober living beds that accept patients with MOUD increase narcan distribution across multiple avenues (Schools, government buildings, etc)

New Jersey Opioid Remediation Portal Submissions

Request # 05117084	CAMDEN	Funds should be used for: Supportive services such as housing, job opportunities and training for those with a substance use disorder Supportive services and counseling for families and loved ones Workforce development such as tuition reimbursement and stipends to build up the addiction workforce which is understaffed and some people underpaid Address racial disparities such as provide legal aid, treatment and supportive services to minorities Diversion activities for those engaging in criminal activities
Request # 05117881	CAMDEN	1) Pilot the integration of SUD ASAM levels of care within academic medicine. Provide state funding for state-run medical schools in New Jersey with a faculty practice plan to construct state-of-the-art Level III.7-D medically monitored inpatient detoxification units and Level III.7 residential treatment units which can serve as Centers for Opioid Research, Education and Treatment (CORE Treatment Hubs). The CORE Treatment Hubs would include both academic leaders and medical students in the treatment of persons living with opiate use conditions. 2) Partner with a non-profit and provide funding to build new single-home units using the Oxford House Model so clients have places to transition to after residential treatment. Associate the housing units with the CORE Treatment Hubs for continu
Request # 05111036	CAMDEN	* Additional housing (target population homeless) * Develop empty buildings and libraries and open them into free teaching centers * Recruit for teaching center; all who are interested (teachers, senior citizens, faith based individuals) who have a passion to help the less fortunate. Teach basic living skills, resume building, job assistance. Scope - Primarily those people who have a desire but never got the opportunity to be part of a learning, loving and compassionate community. (target population those in poverty and want to break the cycle)

New Jersey Opioid Remediation Portal Submissions

Request # 05096593	ESSEX	Some of the money should be used to buy vacant land and construct a hotel for the homeless people. It can serve as a rehab, homeless shelter, and provide job training for those who need the services. There can be a street team that goes around the city and finds people in need of services. Referrals will also be accepted. I am an attorney and would love to help in any way I can. Perhaps you all can also use the money to fund the legality of having people who are under the influence of drugs , voluntarily waive their rights to leave the facility after 3 days. This is a dream of mine and I would love to help.
Request # 05097862	ESSEX	I believe that we need monies provided for those in recovery who need sober living space. We need this for those who are newly released from incarceration and for those who have chosen to get help for their journey in recovery but once they get out of detox have no place to live. I think that these houses/spaces need to have therapy programs available for continuous support for the resident as well as job placement programs. Each individual needs to have self esteem which is bolstered by having a place to live, a job for monetary support, and therapy for recovery support. However, these programs cannot be run the way typical government programs are run, meaning that they need to have considerable and constant oversight so that they don't just become "flop houses" as time goes by, that b
Request # 05118047	ESSEX	What I would like to see is a place where people who suffer from addictions, trauma, and mental health issues can go to regroup, get themselves together and find new direction. This entails purchasing a large tract of land, both cleared and forested (\$2,000,000+) and working alongside interested staff and students of various disciplines from NJ Universities in planning the groundwork; lending students and teachers a hands-on opportunity to build skills in fields like green building practices, alternative energy use, care of forests and agricultural land, organic farming, humane animal care, fish-farming, architecture, engineering, and later on when residents are active on the campus to bring in studies such as health, including alternative medicine, movement (Tai Chi, Yoga, dance) and the

New Jersey Opioid Remediation Portal Submissions

Request # 05097539	GLOUCESTER	My proposal includes a two-year in-house program aimed at treatment for substance abuse disorders and mental illness, with those involved in the workforce, including training of life skills as well as employment opportunities they can build on during the two years, with a focus of healing from the inside out, recovery of mind, body and spirit while developing social support network services in the community, therapy based programs that the entire family can participate in with and without their family member enrolled in the program. Developing a recruitment of mentors, retired personnel willing to volunteer their skill set and knowledge to get these individuals ready to earn a living and to get back on track. Developing relationships with the workforce providers and filling the needs of t
Request # 05097049	HUNTERDON	1.Better housing option and education programs during there stay from recovery. 2.More programs available for single mothers, recovering from drug addict partners. Support for children trauma 3. Available of drop off for unused meds. Prevention 4. Better option for MMP to help with the withdraw of opiates.
Request # 05103165	HUNTERDON	I don't necessarily think ALL the settlement money should go into ONE idea. However, I believe the State should be looking to identify gaps in services and supports, and fund solutions. I personally believe there is a huge gap in the availability of affordable housing in NJ - and many people in recovery really struggle with this basic need. My idea is to create Housing Vouchers (similar to section 8 voucher program). Assistance to secure PERMANENT housing is scarce in NJ; there are limited vouchers, and long (years!) waiting lists. Persons new in recovery often have many financial barriers to living independently and need time to get on their feet financially. If they have children, it is especially important that they have safe appropriate stable housing. Vouchers can be based
Request # 05117558	HUNTERDON	There is a lack of housing opportunities for substance use disorder population. This includes detox locations, shelter and transitional. At times, someone with SUD needs to get out of their current living situation. Without this, there is a higher increase of relapse. Would highly recommend more women living facilities and also for pregnant women with SUD.

New Jersey Opioid Remediation Portal Submissions

Request # 05117679	HUNTERDON	Funding needs to go to sober housing and various types of treatment. Period. "This is your brain on drugs" does NOT work! Don't waste this money on unneccsary things. Prevention needs to be changed. Listen to those of us in recovery. We know what needs to happen with this money more than anyone else out there!
Request # 05096806	MERCER	I think funding should go to more housing and real employment programs. It's not enough to provide people with a section 8 voucher when most landlords don't accept it. Having somewhere to live is a basic need not a luxury. By providing people with one basic need will help them with their road to recovery. Next, money should be funded to agencies that truly want to help patients. Most recovery organizations do not accept Medicaid. That's not right. People should be entitled to care if they have private or state funded insurance. Please add funds to Medicaid so people with Medicaid can get the help they need.
Request # 05096811	MIDDLESEX	Invest in paid treatment services for those who need treatment but cant afford in house or long stay recovery houses and clinics.
Request # 05102823	MONMOUTH	Two items. A true continuum of care, where a client can walk into any ER or agency and gain access to the proper level of care, with a plan that lays out a pathway to sobriety. Proper case-management for soup to nuts tx, like cardiac, diabetic and other medical conditions receive, perhaps modelled after the Children's System of care. Second, housing!! helping someone gain abstinence and then returning them to homelessness or a crack infested R&BH, is never a good plan.
Request # 05096909	MONMOUTH	Treatment centers for years of supervision and outreach. Housing, help to find a job, mandatory meetings. Program to oversee addict to help them stay on track. Recovering addicts need help for years to stay on track and not slip back into drugs. I feel there is alot of open property that you can make somewhat of a compound for recovering addicts where they can live, work attend meetings and get supervision.
Request # 05117449	MORRIS	RECOVERY FRIENDLY WORKPLACE FOR SOMERSET COUNTY as per uploaded proposal file.

New Jersey Opioid Remediation Portal Submissions

Request # 05114886	OCEAN	I think the state should address the homeless population that have a substance abuse problem. Donate some of the money to the groups that help these people and try to get them off the streets and into proper shelters, like we are providing for the immigrants. There should be more done to help. Just Believe is a great Organization that helps the homeless regardless of their addiction. They provide shelter in the winter to get them out of the weather. We also need to provide resources to our Law Enforcement to battle the drugs coming into our state. If we can keep it off the streets, maybe we can lower the death rates & crime caused by this drug problem. Cut off the source and maybe we can keep this poison off the streets and away from our children! Thank you!
Request # 05111194	OUTSIDE NJ	\$100 million should be allocated for housing. Current housing vouchers do not cover the cost of housing for those with housing insecurity. New, organizationally sponsored, unconditional housing modeled off of the Housing First initiative. Healthcare organizations who have been demonstrated to provide expert care for these patients should be allocated a large amount of funds to build housing and recruit and retain clinical staff, including CADCs and patient navigators.
Request # 05096469	PASSAIC	Make GOOD rehabilitation centers affordable to people by subsidizing costs if people are below a certain income threshold. Many people with low incomes and Medicaid insurance have few options in terms of facilities. A friend of mine who passed from a heroin overdose was in and out of poorly run and disgusting facilities for years.

New Jersey Opioid Remediation Portal Submissions

Request # 05117056	PASSAIC	I am a person with a substance use disorder who is in long-term recovery. I am also a peer recovery specialist in Paterson. My experience both as a recovering addict, and as a support person to recovering addicts has taught me that this is a holistic condition and needs to be treated, from every angle medication's therapy, group support, and social services combined create the best chance of success for an addict. I find the following things lacking: 1. Short term/Long term inpatient treatment centers - I have no trouble getting my patients into detox, as there seems to be hundreds of beds available in New Jersey at any given time. But many of my clients that want to go on to a short term or long term program are told that there is no availability. Many of my clients are homeless. They
Request # 05117363	SOMERSET	Housing for the street homeless, clinics for intravenous users. Trauma treatment for children and young adults. Halfway Housing for staffed by peers, clinician, case manager and a nurse. A recovery store, if we have weed shops. Surely we could have recovery stores full with tools to recovery.
Request # 05117515	WARREN	Provide entrance fees to sober living. Coats are from \$500 to 1,000 at some homes. Provide transportation to IOP and sober meetings. Be sure monies go to smaller different organizations. The same large organizations get funds and aren't doing the service they are suppose to be providing. Stop tricounty. Focus on serving the actual county some can't travel far or have no car. Use money for more sober homes Warren county is lacking and also open up more recovery 1/2way houses longer term for both male and female. Recovery jails could be put in places like the Hunterdon county jail that is no longer being used. Give incentives to schools to get parents to attend prevention workshops.
CRIMINAL JUSTICE - DIVERSION		
Request	County	Proposal
Request # 05096887	BURLINGTON	We need to spend more money to support the law enforcement's efforts for individuals with substance abuse

New Jersey Opioid Remediation Portal Submissions

Request # 05096875	CAMDEN	Give the entire amount to the police and fire pension fund. We have not have a COLA in more than 12 years. The politicians ran amuck in the fund for years without repaying the money. The aforementioned social programs have received funding consistently for years. DO THE RIGHT THING FOR ONCE, for the men and women who sacrificed everything for the citizens of this state.
Request # 05096798	ESSEX	My proposal is to Allocate funding to Justice impacted black and Brown people who were criminalized for there "substance abuse disorder" before it was recognized as that. Goal: Allow for Black and Brown persons with a substance abuse disorder to have a change of custody and or be released from Prison, have there convictions vacated, and allocate about Target Population: Black and Brown justice impacted people Timleine:10 million a year to allow them to acclimate back into society with housing and living expenses. Total: 100million over a ten year period. DO NOT USE THESE FUNDS FOR: I do not want this money to go to the NEW JERSEY REENTRY CORPORATION run by Jim McGreevy because they are taking a lot of resources away from organizations that really help people. They do not
Request # 05117849	ESSEX	Newark Community Solutions (NCS) is a community justice initiative which has been serving court-involved people in Newark for over 10 years. Approximately 60% of NCS participants report substance use issues, including opioid use disorder (OUD). Our community justice model has successfully diverted over 7,500 people charged with low-level criminal offenses, including drug possession, away from the criminal legal system by offering social and community services within the courthouse. A major obstacle for NCS case managers is the limited funding for treatment. Unlike the Recovery Court model, alternative sentencing for low-level offenses do not fund treatment. As a result, NCS participants experience treatment delays as case managers try to identify funds to cover services such as detox, medi

New Jersey Opioid Remediation Portal Submissions

Request # 05117537	MERCER	I am writing as a resident of NJ and Director of Policy at Salvation and Social Justice (SandSJ) where for years we have worked with directly impacted communities to address the War on Drugs and the destructive effects of its policies on Black communities. SandSJ's advocacy is largely connected with a call for reparative justice, which involves significant community investments. We at SandSJ encourage NJ to invest opioid settlement monies towards the following: * violence interruption, harm reduction and restorative justice hubs as an effective and preventative mechanism to keep residents safe and interrupt the racial disparities within the carceral system. Specifically, an \$80 million investment in restorative justice hub pilot programs and violence interruption work over the next three y
Request # 05097018	MONMOUTH	Provide long term inpatient recovery for those convicted or in the legal process of pending matters. I respectfully suggest 100% be dedicated immediately funding additional beds and/or new facilities for in patient long term (in excess of 180 days) rehab.
Request # 05102192	MORRIS	Morris County Sheriff James M. Gannon successfully launched Hope One in 2017. Hope One is a mobile outreach vehicle traveling Morris County, New Jersey, offering critical support for persons and families struggling with addiction and mental health. The Hope One team works closely with individuals impacted by the opioid epidemic, and shares lessons learned to inspire other agencies to replicate the program. Hope One has marked over 30,000 community contacts and over 5,000 people trained in the use of life-saving Narcan. The team provides Naloxone (Narcan) education, training and kits to family members and friends of those suffering from opiate addiction, free of charge. The Morris County Sheriff's Office, in partnership with the Morris County Department of Human Services, the Mental Healt
Request # 05097016	SOMERSET	Increase funding for police to arrest and prosecute drug pushers in communities where illegal drug use is most common.
Request # 05116791	SOMERSET	I have participated in Recovery Courts, once called Drug Court, in NJ. I believe funds could be well used in hiring justice-informed peer support workers to be assigned to members of Recovery Courts, especially those like myself who struggled to maintain recovery from opioids.

New Jersey Opioid Remediation Portal Submissions

Request # 05103136	WARREN	Integrating treatment into all county jail systems (Integrity at Hudson County Jail). Providing more affordable and transitional housing opportunities
PREVENTION & EDUCATION		
Request	County	Proposal
Request # 05116945	ATLANTIC	\$300 million sounds like a lot of money, but when you spread it out over 18 years, it really is a drop in the bucket compared to the epidemic need, and truly paltry compared to the profits the pharmaceutical companies have raked in. Having worked in the public health sector at not-for-profit mental health agencies for more than 25 years, I know just how little it really is: \$16.67 million per year is a little over \$793,800 per county per year. It isn't enough to do justice to any single facet of the problem, let alone make a dent in the whole problem in any substantive way. My proposal is simple, and addresses all of these areas. Spend it ALL on employing trainers in every county tasked with teaching key personnel in the educational, child welfare, criminal justice and medical systems
Request # 05096794	BERGEN	Have no idea of necessary funds required but there needs to be a state wide high school program citing current problems with fetynol laced drugs.
Request # 05114247	BERGEN	As a social work educator of many years, I am writing to bring up the need for comprehensive harm reduction education for students enrolled in social work programs in New Jersey. Social workers are on the frontlines of the opioid epidemic, providing critical services to the most vulnerable people in our state. Yet, most social work curricula do not include a comprehensive training in harm reduction, focusing primarily on abstinence-based approaches to intervention. Graduating students often have limited or no familiarity with evidence- based harm reduction services, such as syringe access programs, medication for opioid use disorder, and the use of naloxone to counter the effects of an overdose. This limits the scope of practice for new social work professionals, and may inadvertently harm
Request # 05116931	BURLINGTON	Recidivism and training program

New Jersey Opioid Remediation Portal Submissions

Request # 05117947	BURLINGTON	Hello, please see attached letter. Thank you for the opportunity to share this proposal and feedback. Elizabeth Majewski Executive Director Prevention Plus of Burlington County
Request # 05096931	CAMDEN	I think most of the funding should go towards helping break the stigma and cycle of addiction. As having a parent and family who have struggled, it has always been hard for the rest of us that watch that influence growing up to not go out and think it's okay to do the same things. If there was more talk about it in schools and just in general about the cycle of drug abuse and how it is a true disease and not the stigma that most people view it as. I have first hand seen that it definitely gets to a point where it takes over their lives and 100% is not a choice everyday that they want to make! Most people have to do whatever drug of choice just be able to get out of bed and have a normal day. They are not over there doing it to get high and have a "party lifestyle". If we had more preventio
Request # 05116786	CAMDEN	There seems to be deep Stigma in many Emergency Departments across the State of NJ. This Stigma has many people refusing to go to hospitals, being treated inhumanely, and generally jeopardizing many lives. It's hard to believe that EDs routinely jeopardize the lives of those with addiction. Two things need to be done with EDs throughout NJ to rectify this situation. Each ED staff member must be trained in dealing with people with addiction issues and each ED needs to adopt a model to help those suffering from addiction. Most EDs, check peoples pulses and run tests to ensure a certain degree of health that is not aligned with the needs of those with addiction. Research shows that people that go to the ED for Narcan ODs have a significant chance of dying in the first two months after thi
Request # 05096820	CAMDEN	I would like to see a portion of the funding go toward supporting high quality preschool for all children of NJ. Research shows that children who attend preschool are more likely to do better and stay in school, and therefore have better opportunities for success later in life. This could help them avoid resorting to drug use to assuage depression and other mental health issues that often results from underemployment and unemployment.

New Jersey Opioid Remediation Portal Submissions

Request # 05114882	CAPE MAY	I am a nurse that needed opiates for pain because of occupational health. I wanted off opiates and my pain management prescribed me my opiates and Belbucca which rotted my teeth. I was left on my own to get off my opiates during Covid. No support/nothing. MD had too many patients. If I wasn't a nurse, don't think it could be done by a lay person. I think a non treating medical professional should be able to work with the patient to make a reasonable plan with get off opiates. It took me three days. It's been months. But mental health needs to be involved. The treating pain management doctor should be able to schedule resources directly(follow up appointment) with an outside medical professional if requested and mental support. These doctors don't even hand you a phone number. Just return
Request # 05102280	ESSEX	Majority of the funding should go towards Educating, social support services, workforce development. Total funding amount \$3 million dollars target the black and brown community. By placing the money in these programs this will give way for the citizens suffering to gain access to programs that will assist them in getting what they need to be successful and beat this opioid epidemic.
Request # 05101395	ESSEX	I think we need a reliable, sustainable source of funding for GCADA and the Municipal Alliance Program. The program is now funded by DEDR funds and in the recent past they have waned considerably causing the Alliances to have massive cuts and therefore massive programming cuts. This is probably the best network for prevention and education in the US and it would be a shame to allow this to fall by the wayside due to the way it's funded. Perhaps some of the opiate awards can go to GCADA yearly to help guarantee a viable Prevention and Education program statewide. to teach the children and communities about the pitfalls of using Opioids other than the way they were intended to be used.
Request # 05117710	ESSEX	Please see attached PDF.

New Jersey Opioid Remediation Portal Submissions

Request # 05096910	GLOUCESTER	Prevention Outreach/Educator. Targeted for The vulnerable population. Educate the public about medical registry's, alert bracelets for opioid users, opioid response teams implemented in the community. A program that educates the public on counterfeit opiates. A Centers where the public can turn in opiates for rewards. It will take about 6 months to implement.
Request # 05097011	HUDSON	Programs to educate all!
Request # 05096904	HUDSON	More training on trauma. That is the root of substance abuse. More social services for free/low cost quality mental health care.
Request # 05117708	HUDSON	Partnership for a Drug-Free New Jersey proposes a focus on primary and universal prevention of dependency and addiction to prescribed opioid pain medicines. Through the following action steps: •III Educating prescribers through additional CME opportunities about the potential for dependency and addiction to prescribed opioids and alternatives that are available. •III Empowering residents to make safer decisions for themselves and their families through additional awareness campaigns and learning opportunities about the potential for dependency and addiction to prescribed opioids and alternatives that are available. •III Developing messages for students and teens, with a focus on youth athletes, with factual information about the impact of opioids on their developing brains. •III Collaborati

New Jersey Opioid Remediation Portal Submissions

Request # 05108204	HUNTERDON	Addressing youth through diversion comprehensive Station House Adjustment program for Opioids, and all substance use as we know the timeline of first use spreads to more significant substance use. Note would recommend expanding Station House Adjustment program for 18 - 20 year olds. Prevention Resources' (PR) Station House Adjustment Community Service LEAP program is a community-based service that provides an immediate sanction for first time juvenile offenders, ages 10-17, who have committed a Disorderly Persons or Petty Disorderly Persons Offense. New Jersey, Stationhouse Adjustment (SHA) is an alternative method for police to handle first-time juvenile offenders with minor offenses. SHA provides immediate consequences, such as community service or restitution, while allowing the juv
Request # 05096160	MERCER	I am not submitting a proposal, however, middle to high school students have the highest drug abuse use in the schools and in the community (after school). Early prevention programs are very important as part of curriculum (class credit) in middle/high school. Just my thoughts- Educator and Activist ...
Request # 05117878	MERCER	Please see uploaded document.
Request # 05099426	MIDDLESEX	My suggestion is that funds be made available to help with better prevention methods. My daughter was special ed and never received the dare program. She had no idea what crack was or how addictive it is with the first use. Children with disability and low self-esteem are prime targets for these drugs as they look for acceptance and inclusion and love. My daughter was bullied, made fun of and harassed in school for the school not to be proactive in helping her. This caused her to be an outcast, feel unloved and stupid. She is a victim of the poor education system we have in this state and thus became a victim of drug use after she was so adamant about not using drugs, she got caught up in all the mess looking for acceptance and love. She tried group recovery but all they do is put you in a
Request # 05096825	MIDDLESEX	Should go to programs that prevent and educate children Also fund the police to go after drug dealers and prosecute them

New Jersey Opioid Remediation Portal Submissions

Request # 05102856	MIDDLESEX	Currently I am involved in Drug Education programs and Recovery Programs. Funding is always an issue in all these areas and is usually achieved by applying for grants. If possible I would really like to see Law Enforcement Agencies that provide Drug Education Programs in their communities to receive additional funding to cover part of an Officer's salary or provide the officer some money so they can order supplies for presentations (brochures). Agencies have limited budgets in these areas. If I could get an additional \$2000 a year I could have updated items yearly. We have promoted Narcan in our state and it is saving individuals lives. Many people who are administered Narcan aren't transferred to the hospital where they could receive additional resources. If the state could come up wit
Request # 05096829	MIDDLESEX	More PSA's on danger of opioids and how they harm all involved: individuals, family, institutions, others.
Request # 05118049	MIDDLESEX	Attached
Request # 05116804	MIDDLESEX	The New Jersey Alliance of Boys & Girls Clubs (Alliance) is a statewide network of 22 local Clubs that provide close to 40,000 youth age 6 to 18 years old with afterschool and summer programming. New Jersey Clubs are well matched to support efforts to discourage and prevent the misuse of opioids for youth and their families in twelve New Jersey counties. As NJ distributes opioid settlement funds to ensure the strongest positive impact on communities, the Alliance proposes the launch of a new three year New Jersey Boys & Girls Club Prevention Initiative. Sixteen Clubs across New Jersey will expand prevention programming to 2,075 youth, and create a Community Health Forum model to provide substance use prevention, along with intervention resources and support to Club families and other co

New Jersey Opioid Remediation Portal Submissions

Request # 05115918	MIDDLESEX	I would like to advocate for Maximizing NJ's Strategic Investment in Prevention: a call to action Sustaining and building upon this infrastructure will be critical to be able to continue to respond to the opioid crisis, as well as to be able to pivot and evolve to meet the changing drug landscape and continue to attack the root causes that put youth, families and communities at increased risk for substance use. Addressing these "upstream" causes – often related to social determinants of health (SDOH) including adverse childhood events (ACEs) – help to create resilient individuals, families and communities to protect against the onset of substance use/misuse. A relatively modest investment of \$100,000 annually per each county prevention agency through the life of the settlement funds
Request # 05097144	MONMOUTH	Prevention teaching starting in 6th grade and every year there after.
Request # 05115282	MONMOUTH	Education starting in middle schools with parents
Request # 05116337	MONMOUTH	The proposal presented is to provide more education on prevention at the elementary and middle school level. Before they start abusing substances.
Request # 05117519	MONMOUTH	More education on pain killers' danger to help make better decisions to know how easy you can get addicted
Request # 05114914	MONMOUTH	Many people become addicted after being prescribed opioids for short term injuries. There needs to be a better prescription drug monitoring programs, state prescription drug laws, prior authorization, quantity limits, and drug utilization review. People need to be made aware about the risks of prescription opioids, and the cost of overdose on patients and families. The target population, is anyone who is in pain...there needs to be an alternative suggestion, rather than an opioid for the treatment.

New Jersey Opioid Remediation Portal Submissions

Request # 05117795	MONMOUTH	Provider Edication Background: The recently passed updated Board of Medical Examiners opioid prescribing regulations are among the most innovative in the country. The regulations have placed focus on preventing incidence of misuse of prescribed medications at the earliest junctures. 1. Goal: Communicating New Jersey's soon-to-be published and enacted opioid prescribing regulations to practicing clinicians in the state. 2. Target audience: Licensed clinician prescribers in the State of New Jersey. 3. Summary of proposed work: A multi-pronged communication strategy is needed to help clinicians understand how the updated opioid prescribing regulations will impact their practice. The communications strategy would entail developing a clinician-facing websit
Request # 05106507	MONMOUTH	These funds should got to prevention of people using drugs in the first place starting with childhood age. Education law enforcement on the reality of drug addiction and mental health issues and then MOST IMPORTANTLY better resources for those struggling to get clean. There is not alot of funding for people who want to get clean. There is no access to good therapy and programs for people who are trying so hard. Whats available is the bare minimum.
Request # 05117899	MONMOUTH	Public Education on the Role of Opioid Medications Background: There has been much misinformation and insufficient quality education for consumers regarding the legitimate use of opioid medications in the treatment of painful conditions. When prescribed and utilized appropriately, these medications are an important part of legitimate medical practice. 1. Goal: Re-educate the public on appropriate opioid use to help the public understand the relative risks and benefits of opioid therapy and distinguish between conditions that would benefit from opioid therapy versus conditions that are unlikely to benefit from opioid therapy. 2. Target Audience: Residents of New Jersey. 3. Summary of proposed work: A communications strategy that helps patients underst

New Jersey Opioid Remediation Portal Submissions

Request # 05117251	MONMOUTH	Expand Social Supports for Families in Schools: Using a multi-tiered approach, offer young families parental supports as well as opportunities to bond with their children utilizing the Social Development Strategy (https://reports.addictionpolicy.org/evidence-based-strategies/children-and-families). Implement social-emotional and prevention curricula in all schools. Implement School Based Youth Services in all middle and high schools. Develop and implement a school-based educational prevention program utilizing certified recovery specialists who will share personal stories of their struggles and identify when they began using substances and how their substance use disorder escalated. The estimated cost is \$250,000 per school per year including 1 FTE school-based prevention specialist and 1
Request # 05104870	MONMOUTH	I think the funding should be split in a few categories. however, it falls under one proposed plan: Prevention - Fully fund the Municipal Alliances again. The prevention grants were decreased, due to covid, and the funding never fully returned. The Alliances are targeting substance use prevention in the school and communities. By fully restoring their grants, the alliances would be allowed to bring back all the programs that they had to cut. In addition, the Alliances are only able to select one targeted area (ex. underage drinking; marijuana; tobacco). Creating an additional separate Alliance grant that focuses on opioid use prevention, overdoses, and referrals to treatment would create a community change. The Alliance structure is already set up in the counties, communities and s
Request # 05116961	MONMOUTH	UA (drug test) to help remove reservation/s to use drugs over a the next 10 years at \$5,000.00 per year for a total of \$50,000. Money not spebt on purchasing drug test will br used to provide transportation to work, recovery community related events/activities.
Request # 05117574	MONMOUTH	The New Jersey Prevention Network (NJPN) supports prevention as an essential part of the solution to address the opioid crisis in NJ and recommends sustainable funding for the NJ county-based Prevention Hubs to maximize the state's investment in spreading and scaling up evidence-based programs and interventions that prevent opioid use disorder and improve quality of life for all New Jersey residents. PLEASE SEE ATTACHED PROPOSAL.

New Jersey Opioid Remediation Portal Submissions

Request # 05117257	MONMOUTH	Screening for Substance Use Disorders and Adverse Childhood Experiences (ACEs) in Pediatric and Primary Care: “Programs that provide interventions that are culturally responsive and resilience-focused to children impacted by addiction and that have ACEs are a key strategy in disrupting intergenerational SUDs and providing targeted services to arguably one of the most at-risk populations of children. Preventing ACEs can lead to a significant reduction in chronic health conditions and socioeconomic challenges, including obesity (by 2%), depressive disorder (by 44%), substance use (by 33%), medically uninsured people (by 4%), and unemployment (by 15%). Research shows that for each one-point increase in the ACE scale, the odds of children developing a SUD in adulthood rises by 34-41%. Studies
Request # 05117311	MORRIS	\$100,000 (School Based Education on Dangers of Opioid Misuse/Opioid Protection Act) Overdose prevention Education and awareness is needed because there is a lack of understanding of the Opioid Protection Act and ways to help individuals who are in danger of a fatal overdose. The issues of distrust of the police by community members has created a greater void in individuals including minors contacting the police in an overdose situation. The fear of arrest is great for these individuals and they are unaware of the protection that the Opioid Overdose Protection Act provides. Further, individuals need to increase their awareness of the ability to reverse a fatal overdose and steps they can take when they have a concern of fatal overdose in their presence that could provide life-saving meas

New Jersey Opioid Remediation Portal Submissions

Request # 05117304	MORRIS	Prevention and Education-\$125,000 Expansion of Tame the Pain Over the last 20 years, there has been a significant increase in the prescribing of opioids for chronic pain. This has created increased prescription opioid-associated overdose deaths, emergency department visits related to prescription opioids, and admissions to drug treatment facilities secondary to prescription opioids. The latest data from the CDC report approximately 16,000 overdose deaths related to prescription opioids annually, and total poisoning deaths now outnumber motor vehicle accident deaths (National Institute of Health; CDC, 2020). According to research, Opioid use disorder (OUD) changes the structure and function of the brain. If people develop an addiction to opioids and are unable to access prescription opio
Request # 05117307	MORRIS	Prevention, education, awareness and eliminating stigma with First Responders Supports are needed for First Responders to add additional skills, resources and tools to improve first responders' responses to individuals with mental health, one in four fatal first responders incidences involve individuals who had mental health challenges. This requires additional education to improve the way law enforcement and first responders interact with people facing mental health and addiction challenges. Some of the skills gained in the mental health first aid for first responders include: Nonjudgmental listening skills to assist during calls first responders are called upon in the community for individuals who may have needs for emergency mental health services. Assessing risk of suicide or harm to
Request # 05097110	OCEAN	Education is the key. Interaction with former drug users to teach children and young adults about the effects of usage, their life story and how to try to avoid the pressure from peers to "just try it"

New Jersey Opioid Remediation Portal Submissions

Request # 05110979	OCEAN	Proposal: Training all New Jersey police in best practices for responding to substance use disorder in the community, addressing such issues as stigma, language, the disease model, treatment and support resources, and data analysis. Goal: Educate and train first responders to respond to the drug epidemic with knowledge, understanding, empathy and compassion, and to equip them with the skills necessary for successful hand-offs to social support services. Funding/Timeline: 3 years, \$1.3 million. Training classes made available five days a week for up to 40 first responders for a one-day, 8-hour course that covers all areas mentioned above, including tabletop training exercises. Funding covers instructor/trainer costs, administrative costs for 240 training days per year for three years. Target
Request # 05114904	OCEAN	I was prescribed opioids, not knowing I'd be addicted. With the help of my dr and having to take off a lot of work without pay to get off these prescribed meds I think this money should go back to the patients that suffered as a result.
Request # 05117631	OCEAN	The Regesh Network is a helpline for kids, teens and young adults. We are seeking additional funding for suicide prevention and to promote overall mental health awareness amongst young people. We are seeking a grant of \$50,000 to accomplish this through marketing materials, handouts, radio and print advertising. The sooner we have the extra funding, we can begin our campaigns immediately. Our target populations preteens, teens and young adults. The Regesh Network is nondenominational and does not discriminate against sex, race or gender.

New Jersey Opioid Remediation Portal Submissions

Request # 05117790	PASSAIC	*Please see attached document which includes a full/elaborative version of this proposal* I am writing as a concerned citizen of New Jersey and employee of the Paterson Police Department who oversees the Department's Alternative Approaches to Public Safety. With over 1,700 overdoses per year, our jurisdiction very much sees the opioid epidemic—and experience of fentanyl—in our work and our community daily. SOME MAIN/RECURRING CONCERNS, AS SEEN ON THE GROUND IN PATERSON: 1. Even if we educate people about what evidence-based MAT/MOUD they should seek out to increase their chances of success (i.e. mortality) and work to de-stigmatize these concepts, there are too few "best practice" providers (and nearly none that have inpatient options) in our area. Then, the negative work/inap
Request # 05096642	SOMERSET	I would like to see the entire \$641 million be funded to Rutgers Addiction Research Center. The funds should be used by Rutgers for: Research Prevention through education and training of all teachers, families and children in NJ schools on the latest research findings (environmental and genetic factors involved in addiction, signs of possible genetic risks observed in children early on, ways to reduce risks in families, schools, and neighborhoods, what works best for treatment, etc) Education of public policymakers on how policies can help curb substance abuse
Request # 05096781	UNION	Educate the public about medically assisted therapy and make drugs such as Suboxone easy for people to get. Right now addicts are having a hard time obtaining this life saving drug that helps those recovering from addiction. It's easier to get the drugs that harm than it is to get the drugs that help.
Request # 05117958	UNION	The New Jersey Prevention Network (NJPN) supports prevention as an essential part of the solution to address the opioid crisis in NJ and recommends sustainable funding for the NJ county-based Prevention Hubs to maximize the state's investment in spreading and scaling up evidence-based programs and interventions that prevent opioid use disorder and improve quality of life for all New Jersey residents. PLEASE SEE ATTACHED PROPOSAL.

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Request # 05116479	UNION	Evidence based prevention strategies that positively impact people where they work and live as well as building skills and other protective factors to support wellness must be implemented “upstream.” Our colleagues in treatment, recovery support and harm reduction are working downstream to save one life at a time. Prevention working upstream to stop folks from falling in the river to begin with completes the continuum of care. This should include prevention in the schools. The National Opioid Settlement Agreement provides a unique opportunity to address the addiction crisis in a lasting and sustained way. The settlement agreement lists Prevention Programs as a core abatement strategy to be given priority, yet they have not been explicitly listed as a funding priority for the NJ opioi
Request # 05116823	WARREN	I feel some of the funds should go toward prevention education in high schools and colleges for students, staff, and parents. With my son experience a mental illness diagnosis which was not understood by himself, family, friends, or school staff. He life ended with self medicating. He wa poisoned by fentanyl that he was unaware he was taking. We need a much more extensive educational approach to mental health and substance use and the illicit fentanyl supply in almost all the drugs. Young people are facing a much more dangerous world and don't realize it. When my son died the only fentanyl I (and I'm sure he as well) was aware of was the one used in the medical field. Also, funds should be directed toward more extensive and accessible treatment. In my experience volunteering in recover

New Jersey Opioid Remediation Portal Submissions

Request # 05117801	WARREN	Prevention efforts are needed targeting middle and high-school students. Opiate addiction often never starts out as opiate addiction. Opiate addiction first looks like marijuana, alcohol or nicotine. The proposal would involve a collaborative effort with the NJ DOE. The NJ Department of Education, has long ago created the position of a Student Assistance Counselor (SAC). A SAC is specifically-trained, certificated in-school counseling and intervention specialist who is able to address the social and emotional needs of students. SACs have the skill set to provide counseling and intervention services for youth experiencing challenges not only with substance/alcohol use but with family/social relationships, emotional stress, depression, self-harm, gender-identity, behavior and more. The
RECOVERY & SUPPORT		
Request	County	Proposal
Request # 05099060	ATLANTIC	Many people want help who are functioning (or semi-functioning) but taking time off from work, when there are so many other issues to address to regain one's footing properly, is very difficult. There should be paid leave for people who decide to go to treatment. Not their vacation time or sick time or anything else. If you value your employees, and all the people they affect around them in their communities who care about them, you will offer a 30-day paid leave to receive proper treatment without the windfall that follows when someone comes out of treatment and has to face their mortgage and utilities pulling the bank accounts under. Limit of one per employee, of course. If you believe in your employees to invest in them this way, they will be invested also in their companies on the fli
Request # 05097004	BERGEN	Provide money for job training and placement for individuals who have gone through recovery. Provide educational opportunities for those who have gone through recovery, including scholarships so they can get back on track and finish degrees.

New Jersey Opioid Remediation Portal Submissions

Request # 05114890	BERGEN	Coordinate Prevention efforts across state systems to support prevention education, skill-based services by building on existing infrastructure that DMHAS has built over the years. Utilize the providers already providing programs for youth, adults and families. Coordinate the provision of recovery support services across the state with DCF, DOC, DOEd, DMHAS, DOH and AGs office to align and coordinate service delivery. Build on existing infrastructure. Conduct needs assessment of current strategies, sources of funding and ways to maximize dollars spent. Enhance Public/private partnerships to support continuum of care efforts and avoid competition but inspire collaboration. Hospitals/not-for-profits/healthcare providers/treatment programs/state and county offices/higher education U
Request # 05117180	BERGEN	RECOVERY SUPPORT SERVICES
Request # 05114991	BERGEN	There needs to be a portal where a person in recovery can get additional training and job search assistance. The New Jersey careers portal is not friendly to someone that has past police or incarceration records. It can highlight employers of choice and it can also offer training or courses to train people with skills that are relevant to the modern work marketplace. I am happy to discuss this. Did not spend time to create a proposal. My family went through ten years of dealing and supporting my daughter battling an opioid addiction. She has been in recovery for over a year now. But finding good employment opportunities has been challenging. New Jersey can do better in offering training and career pathways for people to earn a good living wage. Thank you.

New Jersey Opioid Remediation Portal Submissions

Request # 05105433	BERGEN	I have worked for Rutgers-Newark for about 6 years. I've encountered dozens of students in recovery that have a difficult time paying their tuition and maintain financial stability. I believe some of these funds should go to students who identify being in recovery, attending 2 or 4 year institutions, to help pay for college. Most, if not all of these students have immense college debt due to their substance use and addiction. Now in sobriety wanting to improve their lives and answer large gaps in their resumes so they can have a college degree, be eligible to have a career and a decent living wage and not be inundated with immense amounts of college loans/debt to pay back. These funds can help students in recovery pay for portions of their tuition, meal plans, housing on campus, parki
Request # 05101003	BERGEN	The opioid epidemic within our veteran community is disgusting, many of our vets who sacrificed their lives during the Iraq and Afghanistan war have come home either dead or with substance abuse issues and many were exposed to these pain meds while in service for their injuries. More financial aid as monthly stipend and long term residential support should be allocated to struggling veterans and their families. I know because I am dealing with a family member who is a veteran, exposed to opioids and still suffers from this terrible addiction. This disease is a debilitating disease that not only affects the addict but also the immediate family members involved, often times the caregiver trying to care for the ill, is unable to care for themselves. If more financial aid could be

New Jersey Opioid Remediation Portal Submissions

Request # 05118044	BERGEN	An organization of local people speaking in schools on a peer to peer approach about the pathway of addiction and substance misuse. Both volunteer groups within Alumni In Recovery 501c3, young people in recovery, and parents that have lost children to overdoses. Present in schools and for community events alongside The Black Poster Project (a powerful display of hundreds of posters/images of lives lost to addiction primarily overdoses). Bridging schools with this valuable resource in a unified consistent format-through speaker guidelines, we have the ability to connect to community and empower local people to hear each other's stories, and provide solutions through the topic of addiction awareness. This is an innovative approach, and hundreds of people have already gotten involved to be o
Request # 05117500	BERGEN	Fund existing/established grassroots recovery support organizations (Community in Crisis; CARES; etc.); fund bilingual NARCAN and other support outreach / education; fund Medicare to ensure availability of methadone treatment for those who want/need it.
Request # 05114932	BURLINGTON	Help individuals who did the hard work of recovery.Help these individuals pay off student loan debt and give them affordable /free college education now.Unfortunately for some ,this occurred during college (at colleges like West Virginia University that eagerly recruited NJ student but let opioid drug use run rampant for years) forcing former great students to drop out but still have the burden of playing off a student (bank) loan and no education.
Request # 05096928	BURLINGTON	My name is ... I got addicted to opioids from being prescribed Percocet. I have been clean for 3 1/2 years and I'm on the methadone program. I feel there needs to be more help finding jobs for people that may have received drug charges but have been threw programs and are clean. Also I understand they feel the methadone program is harm reduction, but when you allow a drug addict to be "not sick" for free even if they continue over n over to still use you are NOT helping them!! They will continue to get high when they know they'll still be able to get methadone so they are sick later. Is sad but I see it all the time at the clinic.

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Request # 05096788	BURLINGTON	I am in recovery for almost 3 years. However, my past history over the last 5 years prior to gaining abstinence includes arrests and other defamation of character better now pervasive on the internet. Even though I have been abstinent from substance abuse for almost 3 years I have been unable to secure employment I believe because my past indiscretions are widely posted on the internet, world wide Web
Request # 05117280	CAMDEN	As an individual that has been personally affected by the opioid crisis and is now in recovery, I think more focus needs to be on treatment options and addicts in recovery. An addict that wants help but cannot receive it because they cannot afford it, or because they are not covered by an insurance should have the option to treatment. Funds should be spent on opening a variety of treatment centers, including MMP rather than just suboxone, covering costs of residential and long term care. Detox is not enough. Many people are deterred from receiving alternative forms of treatment because those types of treatment centers are costly. If there were a variety of treatment options I think more people would seek treatment and I think treatment would be more effective. *I think that more pr
Request # 05115019	CAMDEN	Pathways to Recovery will provide opioid-impacted populations with the opportunity to learn and practice the skills necessary to be successful in the labor force. These efforts will assist communities across New Jersey to strengthen services and promote recovery through employment and retention of opioid-impacted individuals. Total funding amount should be approximately \$300,000 - \$500,000 to include participant training, career services and supportive services. The grant period should run approximately 18 months with a January start date and a June end date. The grant should allow for recruiting from January to December for a total of 100 participants. The remainder of the grant January to June should be spent ensuring all clients received high level of service, training, and employment
Request # 05114763	CAPE MAY	We are frequently asked to help support clients wishing to go into sober living houses. I would like to see more funding for these houses. Several of them in Cape May County are full with waiting lists and there is only one in the Rio Grande area for women.

New Jersey Opioid Remediation Portal Submissions

Request # 05099689	CUMBERLAND	My son is struggling to find employment because of his past. He needs financial help to get out of the hole. He would like to start his own business. Everything is an up hill battle. Can people like him get grants or plans through this proposal?
Request # 05104973	CUMBERLAND	Have employment grant for clients in residential. Assisting residential treatment with vehicle for client transportation.
Request # 05096878	CUMBERLAND	Im an addict in recovery i have 6 years 3 months clean. I feel there should be more funding for the average person that may not be sentenced to rehab or have the financial means to be treated. Also there needs to be more help in the after treatment area. Funding for a sober living or half way house is a necessity. When i finished rehab i applied for help to go straight to a sober living and was denied or told yes then oh theres no more funding luckily i had money saved because thats where your real challenges lie and coming out if an institution and having to find a job right away is edimpossible so money needs to be put where its needed.
Request # 05108481	ESSEX	Summary of Initiative: With this grant request, we plan to search out parents in need of support via outreach into the community through contact with therapists, churches, and hospital emergency rooms to provide contact information about our group. We will offer Introductory Sessions at NJ rehab facilities for parents and invite them to a group. We will maintain a strong organizational base responsive to all calls through maintaining a 24-hour communication system. We appreciate your consideration of our request, ...
Request # 05114889	GLOUCESTER	Im a recovered addict & the mother of a deceased daughter from opiate addiction. You need more recovered addicts speaking with children before they "test the waters", so we can avoid future deaths & addictions! I would love to speak to someone about what I think needs to change & if you would like my opinion or ideas, feel free to reach out. Im ALWAYS trying to make a difference!
Request # 05111989	GLOUCESTER	I would like to see more help for those in addiction(long term). More housing with work being available.

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Request # 05111004	GLOUCESTER	Utilize the Ryan White model for the treatment of HIV/AIDS and apply it to persons with substance use. And not just opioids because most are using more than one substance. HOUSING is absolutely essential to making this work. No one is going to recover without a stable place to live. It can't just be shelters, either. Sober living needs to be more accessible to indigent people, especially those who do not have private insurance. We've done a great job getting treatment more accessible but without housing, no one can get sober and remain sober. Sober living needs greater oversight, too.
Request # 05097059	HUDSON	Use this money to help addicts pay for Maintenance medications such as Suboxone (Buprenorphine). Addiction is a disease & should be treated like one. Arresting and incarcerating people who have addiction disorders is harmful & ultimately counterproductive. Instead use the money on maintenance therapies which are scientifically proven to be far more affective than NA or AA style programs which have low success rates and far too often lead to overdose & death, rather than preventing it. The main reason for requesting funds is because this medication is too expensive for people who are likely already struggling with financial issues as a result of their addiction. The state should use these funds to make sure addicts receive Suboxone instead of jail continuing the perpetual cycle of incarceration
Request # 05114878	MIDDLESEX	This money should be used for treatment to help people move on from addiction and lead a normal life should be based all around New Jersey not just the overpopulated areas or areas with mostly minorities this is an everyone issue
Request # 05096914	MIDDLESEX	new jersey needs to have more recovery facilities available and have all the same opportunities as the rich or insured individuals. In this state you either have to be dirt poor or very rich to get the care you need and the difference in the kind of care is also governed by the amount of money you have or the type of insurance you have. They need to make all recovery centers the same and available to all that need them. This is the first and most important step to take towards recovery and it is not available to all. We have a very unfair system. The working middle class gets left out in the cold once again in this state. Also, these pill pushing doctors need to be stopped. They should be treated like drug dealers. There should also be financial justice in NJ because if you don't h

New Jersey Opioid Remediation Portal Submissions

Request # 05103387	MIDDLESEX	Trainings and Jobs.
Request # 05103394	MIDDLESEX	I speak as a member of the public. There is a DIRE need for training and employment services among this targeted population. Recovery and support services are crucial as well. People must be equipped to re-enter the workforce, as employment is absolutely necessary to maintain housing.
Request # 05108279	MIDDLESEX	1)Significant focus should be paid to NJ residents who were addicted before the opioid crisis began and moved to opioids. Many NJ residents living in economically disadvantaged communities and who face racism day in and day out found no useful ways of making a living and turned to these drugs to escape these harsh realities. Therefore, significant funds should be used to offer young people from these disadvantaged communities get the basic needs met. Their schools should offer specific problems about dangers associated with opioids use and hire counselors exclusively for each school to address the students' mental, social and drug related challenges they face. 2) Invest in a social media and other media campaign to teach people (young and old) about the dangers of opioids. 3) Develop cult
Request # 05117317	MIDDLESEX	Summary of Initiatives: Use of a moderate protein & sugar diet vs high protein (low sugar) diet on success of opiod cessation by measuring factors (i.e., Opioid craving/recisivism and continuation of treatment, and diet quality scores). Background - In some clinics, patients undergoing OUD cessation (or Alcohol) are told to avoid sugary foods. It is well known that sugar and opioids work via overlapping neural pathways in the brain. Surprisingly, there is no evidence based research on the role of sugary foods during OUD withdrawal or dietary guidelines in our patient population during this difficult recovery period. Many patients are very interested in improving their health and we believe nutrition fits with the overall goal for improved well-being. Many diets fail due to extreme restrai

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Request # 05117320	MIDDLESEX	Goal: To optimize dietary recommendations to improve and complement the treatment of opioid cessation. Total funding: \$500K. Population: Persons with opioid use disorder (OUD) who are being treated with opioid cessation medications. Summary: Use of a moderate protein and sugar diet versus high protein (low sugar) diet on success of opioid cessation by measuring factors (i.e., opioid craving/recidivism and diet quality scores). In some clinics, patients undergoing OUD cessation (or alcohol withdrawal) are told to avoid sugary foods. It is well known that sugar and opioids work via overlapping neural pathways in the brain. Surprisingly, there is no evidence-based research on the role of sugary foods during OUD withdrawal or dietary guidelines in our patient population during this difficult
Request # 05117647	MIDDLESEX	The extensive addiction expertise that exists across Rutgers provides a unique opportunity for the state to have a powerful partner in its efforts to address the opioid epidemic through the settlement funds. With evidence-based clinical services, training programs, and addiction research, Rutgers is a national leader in addiction science, recently launching the Rutgers Addiction Research Center to serve as a coordinating entity for addiction work across all Rutgers entities. This central hub can bring together individuals leading clinical care services, training programs, and cutting-edge research to work with the state to develop a flexible and collaborative effort aimed at addressing the key priority areas for the opioid settlement funds, including: (1) the provision of clinical care and
Request # 05114939	MIDDLESEX	Free rehabilitation centers, more free counseling services for families and youths and young adults. all should be free and accessible.
Request # 05117523	MIDDLESEX	My name is ... and I am currently a junior at Rutgers University - New Brunswick. I am majoring in Cellular Biology and Neuroscience and minoring in Health Administration. Currently, I work at Robert Wood Johnson University Hospital in the Post Intensive Care Unit. Throughout my time at the hospital, I have seen many patients who struggle with their recovery with substance abuse because there are not enough things to help them come out of it. I do believe that there are many things that the state can do to provide a little more support to these people who need someone rooting for them and are on their side.

New Jersey Opioid Remediation Portal Submissions

Request # 05096996	MONMOUTH	To help addicts with a place to live and recover for a period of time. \$2,000,000,.00 ,treat addicted youth & adult patients.
Request # 05117682	MONMOUTH	Never Alone NJ, Inc is non-profit created to open a location/building in the Asbury Park/Neptune area of Monmouth County for create a recovery clubhouse. The location/building would be a meeting place for weekly/daily recovery meetings of the 12 Step fellowship, smart recovery and other recovery type meetings. This location in Monmouth County has been hit hard by the opioid epidemic and is in need of a central location for recovery meetings. Attached and mailed is our initial proposal.
Request # 05117249	MONMOUTH	Expand Recovery Support Services: Building on the initial pilot of cross-training recovery specialists as community health workers in partnership with the NJ Department of Health, there is an opportunity to expand resources and supports available to hospital- and community-based recovery specialists throughout their interventions and follow-up. This should include the ability to provide resources for housing, food, and other environmental factors that are barriers to their recovery. Funding should support a dedicated team of cross-trained recovery specialists/community health workers to assist and connect patients to services that address health justice and overall wellness. The estimated cost is \$600,000 per county per year including 5 FTE recovery specialists, 1 FTE supervisor, and 2 FTE
Request # 05117242	MONMOUTH	Expand EMS Buprenorphine Utilization and Recovery Support Services: This opportunity would aim to improve outcomes of individuals who are administered naloxone by EMS to reverse an opioid overdose. Funding would build the capacity of EMS paramedic units to provide high-dose buprenorphine to treat withdrawal symptoms with a bridge to long-term care. The intervention would also provide the patient with a naloxone kit and access to a Recovery Specialist immediately through telehealth and/or through follow-up based on contact information gathered by EMS. Bupe FIRST EMS (https://www.tandfonline.com/doi/abs/10.1080/10903127.2020.1747579) in Camden enrolled 18 patients who all had improved symptoms and no signs of precipitated withdrawal. The estimated cost is \$850,000 per county per year includi

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Request # 05117258	MONMOUTH	Ensure Support Group Access: “Recovery support groups are free, peer-led services that create opportunities for people in recovery to share experiences, connect with others with lived experience, and learn skills in a safe and supportive environment. Support groups help individuals navigate the early stages of recovery, learn how to manage their chronic illness, and create positive social connections to sober peers. It is important to ensure that there is a wide range of support groups and programs available that provide a structured, supportive, and culturally competent environment for people in recovery from a SUD. Engaging in 12-step facilitation (TSF) or mutual support groups (MSG), has been shown to be as effective as certain behavioral therapies in decreasing substance use but shows
Request # 05117887	MONMOUTH	The Phoenix is an innovative approach that combines meaningful activities and supportive community to empower anyone impacted by addiction to build emotional resilience and thrive in recovery. By offering FREE virtual and in person activities such as fitness and socials in a healing environment, we’re creating a movement that builds on the power of hope and belonging to change how we approach addiction. The only requirement to attend programs is at least 48 hours of continuous sobriety. Program leaders are peers in recovery or with a personal connection to the mission. The Phoenix seeks to expand programs from Monmouth County to reach the entire state of New Jersey. With a proven track record of scaling our highly evaluated model – increasing our footprint from 4 to 42 states over the
Request # 05116930	MORRIS	More safe beds for recovery!. Workplaces for recovery in trades. Treat workers well enough time off for recovery. Set up fun things to do fund venues in public spaces for music, dance and art in recovery!!
Request # 05116348	MORRIS	Please see attached proposal and sample budget for Peer Recovery Pop Up locations in Somerset County.
Request # 05105520	MORRIS	More resources in the Morris county area. Free in person counseling and easy to reach number
Request # 05117637	MORRIS	See attached proposal for the New Jersey Recovery Friendly Workplace Initiative

New Jersey Opioid Remediation Portal Submissions

Request # 05117854	MORRIS	The Milestone House provides housing and recovery support services for those who are actively in recovery from Opioid Use Disorder. The Milestone House, INC is a registered 501(c)(3) nonprofit, and is certified as a “Recovery Residence” by the National Alliance of Recovery Residences. It also holds licensure by the State of New Jersey Department of Community Affairs as a Cooperative Sober Living Residence. Milestone House has been in operation for over 20 Years and has helped thousands of its residents to obtain successful and long-term recovery from OUD. Dr. Corrie Vilsaint of RRI, Harvard Medical School reports “abstinence is 4 times more likely for those that actually accessed Recovery Housing.” We estimate that at any given time, approximately 90% of our 85 beds are occupied by ind
Request # 05114958	OCEAN	This money should ONIY go towards rehabs, awareness and keeping kids busy and giving them something else to do besides drugs. Reinvest in the community. Anything else will be pandering.
Request # 05107788	OCEAN	Preventing overdose deaths and harms through harm reduction strategies, supporting our veterans and finding care connections
Request # 05117895	OCEAN	Our goal is to optimize weight-management strategies to improve opioid cessation outcomes. Total funding would be \$150,000 (direct funding). The target population would be obese individuals with opioid use disorder (OUD) seeking treatment for opioid cessation. The current rate of adult obesity in the state of NJ is 24.6%, current estimate suggests that 48.6% of NJ adults will be obese by 2030. Excessive body weight has been associated with higher rates of OUD, however, the interaction between opioid cessation outcomes and obesity are poorly understood. The long-term objective of this research is to identify obesity treatments, either existing pharmacotherapies or diet-based strategies, to determine what existing obesity treatments would optimally improve opioid treatment outcomes in obese
Request # 05096855	OCEAN	Money should go to help fund Oxford homes so the individual can get in their feet working n going to support groups

New Jersey Opioid Remediation Portal Submissions

Request # 05096862	OCEAN	This is a great opportunity to fund the recovery high schools in New Jersey who so desperately need these funds in order to remain open and help our youth. For example, there is an amazing Recovery High School located in Lincroft, NJ by the name of K.E.Y.S. Academy that has been saving children's lives since 2017. The model of their school has received year over year recognition from senators & commissioners in New Jersey and multiple articles have been published acknowledging their work (some of them recent). Recovery high schools nationally normally have problems remaining open due to lack of funds. The \$300 million of opioid settlement funds over the next 18 years, is an opportunity to grant all of them year over year funding for the next 18 years. In one of the articles recent
Request # 05097138	OCEAN	Addicts have to WANT to get clean, so you can have as many rehabs, doctors, NA groups, whatever, as you want, but unless they want it, they're not going to do it. We have a lot of rehabs, treatment centers & all of that, could always use more but my proposal goes more toward Recovering addicts. As we don't get ANY kind of help. You have all the help you need while your in ACTIVE addiction, but what about when you've gotten clean & your life somewhat back on track. I can't find a job, because I have a record from being an addict. I am also now permanently disabled, from addiction. There's nothing to help me further my life though. I have been clean for over 2 years. I need help with School, I need MENTAL HELP, I need Housing assistance/help in ANY WAY, I need Job Help. There's nothing in pl
Request # 05115279	OCEAN	There are three areas that I feel strongly about to be addresses •III Fully fund and expand the network of SUD recovery centers and Mental Health Wellness Centers in the state and create opportunities for their collaboration. The percentage of people with co-occurring disorders is much too large to have their recovery service siloed by government. Four million dollars annually. •IIII Increased support for families impacted by substance uses disorders. Many times, they carry the biggest, longest, and most costly burdens trying to help a family member. They need education, peer to peer family support, self help and support groups and access to counseling and case management services for themselves. So many times, these families are also facing mental health issues and need the

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Request # 05117809	OCEAN	I feel it is important for there to be Peer Support for people and their families navigating the court system who have been arrested for drug and alcohol related crimes. They can assist and advocate so they might receive the correct treatment for their disorders. They can also offer resources for the families of people facing these challenges.
Request # 05116751	OCEAN	There needs to be more funds in each county for transportation to and from programs. Many people are low income and have trouble getting to and from treatment. Motive care is the only thing in the state for transportation for low income. Even clients with insurance still lack transportation to and from counties. Would love to see another more reliable trans portion company through out the state to provide transportation to and from treatment and support services for people with SUd
Request # 05096879	OUTSIDE NJ	Funds can be used for social programs that can help those with drugs problems overcome there obstacles. Around 100 million can help with nurture programs to stop abuse and get counseling.
Request # 05117917	OUTSIDE NJ	CHESS Health provides solutions and supports for the entire addiction lifecycle, from prevention to intervention/linkages to care and treatment/recovery support. Several example projects are outlined in the attached document, and CHESS will be happy to provide pricing with a better understanding of NJ's desired scope.
Request # 05097268	OUTSIDE NJ	I feel that the money should be spent towards sober housing for people suffering from drug abuse. This way both the issues of homelessness and substance abuse are addressed. The homes have to have structure with curfews and rules as well as onsite medical and social service staff. Medical needs such as pain and detox have to be addressed as well as the psychological needs of this population. Job and educational counseling need to be provided as well as benefits assistance.

New Jersey Opioid Remediation Portal Submissions

Request # 05097014	PASSAIC	There are many substance abuse people who are homeless & don't have a safe place to go to after getting clean there should be more assistance in housing before they get discharged from any detox hospital & follow up with this person to make sure this person doesn't relapse like home visits send nurses to their home to check & evaluate them if we don't have a safe home to go to the depression will kick in along with relapsing there's no help in assistance for people with addiction to get their own place
Request # 05096891	SALEM	What about helping with the financial stability of the person/family after recovery? When using drugs and the addiction takes over you use every penny you have. Including borrowing and selling stuff. All I know is I had a doctor who got me addicted to opioids and you will spend \$1000 of dollars to keep going when I quit I was financially ruined and it's taken years to recover and I still am struggling. Thank You
Request # 05115012	SALEM	The ability to access employment for those in recovery and work with employers to accomplish this is very important.
Request # 05115014	SALEM	Salem County has one of the higher rates of impacts from opioids. These impacts are not just about using opioids, but also the social determinants of health that come along with the problem, such as increased gang activity and violence among young adults, mostly Black men under the age of 25. Much of this is due to the lack of deterrents starting in teens, high poverty rates, and absence of social supports. One of the largest issues in Salem is the lack of transportation which prevents residents living in poverty from finding better jobs, getting treatment, or even reporting to probation/parole after the fact creating issues of recidivism. Though some programs exist, the state has made them too specific, splitting hairs between probation and parole, not providing housing or transportat
Request # 05103388	SOMERSET	NJ needs training and employment for people who have been affected by opioids.

TREATMENT

Request	County	Proposal
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New Jersey Opioid Remediation Portal Submissions

Request # 05096902	BERGEN	There are some people who have legitimate pain issues that really do need help in controlling the pain and suffering they feel. Physicians are afraid to prescribe anything for pain and down right refuse to prescribe anything other than therapy or punt the patient to another physician who will do the same. Its so sad to watch someone deteriorate mentally and physically because their in pain. Please help these people and stop standing by and behind fear from litigation and treat those in need of pain relief. Does it really matter if someone with chronic pain becomes dependent on a certain medication if it gives them relief? A reasonable person would say NO. Do something besides the stupid over the counter recommendations or therapy suggestions that don't work. CBD? Yeh right..This doesn't wo
Request # 05108329	BERGEN	I believe that much of the problem stems from the continued act of prescribing opioids by doctors and healthcare providers. If we can eliminate this, we could potentially lower the amount of people becoming addicted in the first place. I propose that the government begins an incentivized plan that gives doctor's offices/hospitals X amount of money when they verify that they have not prescribed opioids to any patients over X amount of time. The only way that we are going to get healthcare providers to stop prescribing these drugs is if they know that they will not be losing out on the money they would make if they were. The amount and timelines that the government provide is discretionary to them and what can be afforded given the settlement funds and the number of hospitals that would need

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Request # 05113045	BERGEN	Safe Babies Court Team NJ (SBCT) transformative child welfare initiative for families of infants and toddlers under the age of three that uses community coordinators to align systems and stakeholders to seek family reunification whenever safely possible. SBCT disseminates best practices regarding innovative substance use treatment approaches, early childhood development knowledge, and trauma-responsive care. Unlike other services that may only target only individuals dealing with addiction, or just the affected child, SBCT wraps holistic services and supports around the entire family. SBCT breaks the cycle of intergenerational addiction and trauma. Total funding amount needed / cost Expenditures are tied to the size and scope of possible program expansion. Currently, the program is
Request # 05117058	BERGEN	Safe Babies Court Team NJ (SBCT) transformative child welfare initiative for families of infants and toddlers under the age of three that uses community coordinators to align systems and stakeholders to seek family reunification whenever safely possible. SBCT disseminates best practices regarding innovative substance use treatment approaches, early childhood development knowledge, and trauma-responsive care. Unlike other services that may only target only individuals dealing with addiction, or just the affected child, SBCT wraps holistic services and supports around the entire family. SBCT breaks the cycle of intergenerational addiction and trauma. Total funding amount needed / cost Expenditures are tied to the size and scope of possible program expansion. Currently, the program is
Request # 05117080	BERGEN	Detox programs need to be longer due to the prevalence of fentanyl. I went to detox twice this year-once at... Both times I was given a maximum of one week which was not long enough for the detox taper from Methadone and also Suboxone. Please extend detox times so patients can successfully taper off opiates.

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Request # 05116353	BERGEN	NJ should build on and use Paterson's new program as a model for allocating local funds to provide immediate access to medication-assisted treatment (MAT) for opioid use disorder (OUD). Paterson's program, RealFix, allows opioid users to enroll in MAT and get a first dose of buprenorphine within 90 minutes of calling a toll-free number, thus diverting them from seeking illicit opioids from street dealers and moving them away from a pathway to potentially fatal overdoses. RealFix was one of 15 winners of three-year \$1 million grants in Bloomberg Philanthropies' 2021 Global Mayors Challenge, and the only one to address opioid addiction. RealFix will be a model for NJ and, indeed, the whole US. This pilot project requires a much greater investment to be implemented widely and expanded. Profe
Request # 05104836	BERGEN	It is incredibly difficult, as a detox counselor, to place people with health issues and people with Medicare into facilities in New Jersey. This is a major problem, as most people coming into detox have issues with insurance and many have Medicare, and most of the patients have serious health problems accrued from years of using. If rehabs continue to turn away people with these health issues, then many people will go without the help they need, and more people will continue to die. I propose more funding to make rehabs medically equipped to accept people with ongoing health issues. Even just one more place that takes Medicare and accepts health issues would make a huge difference.

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Request # 05115114	BERGEN	I am not submitting a proposal but giving comments as a relative of a young man who died of an overdose after becoming addicted to prescription opioids after a sports injury. It is my opinion that most of the programs that treat individuals with opioid addiction are subpar. All individuals should be able to attend an inpatient facility for the length of time it takes to reach sobriety and their job should be held just as a pregnant woman can't be fired for taking leave to have a baby. Currently quality inpatient programs are too expensive for the middle class. Instead of wasting money on day programs with well meaning but ineffective staff, invest in effective programs. Police in NJ are well trained and do an excellent job in responding to overdoses with Narcon. However, their hands
Request # 05117431	BERGEN	I believe creating rules where facilities are not allowed to charge insurances massive amounts of money for rehabs that why insurances would be more willing to cover the expenses
Request # 05117687	BERGEN	Goals: To investigate the role of retinoid-based therapies in improving opioid cessation outcomes. Total Funding: \$150,000 (Direct) Target Population: Individuals with OUD seeking treatment for opioid cessation. Summary of Initiatives: Micronutrient deficiencies are prevalent with opioid use and have a major impact on dependency and recovery outcomes. Vitamin A (or broadly retinoids) is a micronutrient that is essential for the function of many tissues, including the brain. Emerging evidence suggests that retinoids influence the neuronal function of the adult brain translating into behavioral effects, including addiction. The purpose of this preclinical study is to optimize retinoid supplementation to improve opioid cessation outcomes in a model of opioid use. Preliminary data indica

New Jersey Opioid Remediation Portal Submissions

Request # 05115466	BURLINGTON	I believe that there should be a family based group put together. Where children and teens can have meetings or “get togethers with other peers that have lost their parent/care giver to this epidemic. Where they can speak openly on how they feel about it, maybe get a better understanding of this ugly drug. They will see that their are so many other children that can relate to them but often don’t speak about it. In this family based setting there should be sessions for the parents, partners and even friends of addicts who can meet each other. These peers should be spoken to by people like myself who is widow of an overdose statistic in 2013. So they can understand the meaning of “tough love” choices and that they are not harmful just because of the guilt it makes you feel if you choice it.
Request # 05096922	BURLINGTON	Hello, I am a recovering addict myself and I have a older brother that is struggling right now, he is trying to get clean and stay clean. He has done alot of damage throughout his addiction. He has NJ state Medicaid so it has been a nightmare trying to get him treatment. None or most of the treatment centers do not accept Medicaid. I wish that you could use the available funds to make it easier for addicts like my brother get treatment.
Request # 05096635	BURLINGTON	First of all,.. rehab facility no less than 30 days. Along with this,.. There’s vivitrol, a shot given once a month, to help with no cravings etc..(read more info on vivitrol)., in addiction w/ rehab facility this shot will help towards the road of recovery. Along w/ this comes the responsibility of rehab facility to be in touch w/person making sure shots once a month and is doing a program. Once there are signs and reassurance person is on road to recovery, they can stop the vivitrol and continue w/ program. There must be cooperative caring understanding this addiction from ALL rehab personnel.. putting the patient first..just a program may help w/some, but others need more help., and vivitrol is the extra help that they need. Follow up is very crucial by rehab, that’s important. The ad

New Jersey Opioid Remediation Portal Submissions

Request # 05096833	BURLINGTON	I believe that money should be spent to do one of a few things but first I'd like to see our county or state invest in a charitable rehab that isn't like a prison and in the middle of a drug use area. One like you see on tv that only the addicts with "rich" families get to be treatment at. My family members have come right home from these Medicaid covered places with more drug contacts then they started with. Maybe using a lottery to see who gets in to these places. Secondly, I work at a provider that does MAT and majority of my patients can't afford their visits or medication in the beginning and don't have great health insurance. Possibly subsidize funding to send patients straight to medically assistant treatment. I know my office would love to work with the county or state to get mo
Request # 05103556	BURLINGTON	Provide the Counties or DMHAS more money to fund initiatives that pay for treatment for everyone no matter the persons financial or insurance status.
Request # 05116638	CAMDEN	I know this is not an original idea and that it exists already exists in Kentucky and Chicago. New Jersey needs an Urgent Care for people that overdose and have other addiction issues. This model is proven to save counties money over a 3-year period. Many people that overdose, are sent to the hospital for the highest level of care and highest level of cost but the patient doesn't receive care that meets their needs. The county and the state are paying ten times what is needed for the patient, but the patient does not receive the care they need. The Model I learned about, put an "Urgent Care" at the border of four counties. In this case I envision it on either side of the Burlington and Monmouth County borders. This would provide access to Monmouth, Ocean, Mercer and Burlington Counties
Request # 05097202	CAMDEN	Treatment with methodone should be available at drug stores or Urgent cares. If you have to travel & get in line, it is very hard to maintain a job. Being a productive member of society will help some addicts maintain sobriety. After 90 days of sobriety, maybe a 7 day dose could be distributed.
Request # 05097324	CAPE MAY	PLEASE put a treatment/rehabilitation facility in Cape May County! We do not have an in-patient facility and we need it badly. Thank you. Please consider this.

New Jersey Opioid Remediation Portal Submissions

Request # 05096156	ESSEX	Funds should be used to encourage developing medications that treat chronic pain without the threat of addiction. If people have untreated/poorly managed chronic pain they will resort to the behaviors of those in the throes of addiction. With synthetic illegal fentanyl streaming over the southern border there will be a lot more poisonings. This effects everyone of every age, race, gender and economic situation. Please do not forget patients. The stigma must stop.
Request # 05103134	ESSEX	"I think it has now been well established that opioid blockers such as suboxone not only save lives, but also allow people with an opioid addiction to live a life free of that illness. The problem, as I understand it, is while any physician can prescribe an opiate, only very few 'specialized' physicians can prescribe suboxone and the like. Does that make any sense? Not to me. So let's use some of those funds to train doctors- family physicians, internists, psychiatrists, and all other interested physicians- to enable them to prescribe suboxone and other opioid blockers. This is really a no brainer."
Request # 05097167	ESSEX	The goal for this initiave would be to address the population of people suffering on pain management who are not receiving the adequate milligram dose to manage their pain due to the reduction by the doctors and pharmacies to cut everyone's medication without individualizing them. Thousands of people have been suffering in pain, going to the streets who don't know about the streets buying fentanyl, or God knows what, borrowing medication and taking meds by any means necessary that they think might help the pain or withdrawal. People are feeling mistreated and spoken down to as if they were the worst bottom dirty "junky seeking drug addict" They are made to feel guilty for having pain. This population must be treated with the corrected dose to manage the pain even if its' a higher dose,

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Request # 05113558	ESSEX	Safe Babies Court Team NJ (SBCT) transformative child welfare initiative for families of infants and toddlers under the age of three that uses community coordinators to align systems and stakeholders to seek family reunification whenever safely possible. SBCT disseminates best practices regarding innovative substance use treatment approaches, early childhood development knowledge, and trauma-responsive care. Unlike other services that may only target only individuals dealing with addiction, or just the affected child, SBCT wraps holistic services and supports around the entire family. SBCT breaks the cycle of intergenerational addiction and trauma. Total funding amount needed / cost Expenditures are tied to the size and scope of possible program expansion. Currently, the program is
Request # 05097141	ESSEX	Better access to treatment. Large problem is that after 30 days insurance stops, families pay, the user leaves and links with those from the programs to use. Legally the offenses should have in place mandatory treatment, groups, sponsors, and family treatment.
Request # 05117107	ESSEX	On Thursday, October 27, 2022 front line providers got together at the Newark Public and did not talk about the problems, we gather for solutions. One of the main issues here in the Newark area long term treatment facilities. For the few agencies that provide detoxification (3-5 days) is good but when client go back into society, there are not longer term facilities available. There are so many barriers including insurance. I have been working with St. James AME Church for more than 25 years and I am tired of talking about the problems. LET START IMPLEMENTING SOLUTIONS!!!!

New Jersey Opioid Remediation Portal Submissions

Request # 05117915	ESSEX	The MAT Centers of Excellence at Rutgers, Rowan, and Cooper Universities propose the following for the use of the State Opioid Settlement Funds: 1. III Expand capacity and reach of the MAT Centers of Excellence through education, mentoring, academics, innovation: a. III Build interactive webpage to house online training program and central listing for in-person addiction education b. III Expand training within academic medicine for students and Continuing Education c. III Create statewide MAT Prescribing Hotline d. III Partner with pharmacies to build extended-release buprenorphine and sublingual buprenorphine stockpile program e. III Fund addiction medicine services in hospitals across New Jersey 2. III Expand access to harm reduction and low barrier co-located evidence-based care: a. III Expansion of harm red
Request # 05117469	ESSEX	Granular details can not be provided here however it is based on two broad concepts that should be supported with research funding with approximately \$30mm to start to fund initial clinical trials for years 1-4. 1) Cannabis Clinical Registrant Application. This is basically a Cannabis research license in the state of NJ. The NJ CRC-(Cannabis Regulatory Commission) will be providing the guidelines sometime in 2023. There is good research/evidence out there that supports Cannabis to address the opioid crisis. 2) Entheogenic Medicine/Psychedelic Research - New Jersey currently has a Psilocybin Bill (S2934) submitted in June 2022 & sponsored by Senate President Nicholas Scutari. Entheogenic medicines/psychedelics are currently being studied by such prestigious institutions as Johns Hopkins,

New Jersey Opioid Remediation Portal Submissions

Request # 05096853	ESSEX	1. Formation of a professional and family group to work with insurance companies and Medicaid to cover longer than 30 days in inpatient rehab. 2. Provide rent in sober houses for at least the first two weeks after discharge from inpatient rehab. Upon discharge from inpatient, most substance users trying to recover, are homeless and do not, as yet, have jobs to be able to pay rent.
Request # 05116997	ESSEX	University Hospital (UH) proposes to use Opioid Settlement Funds to establish an Addiction Medicine Center (Center) within UH to significantly improve OUD/addiction treatment outcomes. The Center, through a comprehensive, holistic and integrated approach would coordinate connection to addiction treatment and mitigation of risk for addiction for patients across all ages (children, adolescents and adults) who enter the hospital through any of its entry points (such as Emergency Department, Psychiatry, OB/GYN, Internal Medicine and Infectious Diseases). It would enable an expansion of UH's OUD/addiction prevention services (education, individual and family counseling, and peer support services) and strengthen registration/enrollment in social service programs that include medical insurance an
Request # 05116969	GLOUCESTER	This interested party's proposal is to invest in the not-for-profit agencies that provide co-occurring substance use treatment to the members of the community who are eligible for Medicaid and other public funding. These agencies have long struggled to treat people with co-occurring substance use disorders who have barriers in multiple dimensions. The lack of resources and poor compensation has led to the least experienced and least skilled clinicians providing care to the population with the most barriers to recovery. This interested party believes that this should be conceptualized in the way we consider prevention measures. More resources should be invested in the front end of this part of the treatment continuum to avoid using greater resources later. This interested party als

New Jersey Opioid Remediation Portal Submissions

Request # 05096877	HUDSON	I would like to see in patient treatment centers that treat dual diagnosis users. Not just for 28 days but longer. There should be several in each county and not just in the county seat towns/cities. They should also be mandated to accept at least 50% of people without health insurance. Once discharged the recovering addict should get one on one and group counseling weekly. Also should be given help in finding employment. There shouldn't be a limit on the number of times a person enters an inpatient facility. If they seek help, they should receive it.
Request # 05105963	HUDSON	To the Opioid Recovery and Remediation Advisory Council, NJRC is submitting a proposal for a pilot initiative to treat opioid use disorder, mental health, and hepatitis. In requesting funds from the Opioid Settlement Fund, NJRC wishes to highlight with this pilot initiative the complex relationship that exists between opioid addiction, mental health, and hepatitis. Please see attached for our proposal. Thank you kindly for your consideration. Sincerely, Jim McGreevey Executive Director, NJRC
Request # 05117192	HUNTERDON	We need evidence-based treatment facilities, compliant supportive housing, and harm reduction measures across under-resourced rural and suburban regions of NJ. We need free Narcan vending machines in areas with high densities of overdose and in prisons for people upon release. Those without reliable transportation should benefit from mobile units that hand out MAT on site. EBT/SNAP-style money cards or specific service vouchers must be available so everyone, particularly people with Medicaid, Medicare, or no insurance, can afford treatment and transportation.

New Jersey Opioid Remediation Portal Submissions

Request # 05108208	HUNTERDON	Everyone who wants access to medication for Opioid Use Disorder should have access. Research has shown for people with Opioid Use Disorder and had medication (MOUD) was able to get into treatment and stay in recovery. In Hunterdon County, we do not have any providers. Funding needs to be used to train and provide incentives for the medical community. Also we need insurance providers to cover alternatives for pain management and not limit number of physical therapy appointments. Alternative therapies include nonopioid medications, massage therapy, chiropractic care, and acupuncture.
Request # 05114945	HUNTERDON	Funding long-term inpatient care (detox, rehab, in patient, and iop). Clean needle exchange programs. Decriminalize ALL DRUGS. Safe injection sites. I don't know what these costs would be or how they'd need to be divided, but if we really want to save lives, we NEED to accept that drug addiction happens whether it's legal or not
Request # 05114930	MERCER	Ongoing Funding for Research on long term effects of NAS on a baby. Ongoing Funding for Hospitals Neonatal intensive care units (especially in areas where opioids are on the rise) caring for newborns with NAS. To prioritize and not forget newborns as they are beginning their rehab and recovery process and they also are suffering and are in pain. while being treated for NAS . Such as 24 hour Round o'clock nurses for babies suffering from nas especially since newborn may not have a parent present to hold them. Which can help with recovery process. Mamma Roo rockers which helps soothe the babies when they do not want to be held anymore and it's hard for them to get comfortable. Larger onesies and bigger swaddle blankets since they remain in hospital longer than a newborn. Thank yo
Request # 05096908	MIDDLESEX	Have someone on call who can help and relate to persons in need of help for area emergency rooms. This way people needing or seeking help do not have to wait days for assistance or placement. This would also free up the emergency staff.
Request # 05096843	MIDDLESEX	speak to the MDs who are in the pain management profession

New Jersey Opioid Remediation Portal Submissions

Request # 05096653	MIDDLESEX	Long term treatment is imperative. The 21 day insurance models do not work. It takes longer than that for addicts to detox completely. Facilities like Mrs. Wilsons Halfway House in Morristown, Nj need financial support to provide beds to female addicts who cannot afford long term (six months or more) treatment. The success rate if such facilities as Alina Lodge should be models for treatment.
Request # 05106710	MONMOUTH	Please see attached correspondence.
Request # 05117479	MONMOUTH	I think we need more facilities for detoxing and recovery from addiction. I feel there are not enough facilities or treatment counselors needed for the scope of people who are addicted. Also, we need much more education, as fentanyl is so prevalent now, and deadly.
Request # 05096842	MONMOUTH	30 day treatment is a joke . These kids need minmun 60 to 90 days of treatment and job training and court monitoring for drug use. Withdrawal your clean in 3 to 5 day physically mentally is much longer . Also long term sober living homes
Request # 05097203	MONMOUTH	Please please allow this money to be used by individuals who need rehabilitation with or with out insurance. People do not go to rehab because they or their family members cannot afford it. Or open more rehabilitation centers so they are NOT waiting for beds to open
Request # 05117238	MONMOUTH	Create Buprenorphine Bridge Clinics: Expanding on the Opioid Reduction Options (ORO) model, this opportunity would provide emergency departments (EDs) with funding to establish a bridge clinic. The Bridge model (https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7673896/pdf/wjem-21-257.pdf) is a clinical model in which ED practitioners screen patients for opioid use disorder (OUD), provide short-term prescriptions for buprenorphine (https://reports.addictionpolicy.org/evidence-based-strategies/patient-services), and then provide patients with warm handoff directly to a co-located, outpatient bridge clinic that provides medications for opioid use disorder (https://reports.addictionpolicy.org/evidence-based-strategies/systems-improvements). The Bridge model may be modified to establish a virtual b

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Request # 05117300	MORRIS	More inpatient facilities - there are hundreds of detox beds but very few short term, long term and halfway houses for continued treatment Financial assistance for people who are new to recovery - grants for sober living houses, transportation, living expenses and school or job training. Paid leave from work for those who need inpatient - many places will let you take unpaid leave but that doesn't exactly help Programs that allow law enforcement to offer people treatment instead of prison Funding for legal aid - to deal with old charges or get old convictions expunged Prevention programs that educate kids Training for teachers to help them identify and help kids at risk
Request # 05112935	MORRIS	Safe Babies Court Team NJ (SBCT) transformative child welfare initiative for families of infants and toddlers under the age of three that uses community coordinators to align systems and stakeholders to seek family reunification whenever safely possible. SBCT disseminates best practices regarding innovative substance use treatment approaches, early childhood development knowledge, and trauma-responsive care. Unlike other services that may only target only individuals dealing with addiction, or just the affected child, SBCT wraps holistic services and supports around the entire family. SBCT breaks the cycle of intergenerational addiction and trauma. Total funding amount needed / cost Expenditures are tied to the size and scope of possible program expansion. Currently, the program is

New Jersey Opioid Remediation Portal Submissions

Request # 05115615	MORRIS	Safe Babies Court Team NJ (SBCT) transformative child welfare initiative for families of infants and toddlers under the age of three that uses community coordinators to align systems and stakeholders to seek family reunification whenever safely possible. SBCT disseminates best practices regarding innovative substance use treatment approaches, early childhood development knowledge, and trauma-responsive care. Unlike other services that may only target only individuals dealing with addiction, or just the affected child, SBCT wraps holistic services and supports around the entire family. SBCT breaks the cycle of intergenerational addiction and trauma. Total funding amount needed / cost Expenditures are tied to the size and scope of possible program expansion. Currently, the program is
Request # 05097220	MORRIS	The goal is recovery from addiction - I don't know the cost, but I feel that longer stays in rehabilitation facilities would be very helpful for people who are interested in helping themselves. The duration is way to short. I realize it would be very expensive, but I think it would be more cost effective in the long term.
Request # 05114877	MORRIS	Propose funds to assist with short and long term housing for recovering addicts.
Request # 05108790	MORRIS	continuation of the Hope One Program and the Vivitrol Program upon release from incarceration if addicted
Request # 05096903	OCEAN	I propose that some of the funds be used towards updating the state funded facilities. These buildings are old and in desperate need of remodeling. Also, the staff at these facilities are grossly understaffed and the main reason is that the compensation is minimum wage. These people have very important and demanding jobs and are not nearly paid a fair wage. If these employees were paid more then there would be more interest in the positions. People who complete these programs need guidance and assistance in order to become productive members of their home towns. Job resources and private therapy.

New Jersey Opioid Remediation Portal Submissions

Request # 05096993	OCEAN	My son died of an overdose of fentanyl from Paterson. He had no insurance. He didn't want to be an addict. Nj reach got him a detox and 2 weeks rehab. It's not enough time. There needs to be a place like a farm where addicts stay and work and learn to control the urge to get high. They need a year at least. Everywhere my son went for help they wanted to put him on methadone or suboxone. Methadone got him high and when he went on suboxone he couldn't get off it. Why exchange one drug for another. Yes it will cost a lot but what the state is doing now is not working. Who's deciding? Every person is different. My son had told me it took over a month clean to start thinking straight.
Request # 05099443	OCEAN	My name is ... and it seems like everyone I talk to including myself has someone in the family that has been or is addicted to opioids and or heroin. The problem currently is that we are promoting another drug that is just as highly addictive and people are now getting high on that drug and not able to function. The root issue is not being addressed. My father was a heroin addict, my mother raised 7 children on her own, we all worked to support the family. I believe that most of the money should go to helping with the mental illness part, as well as Workforce recruitment/development and helping people with this addiction get on their feet. I believe that rehab centers, should be able to keep person addicted for longer than 30 days. 30 days is not long enough. I also be
Request # 05117102	OCEAN	To expand mobile Medication Assisted Treatment (MAT) units throughout NJ, particularly in rural areas of South Jersey, utilizing funds in the amount of up to \$2 million, from the opioid settlements to facilitate expansion of treatment for those with Opioid Use Disorder (OUD). The mobile MAT vans would include those which dispensed MAT and not simply prescriptions. The costs to set up a mobile MAT unit are flexible and depend on how big the van is and how many staff are needed on board. Will it be a large RV with a separate examining area, office, and dispensing spaces, as well as a bathroom or a small truck with a separate cab? Will it be a new vehicle or a refurbished one? The costs could be as high as \$250,000-\$300,000 per van plus the cost of staff. Utilizing both opioid settleme

New Jersey Opioid Remediation Portal Submissions

Request # 05114900	OCEAN	My hope is the money is spent wisely, and that it goes to treatment and education for our next generation to understand the dangers of opiod/drug use. Treatment needs to be expanded. It is very hard for someone without insurance to get treatment. Also expanding the number of treatment days from 30 to 90. The insurance companies should be forced to do the same. Treatment centers are a for profit business, I think there should be some sort of oversight committee to combat fraud. I do not want to see numerous administrators, overseers and managers hired to oversee the monies.
Request # 05116757	OCEAN	I would like to see money put into, "treatment on demand", high quality residential treatment facilities that do not require a person to 'fail' IOP first. There also needs to be options for people that want to, "go away to treatment", to be able to stay in a residential setting and then in a recovery housing setting. Unfortunately, there are few options out there for quality treatment with the option of being in a setting where MAT, MOUD or DRT are not available. There are still people that want and do recover with a program of complete abstinence. I also believe that agencies/prescribers that dispense MAT, MOUD, DRT need much more stringent regulation. Today in NJ there are methadone and suboxone clinics with no detox or taper to get people of the highly addictive drugs thare are
Request # 05117223	OUTSIDE NJ	New Jersey DHS must prioritize the following: Affordable and accessible treatment. We need evidence-based treatment facilities, compliant supportive housing, and harm reduction measures across under-resourced rural and suburban regions of NJ. We need free Narcan vending machines in areas with high densities of overdose and in prisons for people upon release. Those without reliable transportation should benefit from mobile units that hand out MAT on site. EBT/SNAP-style money cards or specific service vouchers must be available so everyone, particularly people with Medicaid, Medicare, or no insurance, can afford treatment and transportation. Appropriate care. Case managers and peer recovery advocates should be available at the beginning of recovery by accompanying first responders to

New Jersey Opioid Remediation Portal Submissions

Request # 05118036	OUTSIDE NJ	General statement concerning treatment for OUD; no dollars attached.
Request # 05112921	PASSAIC	Safe Babies Court Team NJ (SBCT) transformative child welfare initiative for families of infants and toddlers under the age of three that uses community coordinators to align systems and stakeholders to seek family reunification whenever safely possible. SBCT disseminates best practices regarding innovative substance use treatment approaches, early childhood development knowledge, and trauma-responsive care. Unlike other services that may only target only individuals dealing with addiction, or just the affected child, SBCT wraps holistic services and supports around the entire family. SBCT breaks the cycle of intergenerational addiction and trauma. Total funding amount needed / cost Expenditures are tied to the size and scope of possible program expansion. Currently, the program is se
Request # 05113358	PASSAIC	Safe Babies Court Team NJ (SBCT) transformative child welfare initiative for families of infants and toddlers under the age of three that uses community coordinators to align systems and stakeholders to seek family reunification whenever safely possible. SBCT disseminates best practices regarding innovative substance use treatment approaches, early childhood development knowledge, and trauma-responsive care. Unlike other services that may only target only individuals dealing with addiction, or just the affected child, SBCT wraps holistic services and supports around the entire family. SBCT breaks the cycle of intergenerational addiction and trauma. Total funding amount needed / cost Expenditures are tied to the size and scope of possible program expansion. Currently, the program is

New Jersey Opioid Remediation Portal Submissions

Request # 05113674	PASSAIC	Safe Babies Court Team NJ (SBCT) is a transformative child welfare initiative for families of infants and toddlers under the age of three that uses community coordinators to align systems and stakeholders to seek family reunification whenever safely possible. SBCT disseminates best practices regarding innovative substance use treatment approaches, early childhood development knowledge, and trauma-responsive care. Unlike other services that may only target only individuals dealing with addiction, or just the affected child, SBCT wraps holistic services and supports around the entire family. SBCT breaks the cycle of intergenerational addiction and trauma. Total funding amount needed / cost Expenditures are tied to the size and scope of possible program expansion. Currently, the progra
Request # 05096919	SALEM	Proposal goal is to get a treatment for substance use disorder and other mental illnesses in Salem County. My son passed away of an accidental drug overdose. He was previously on Methadone treatment for many years and there were no methadone clinics in Salem County. We had to travel either to Cumberland or Gloucester counties to a methadone clinic. Salem County is in great need of prevention, treatment and recovery support as the opioid and fentanyl epidemic is increasingly getting worse in this county. I do not know the amount of funding this would take to propose an amount. Many would like the help if the help were more accessible to them as they do not have the transportation to get to the outlying communities. Thank you for your consideration in helping the people of Salem Coun
Request # 05096871	SALEM	I feel drs that over prescribed patients like my daughter who was a college graduate speech pathologist but a dr prescribed her medication that ultimately killed her.

New Jersey Opioid Remediation Portal Submissions

Request # 05096905	SOMERSET	I have too many thoughts so I will say the most important is a light at the end every addict feels wht bother irs been so long im just gonna doecsoon anyway..i promise we havecall been there.i believe methadone works..it took me a very long time but in January i will have 9 years clean.I go to organization for recovery. It is not easy to start the program and jump the hoopsie group drug test dr visit punishment but now i see it different.I think the key people were there when i was ready...my problem now in my health and no doctors care.I have lupust and almost lost my leg .i did burn from the inside out 4 months in somerst hospital 8 surgies and im still not using but every day i beg god to take me home..i have no quality of life basically i exist..i need mental health care for ptsd.and a
Request # 05096884	SOMERSET	Drug addiction is extremely difficult to overcome. Over 30 years my daughter has been in a revolving door of arrest, treatment, rehab, release, and NA/AA meetings. She was a confirmed drug addict who died this year of accidental overdose. Rehab of several days or even weeks is insufficient to move an addict out of her propensity to resort to drugs again. The system of public and private entities who sincerely try to help is inadequate. Funding must be provided for options like Cognitive Behavioral Therapy; and where teams are assigned to interview and lay out long-term plans, with dedicated follow-up. Too often, "treatment" is happy to pass the problem along to the next organization or facility. I could estimate that removing an addict from addiction will have an actual cost of abou
Request # 05114962	SOMERSET	Treatment for persons addicted and social services for the families of those who are addicted and those who have died from overdosing
Request # 05105446	SUSSEX	To use funds for methadone treatment for opioid disorder for people who can't pay for treatment
Request # 05098203	SUSSEX	Funding should be used to expand treatment options to places that are typically under-served and should include expanding resources to non-English speakers since they often are unable to find treatment. Peer services have been a key to engaging persons who use but making treatment particularly MAT options affordable is needed, regardless of insurance or immigration status.

New Jersey Opioid Remediation Portal Submissions

Request # 05106028	WARREN	We can all agree the longer an individual abstains from using their drug of choice, the more likely they are to have successful long term recovery. Treatment is costly. Even if insurance pays a portion. Until the insurance issue is addressed, the funds received from this settlement would do the most good providing treatment 'scholarships' for those who suffering from opioid addiction. The individual suffering due to the pharmaceutical industry's misconduct should be able to receive intensive residential treatment including counseling that includes coping skills, mental health evaluations. After completing residential treatment, the individual should receive aftercare guidance as well in a step down sober living environment with access to outpatient services with a clinician. This would
WORKFORCE DEVELOPMENT		
Request	County	Proposal
Request # 05118040	ATLANTIC	Attached, please find feedback on the NJ Opioid Settlement Fund from Pyramid Healthcare, Inc.
Request # 05098961	BERGEN	See attached. State funding TBD, but needs to be adequate (not to underfund, which is a setup for failure). Serving and GROWING the RECOVERY COMMUNITY, making a healthier New Jersey.
Request # 05115263	BERGEN	Please see attached file.
Request # 05115475	BERGEN	The attached letter outlines a proposal to establish an Office of Recovery to oversee delivery of SUD services in the State. The proposed budget would include \$1.5 million per year for 10 years. There are multiple state agencies and divisions siloed into serving those affected by SUD. Implementation of a centralized entity to help the State combat the growing epidemic of addiction would ensure a cohesive strategy to best serve the individuals, families, and communities affected every day by this public health crisis.
Request # 05115248	BURLINGTON	See attached File
Request # 05116773	CAMDEN	See attached

New Jersey Opioid Remediation Portal Submissions

Request # 05114459	CAPE MAY	Our proposal is aimed at helping people with opioid addiction. We currently serve Cape May County and surrounding areas, ages 18 and up. The majority of our clients are drug court clients who are working hard on their personal recovery. The funds that we would be requiring are \$800,000. Our proposal would be used to expand our programs and hire more clinical and support staff. Funding for options to provide transportation for the participants would be needed to ensure that people not on a bus route or in walking distance, could make it to programming. This would include both providing a van, a driver and bus passes. Funding would go to helping expand our co occurring program that has already been started. We would eventually like to be able to have the space and staff to start a OUD
Request # 05114611	CAPE MAY	Please see attached file.
Request # 05116167	GLOUCESTER	See the attached Advocate to Allocate document.
Request # 05117034	GLOUCESTER	Recovery Oriented System of Care based, not just treatment.
Request # 05116236	HUNTERDON	See File Upload
Request # 05116566	HUNTERDON	See Attachment
Request # 05116646	HUNTERDON	Please see attached letter.
Request # 05117619	MERCER	We must be proactive, compassionate, and thoughtful in our approach. Thankfully, we're already on the right track. We have well-established programs and treatment options to help those struggling with opioid use disorder (OUD). However, these programs require adequate and long-term staffing and funding to be effective, which is why I propose that these funds go specifically to existing prevention, addiction treatment, and harm reduction services centered on the support and recovery of those affected by this epidemic. The 2020 Opioid Response Report details that these programs are data-driven and effective. We do not need to reinvent the wheel. We merely need to ensure that existing services have the resources necessary to succeed and are numerous enough to serve all people in need.
Request # 05115735	MIDDLESEX	See attached
Request # 05115793	MIDDLESEX	Please see attached letter. Thank you.
Request # 05116594	MIDDLESEX	Please look at file attached

New Jersey Opioid Remediation Portal Submissions

Request # 05116681	MIDDLESEX	View attached letter.
Request # 05116715	MIDDLESEX	Thank you for opening this portal for the crucial public input needed for the best ways to utilize the money NJ receives from opioid settlements. I have been meeting for several weeks with a group of citizens with lived experience of addiction and recovery, comprised of family members, allies, and people that identify as in recovery, as well as people who use drugs. We all work closely with people that use substances, people in recovery, and the families affected by it, and we are the experts in identifying gaps in the current NJ system because we live it, and assist others with it, every day. We agreed on many points. Transportation for those seeking assistance is practically non-existent. Safe, inclusive, affordable recovery housing, especially for marginalized populations (minorities,
Request # 05117927	MIDDLESEX	In this project, the Rutgers University Behavioral Health Care Center for Integrated Care proposes to use its expertise in the field of integrated care and opioid use disorder (OUD) treatment to expand integrated primary care services in underserved areas to account for the treatment needs of those with OUD and/or comorbid health conditions. Specifically, we will implement training for physicians and other care team members at primary care clinics in historically medically underserved regions in Elizabeth, Newark, and New Brunswick, NJ. The identified clinics are all in counties that experience significantly high levels of drug-induced deaths. Essex County which houses Newark had the 2nd most suspected drug-related deaths in the state this year; Middlesex County (New Brunswick) had the 3rd
Request # 05116135	MONMOUTH	Please see attached letter depicting our story and the initiatives we have developed to reduce stigma, raise awareness and help those struggling with mental health and substance abuse disorders (SUDs) in local communities in Monmouth and Ocean counties. At your request, I will submit further documentation regarding said initiatives.
Request # 05115729	MORRIS	See attached letter
Request # 05116640	MORRIS	Attached is a personal submission as a member of the Advocate to Allocate group

New Jersey Opioid Remediation Portal Submissions

Request # 05115542	OCEAN	See file upload I am submitting this on behalf of myself as a person in long-term recovery and as someone who is an unpaid harm reductionist volunteer boots on the ground service provider with the sole mission of supporting those who are suffering , CPRS, BA, CPLC, and 30 years of personal recovery. My direct line is...
Request # 05117099	OCEAN	Please see document uploaded.
Request # 05117608	SOMERSET	Please see up loaded file
Request # 05117611	SOMERSET	Please see uploaded file
Request # 05116047	UNION	File Upload
Request # 05097260	SUSSEX	Training and education for those working in the field to help those who can be better serve and help those get recovery who experience hardship working in the field of recovery. Work in the community to help those in the community and be able to work with the local law enforcement. Not have to travel out of the area and be able to help close to home where the problems are happening.

GENERAL SUBMISSIONS

Request	County	Proposal
Request # 05096896	ATLANTIC	I think instead of the State and Government getting the money it should go to the people who trusted there Doctors and Pharmacys when they were told to take the drugs. THAT MONEY BELONGS TO US THE PEOPLE WHO S LIVES HAVE BEEN SHATTERED, SO WE CAN GET REIAL HELP NOT THESE TERRIBLE CLINICS WHO ARE NO BETTER THAN THE DOCTORS WHO PERSCRIBED THE DRUGS IN THE FIRST PLACE. AND I THOUGHT THIS WAS A FREE COUNTRY?? IF IT IS,WHY CANT I KEEP TAKING THE DRUGS? I WAS ATLEAST ABLE TO WORK AND BE A PERDUCTIVE MEMBER OF SOCIETY WHEN I HAD NO PAIN AND NOW IM UNABLE TO GET OUT OF BED AND AM LOOKED AT LIKE SOME KIND OF JUNKIE! ITS WRONG!! THE ONLY PEOPLE THAT ARE BENIFITING FROM THIS OPIIOS CRISAS IS THE STATE AND GOVERNMENT OFFICIALS!!!

New Jersey Opioid Remediation Portal Submissions

Request # 05096898	ATLANTIC	I was a RN, CCRN for 27 years in critical care. Lost my nursing license r/t "suspicion of diversion" in 2010. I was let go and no guidance was ever provided. I am in active recovery since Oct. 2015. Applied for 'tech nurse helper position" at the same hospital I devoted my nursing career to. I was told 'I am a liability'- REALLY????
Request # 05096918	ATLANTIC	I think some of the money should be spent in stopping drugs from getting into the Country in the first place. We've been funding treatment etc., since the Regan years, tons of money spent, little results, problem is worse than ever.
Request # 05097013	ATLANTIC	No Proposal has been prepared due to acknowledgment of such
Request # 05097036	ATLANTIC	This may not be the proper way to express my idea however I feel that because I struggled for so long without help from anyone it needs to be addressed. I had an accident that led to an anterior cervical fusion of two discs. Before having the surgery I was referred to pain management and in the end, became addicted to opioids. I was a single mother that worked full time without much family help. When I realized that I had become addicted I felt ashamed and scared to tell anyone. I finally confided in my gynecologist whom I saw for years and trusted. She told me to go to the doctor prescribing the medication and tell him. When I did I was told to leave the office or the police would be called. I also was told not to come back. I became increasingly scared and tried on my own to cut back on t
Request # 05099110	ATLANTIC	I'm a person with SUD that also worked as a registered nurse for many years and my thoughts come from personal experience on both sides of the disease. We need to continue to reduce stigma associated with SUD and MAT. With the strength of fentanyl and the record number of overdoses it is far past time to support abs open more needle exchanges and not shut them down. We also need to open safe injection sites so that people have a safe place to protect themselves instead of dying alone behind locked bedroom and bathroom doors or dumpsters in alley ways. The thought that these things encourage use is absurd. County jails are serving as detox facilities and drug treatment centers for low level offenders. Decriminalization of small amounts for personal use would allow law enforcement to foc

New Jersey Opioid Remediation Portal Submissions

Request # 05104183	ATLANTIC	At this point I feel that it is Imperative to educate our youth Hopefully Before they begin drinking or drugs. Programs such as 'Steered Straight' etc. Presented by those who have lived with SUD & have been in jails & Institutions as well as have witnessed much death as a result of addiction. Also, we Must stay with a person who has achieved sobriety. After the detox inpatient IOP etc. Keep in touch with those in Recovery as the relapse rate is horrendous.
Request # 05115954	ATLANTIC	Good morning, my name is... I am an administrative assistant at I come from a long line of addiction. Both of my parents were active users when I was growing up. My older brother fell into active addiction when I was around 23. My children always lived with me as well as my brother as I was always trying to help him. I also had custody of my nephew (his son) for around 5 years. I feel as though, because I was always educating my children on addiction and its consequences and the fact that they saw with their own eyes what it did to my brother and our family that they make the choice not to pick up drugs. I feel as though if addiction education is put into the high schools, even if students fall into addiction, they will already have some coping
Request # 05117196	ATLANTIC	Now that the Pharmaceutical Companies have planted their seeds the Government has opened the borders to the drug cartels to continue the "supply chain" BUILD THE WALL / CLOSE THE BORDERS! The next lawsuit should be against the Biden administration for facilitating the destruction begun by BIG PHARMA!
Request # 05096785	BERGEN	I don't really know about the on the ground work to be done, but I do know something about the geography. I used to travel the state as a municipal attorney. Anecdotally, it seemed as if a lot of the municipal court's time in the Sussex and Hunterdon counties were spent on opioid issues. I'll never forget being in court and a judge was dealing with one opioid case after another and finally he said, "This is an epidemic and whether it hit you or not was just pure luck." I'll never forget that. So, the less dense counties - please look out for them.

New Jersey Opioid Remediation Portal Submissions

Request # 05096838	BERGEN	I think there should. E more places for people that need help to get off drugs. There are. Oh enough places for people to get help. The doctors that pushed the drugs need to be educated in nit pushing drugs and a different way to treat patients in pain.
Request # 05097019	BERGEN	I honestly do not have specific figures in mind when it comes to total funding amount and timeline of expenditure... I simply am someone who has a very close relationship with peoples with substance abuse issues and I have seen how the revolving door works when it comes to treatment and recovery of opiate abuse programs... after speaking with so many people and even my own personal input I know for a fact why so many people are unsuccessful when it comes to having a successful recovery this may not apply to everybody but I know a very large group of people can agree on this and that is the lack of medication assisted recovery programs available using medication besides the ones that are available methadone is an absolute trade-off going from one dangerous street drug to a dangerous over- the-co
Request # 05097046	BERGEN	Heroin and fentanyl are too easily accessible. People who are cut off from RX opioids from their doctors find these illicit substances and die. Something must be done about this
Request # 05097775	BERGEN	Close the boarder. Legal Immigrants who have been vaxed.
Request # 05115492	BERGEN	1)money should be given to users to give them incentives to report DOCTORS who have been given rx's. I have reported ... years ago who had been prescribing my child with drugs on a regular basis and who he knowingly was a drug abuser adding to his addition. These "doctor" have prescribed, Clonazapam, Alprazolam, Mirtazapine and D-Amphetamin salts and adderall. ..., MD Psychiatry Specialist in Paramus, NJ and also ... P.A working for the ... formerly in Ramsey need to be prosecuted and banned from the medical profession. ..., MD is a Psychiatry Specialist in Paramus 1a) use money to prosecute these doctors. 2) money also should be allocated to victims to drug related arrested for a private lawyer. Federal prose

New Jersey Opioid Remediation Portal Submissions

Request # 05117404	BERGEN	I believe doctors have a significant part to play in my and many others journey in a negative way. I believe if incentivized, people like myself would gladly step forward and give the names of doctors who have miss prescribed medication such as opiates and many other narcotics. I would call this a Bounty program where patients of these doctors give up these doctors and are incentivized to do so. If there is no incentive then nobody will willingly come forward with this information. Secondly I believe suboxen needs to be de-stigmatized. This medication can and will save lives yet for some reason people attempting to get clean only take this medication for short periods of time. I believe opiate users would get a substantial benefit from taking this for a full year. Everyone in outpatient
Request # 05117517	BERGEN	Want overdose prevention funding
Request # 05118043	BERGEN	We are a majority female-owned NJ company with a Community Care Cloud focused on SUD. Cloud components create virtual systems of care to improve teamwork and outcomes across ecosystems. We are led by entrepreneurs whose successes include sale of a cloud business to IBM; and one of the founders has long-term experience of SUD with a NJ family member. Our 3-part proposal serves multiple target audiences: 1. Deploy our TeamPatient app (www.TeamPatient.com) to educate and train Duty of Care teams (family & sponsors) to coordinate care of their loved ones in their journey, starting at transition* from hospital/treatment/jail. It will help sustain recovery through the power of teams. *This transition service was pioneered with St. Joes ER, Paterson in 2018. A team would capture and triage

New Jersey Opioid Remediation Portal Submissions

Request # 05115924	BERGEN	I have been a medicolegal death investigator since 2004 and have seen the 3 waves of this opioid epidemic. The recent rise in cases has really put a strain on the medical examiner system. I think that using the money for education, awareness and prevention will be great options. The money should be spent: 1. Reimburse the counties for the money spent in forensic toxicology testing. Improve toxicology testing turnaoround times through improvements in testing equipment/research. COST: A case from beginning to end, autopsies. \$4,000. Normal toxicology cost per case \$145.00, expanded toxicology \$247.00. Multiply each overdose x \$4,000. 2. Hire epidemiologists to sort through the enormous amount of medical examiner data and keep it up to date, create a live dashboard, improve
Request # 05117358	BERGEN	Please see attached file
Request # 05096143	BURLINGTON	I don't have a specific goal. I'm just here to say there are SO many under funded non profit organizations who are already doing so much without the government's help. Imagine how much more they could accomplish with resources and funding. King's Crusade and Shouting for Shelby are two local non profits that aided in saving my life when society didn't think I was worth saving. I just celebrated 4 years clean and sober. My friends are dying at an alarming rate because they can't access proper health care regarding mental health and substance use disorders.
Request # 05096638	BURLINGTON	I just submitted to you, the vivitrol shot help. I wanted to give you my email address, forgot to fill that in.. I recommmeded that rehab for no less than 30 days, vivitrol shot and follow up by rehab personnel.. please add my email to that request I just previously sent you... ...
Request # 05096787	BURLINGTON	I believe all the funds should go to impoverished miniorty communities effected by the crack era whom where never given opportunities and lost years of their lives because of unnecessary harm penalties

New Jersey Opioid Remediation Portal Submissions

Request # 05096834	BURLINGTON	My son ... died of a Fatal overdose of Heroin while home overnight from a rehab in ... That was in 2013. ... was only 24 it happened... He would have been 25 on ... Any help you can give others would be beneficial. Such as residential and recovery. Our son always said No matter how I try I can't seem to To kick the habit. Sincerely...
Request # 05096860	BURLINGTON	My proposal is that all of the money should go back into the education system that has had depleting funds the past few years (and coming on future years as well).
Request # 05096899	BURLINGTON	How in the heck did the State of NJ get such a large settlement? Which settlement was this from exactly? IMO, if any persons can provide proof of any form of a loss, due to the improper use of pain relievers that contain "Opiods", the State of NJ should grant those persons with monetary rewards!!! The state should never have that much control
Request # 05103634	BURLINGTON	The state run treatment facilities are not monitored well. My loved one went to New Hope treatment facility. I took money and items gave them to staff and the money was stolen. I asked to use the bathroom it was absolutely filthy. There was mold and filth my loved one could not wait to leave even though he wanted treatment. I saw our children we work with in the Children's system of care and they said to me you think it is dirty here you should see our rooms. If places are not monitored properly and allowed to treat people disrespectfully that is how they view themselves. I went to a training on gambling and New Hope staff were there I said to the person next to me I had a bad experience with them and they said everyone knows they have a bad reputation. Standards and quality of care are of

New Jersey Opioid Remediation Portal Submissions

Request # 05103755	BURLINGTON	I've been on Macdon over 20 years I think it's ridiculous that we have to go to the clinic daily I believe that a doctor should be able to prescribe her methadone especially if we have been on it this long however I also and mentally ill and I am trying to find a psychiatrist that I don't have to pay since I am on SSI my rent I need help with because my rent takes my whole check and then some I have no way to live I'm going to wind up homeless because rents \$900 I receive \$875 so I don't know how I'm going to live but wish me luck I'm doing right I'm sober meeting methadone maintenance saved my life and I believe I could save others as long as they don't use the other drugs to how do I say a lot of I get this as well you start using other drugs instead of the methadone because it's blocke
Request # 05110852	BURLINGTON	Our Foundation is based on the mission of supporting individuals leaving Treatment Centers and Halfway Houses with a scholarship that offers the individual rental assistance over a 7 week period and a Certified Peer Recovery Coach for 6 months to help the individual build a foundation of growth. We have been really successful with supplying a pathway back to living life on life's terms, but we are coming up short on funding. This year we placed 35 individuals on scholarship and needed to pause our program till January 2023. So, I would like to see a grant so we can expand our program and offer more individuals with a scholarship into recovery housing. Please reach out so we can share in detail our impact and structure that works.

New Jersey Opioid Remediation Portal Submissions

Request # 05114934	BURLINGTON	Angel moms need to go to schools , and public forums to speak Joe Biden has not offered to purchase one coffin for the families of those who have died from overdoses due to his policy on the open border The border is a portal for the drug carriers. To bring in the carfentynal and all other killer drugs Also We need more crisis counselors in the schools because these kids are going threw hell with confusion , anger , broken families and domestic abuse that remains silent. Why is there only one. Crisis counselor In the high school??? Also There should be a at risk assessment counselor My son was selling drugs in the school and I had to go in and pull him Out of school before he Killed someone !!!! They are selling drugs in the parking lot of the school and on the schoo
Request # 05105788	BURLINGTON	My proposed recommendation of how to spend funding would be to create a scholarship/ grant fund specifically for children that were involved with DCF (Foster and adopted children) towards higher education for these children. Many of these children are/were in care because of substance abuse by parents, grandparents, family members. By making funds available for these kids once they are old enough to attend college they are less likely to to get involved with drugs and it also eliminates the additional stigma of being adopted/ in foster care. This would lead to not only enormous success for these kids, but also feel good stories for the State of NJ to share with how they used these funds in such a positive way.
Request # 05096790	BURLINGTON	Because of my history when I was trapped in the cycle of drug abuse I have not been able to secure adequate employment recently. So some sort of financial compensation to bridge the gap in securing employment for financial stability needs to be addressed. As well as not having my prior history on the internet

New Jersey Opioid Remediation Portal Submissions

Request # 05105616	BURLINGTON	I am a sibling who lost her brother in 2016 to a fentanyl overdose. My brother's addiction started with a broken back and Oxy-Contin in 1996- there perfect storm. The day of his death, I vowed to not allow him to be a statistic. His name, ... would be known forever. Since 2017, King's Crusade a 501c3 non-profit organization has raised a little over \$270,000.00 via donations. I am 100% donation based. My non-profit helps throughout NJ, not just my county. My reach is huge. I provide sober living move in fees, transportation to detox, help with food and toiletries and other incidentals. I do not take a salary for my work and it is a full time job. I field calls all day long from people struggling and their loved ones. I primarily assist the indigent and medicaid population with getting int
Request # 05097078	BURLINGTON	I would like to request \$1 million to be used at the discretion of America's Keswick over the next 2 years. This organization has existed for 125 years in Whiting, NJ. It has helped countless people (and, in turn, their families) recover from life-dominating substance abuse through its 4-8 month residential program. The program asks only for an initial application fee of \$500 (for men) and \$1,000 (for women). Apart from that, the program is free to the residents. They engage in work therapy on the campus (maintenance, food service, housekeeping, etc.) as part of the program. Approximately 40% of the current staff are recovered addicts, a number of whom are now in key management positions. America's Keswick plans to open a counseling service to the community in the next few months. The mone
Request # 05097001	CAMDEN	This state and every other state should pay the law enforcement officials to combat where it starts ! The criminals and the cartel! I'm a mother of a beautiful 27 year old make that is battling addiction because they are putting fentanyl in every drug so these kids are extreamly addicted ! Wen these kids go to rehab they are fighting more then one addiction ! The people that are making the drugs and bringing them here should be put away for a very long time the first time they get caught ! No tokarence! My son tells me he saw police going into dealers houses in Camden being paid off ! This will never stop until you get stronger laws and they will not take a chance on going away for 10 yrs for dealing any substances ! Let's get our baby's back and get rid of the ones that keep killing our

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Request # 05097088	CAMDEN	Please do whatever you can to first stop the bleeding at the wound, the wound being an open border that is catapulting this fentanyl murder...after that is recognized, corrected and stop being ignored, then the first thing should be affordable real recovery centers along with affordable quality mental health facilities. This is a note from a mother who lost her baby because of the neglect at stopping the illegal crossings bringing this death over to our children Sincerely, ... mama💕💕
Request # 05098880	CAMDEN	Fix our mental health system! Its terrible!
Request # 05099116	CAMDEN	Prevention and education is job one. Hundreds of millions of dollars and all you can think to do is immediately spend it? How about lowering taxes in this state so people can live and not despair and turn to drugs in the first place? Racial justice? What a waste of money! How about eliminating sales tax? How about not collecting taxes to begin with so people can keep what they earn? Stop these ridiculous schemes to redistribute wealth! All you do is collect the money and blow it. And half of it is lost because of corruption and politics, if not most of it. The only thing on this list that is even CLOSE to something we need is "mental illness". Build some more facilities for these people and give them actual treatment. You talk about "eliminating the stigma", well legalizing dru
Request # 05108243	CAMDEN	The current state based on research is that all the numerous organizations in this space work in silos and do not talk or work with each other, until and when this is fixed no program you fund will change anything. In fact, Rotary predicts that when all the funds have been spent (if the above is not fixed) we will be no better off than today. With that said all these organizations fit the SHIRKY Principle because of the way, they were created this needs fixing. Lastly Rotary knows from the success of eradicating Polio worldwide that it takes a PROJECT not individual stand-alone programs to solve issues such as this. That is why Rotary created Project SMART which is 5 Five programs working and talking together under one umbrella to solve this crisis. These 5 Five Programs which are nec

New Jersey Opioid Remediation Portal Submissions

Request # 05108749	CAMDEN	Similar to national trends, Camden County is also experiencing a serious Opioid epidemic. Camden County has the largest number of heroin deaths in New Jersey from 2004 to 2016: a total of 937 deaths from heroin alone. In June 2018, the Camden County Correctional Facility with the help of the New Jersey Department of Mental Health and Addiction and the New Jersey Department of Corrections implemented the first medication assisted treatment (MAT) program in the county jail. Today, the Camden County Jail offers all forms of Medication for Opioid Use Disorder (MOUD), which has allowed for the continuing of treatment and induction. Through education and MOUD champions, the program has grown and become a robust program which includes participant education, staff education, individual and gr
Request # 05111223	CAMDEN	Prioritize testing and treatment for hepatitis C (HCV) among persons who inject/use drugs. Since injection drug use is the main route of transmission for HCV, could a portion of the settlement funds be used to assist with viral hepatitis elimination and testing and treatment of persons at high risk for HCV? HCV is now "curable" with oral medication (which has very few side effects) and can be provided at the same time as medication assisted treatment/treatment for opioid use disorder. Testing and treatment for HCV exists in prison settings and some opioid treatment facilities, but needs to be more widespread so that it gets to those who need it. Treating HCV, will save \$ for poor health outcomes down the road: liver transplant, liver cancer, etc. Testing and treating HCV makes the steps
Request # 05114964	CAMDEN	Hello, My former deceased spouse was a chronic alcoholic, mentally ill, and homeless. He attempted rehab many times but ultimately failed because he had nowhere safe and supportive to live. I currently volunteer several times a month at Cathedral Kitchen in Camden. They provide multiple services. Including meals, counseling and job training for former addicts. NJ needs MORE organizations like Cathedral Kitchen. Also, perhaps use some money to rehab abandoned buildings to shelter the homeless.

New Jersey Opioid Remediation Portal Submissions

Request # 05116818	CAMDEN	My child, at the age of 24 died from addiction. He would be 31 now. Something needs to be done. Stop killing our children. And offer more help for them. This is getting out of control and I'm wondering why more is not being done to keep our children alive. We live in the greatest Country in the world and should be doing more for the DISEASE of addiction. Stop letting drugs come through our border. WAKE UP!!!!!!! Let the WORLD know we are the greatest Country!!!!!!!!!!!!!! Stop taking our babies!!!!!!
Request # 05116964	CAMDEN	Dear Governor Murphy and Esteemed Members of the Opioid Recovery and Remediation Advisory Council, Thank you for opening this portal for the crucial public input needed for the best ways to utilize the money NJ receives from opioid settlements. I have been meeting for several weeks with a group of citizens with lived experience of addiction and recovery, comprised of family members, allies, and people that identify as in recovery, as well as people who use drugs. We all work closely with people that use substances, people in recovery, and the families affected by it, and we are the experts in identifying gaps in the current NJ system because we live it, and assist others with it, every day. We agreed on many points. Transportation for those seeking assistance is practically non-exist
Request # 05115414	CAMDEN	Please see attached Entrepreneurs in Recovery Business Incubator proposal. I would envision the launch of two regional center pilot programs to cost in the neighborhood of \$700,000 for two years. After that, rolling out the program to addition locals would produce similar costs.

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Request # 05108276	CAPE MAY	Prior to joining the local health department and overseeing the OFRT, I was the director of the Emergency Department at the local hospital with 15 years of ED experience. In my role as the OFRT Coordinator at the health department, I've learned so much on the trauma that patients with SUD face and NJ has done an amazing job recognizing that, building a community that is more knowledgeable, kinder and understanding to this population. But for years prior to that, these patients were brought to the ED (often against their will) for assistance by families, police, and outpatient providers. During that time, patients presented in crisis, utilizing a fight or flight response from their personal traumas and isolation. This led to abuse of ED staff. I personally have had a pen held to my throat,
Request # 05114896	CAPE MAY	Funds to be made available to children of drug related parental deaths. The funds would be placed in an interest bearing account for higher education after high school.
Request # 05096821	CAPE MAY	I believe that the families left behind.... Spouses and children will need support, especially help with housing, child care, employment& or training for employment. Most of the above are for people experiencing addiction, which is appropriate. However, those who have died by overdose or suicide because of addiction, there seems to be no help. A program through social service cases needs to be implemented to cover the families left with nothing. The most important social problem is the ability for these addicts to get drugs....in my opinion, remove the drugs through prescription and on the street and help the addicts to overcome their addiction.

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Request # 05108855	CAPE MAY	In 1991 Rutgers Cooperative Extension of Cape May County began a Grandparents Raising Grandchildren program, that program is still in existence today. This program began as a parenting support group and has evolved to a caring for the caregiver wellness program that meets monthly (except June/July). The families talk and share dinner, then the grandparents go into another room to view a presentation while the children are cared for with team building activities. Speaker are brought in on topic areas relevant to the grandparents caring for themselves and their families and RCE Faculty organizes and present on evidence based topics. Most of the families in this program are attend because of loss or incarceration due to the Opioid epidemic. These kinship providers are often overlooked
Request # 05096989	CUMBERLAND	My daughter's mother died from opiates in 2020. Now by myself i raise her. I'm exhausted she was robbed of a normal childhood because of these drugs and it will affect us for the rest of our lives.
Request # 05097063	CUMBERLAND	Use funds to continue the PDMP for long term without passing any costs to providers and pharmacists
Request # 05097738	CUMBERLAND	Provide funding to the above listed organization.
Request # 05098154	CUMBERLAND	Funding should be available to fund health and fitness options such a fitness training to provide an outlet for those afflicted to have a way to promote wellness, confidence, and healthier living.
Request # 05102946	CUMBERLAND	Just waste it like the state government wastes all funds
Request # 05096847	CUMBERLAND	Goal: scholarships for children of addicts Funding amount: minimum of equivalent of college tuition to attend a state college or university. Timeline: Minimum of 4 years Target population: children of addicts who have died or become disabled as a result of opioid addiction Summary: Children of addicts receive minimum of equivalent of college tuition at a state college or university. The parent(s) have died or become disabled as a result of opioid addiction.

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Request # 05096407	ESSEX	If you want to reduce the number of overdoses, start with making examples of people who are selling drugs. Remove bail reform for known, repeat drug dealers, and make mandatory incarceration minimums for dealers. Drug dealers are ruining communities, families, and neighborhoods. Recidivism is at an all time high because convicted felon drug dealers are always being pled out. Use the money to take them to trial, incarcerate them for mandatory time. After 5 cases, mandatory 10 years. I have friends and family members who have died from heroin and the dealer is still on the loose. Drug dealers don't pay taxes on proceeds, if that's the case I would rather have my taxes pay for their incarceration, not rehabilitation. Make examples of drug dealers by letting them know, bail reform is not for t
Request # 05096803	ESSEX	Focus more on the treatment not the prosecution and build more treatment centers that focus on addiction and rehabilitation
Request # 05097073	ESSEX	This funding would help and promote more people entering treatment who are not insured or do not have the enough coverage such as commercial insurance to get an available bed. There are fewer programs with indigent beds or scholarships for those who are willing and ready to stop using drugs but do not have the ability to afford the best programs that are between \$15,000 to \$30,000. If a person can get in immediately as apposed to waiting for funding could be the difference between life and death.
Request # 05098295	ESSEX	Hello. I have been in long term recovery and have experience. I am sure I help people with addictions because of my experience. I have worked with Rutgers for the past three years obtaining my CADDC. I have made relationships with people working in the field and am currently still working in the field. I know that I can start a program that would attract substance use disorder individuals to help change the lives of people. I wish I could have start up capital that could help create a program for people who need this help. There is not enough program facilities that are available for everyone. The programs that are in existence are working strictly with insurances or self pay and the people who are unable to have these situations go untreated. There are so many users that given the opportun
Request # 05098762	ESSEX	N/A

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Request # 05101011	ESSEX	My goal is to treat substance use disorder, mental health, and aid in recovery with the use of federally legal hemp and cbd products. Coupled with technology which my company is developing we can assess and treat in Realtime, subjects who need treatment at the exact moment of relapse or break down occurrence. This initiative can be started and sustained for approximately \$400,000 /year. And can be fully developed and ready to launch with 10 months of software development.
Request # 05114955	ESSEX	This initiative should be all encompassing to include but not limited to getting over your users into detox followed up by long-term treatment with a minimum of 6 months the 24 months is needed and upon discharge from long-term treatment wrap around Services should be in place before the actual discharge to include but not limited to housing any Court involvement charges with virtual or person court dates and a 24-hour hotline so that if someone is struggling and not able to reach a counselor or sponsor that there is a hotline that they can go to to encourage them not to relax
Request # 05117655	ESSEX	Professor Stanley H. Weiss, at Rutgers New Jersey Medical School, is an international leader in studying persons with drug use problems, including opioid use disorder (OUD), focusing on understanding their medical and public health needs, and outcomes and epidemiology. His interdisciplinary, international research team has longitudinal data since the 1980s on some 11,000 drug users, a racially and ethnically diverse prospective cohort of men and women, with about 2,800 (~one fourth) from NJ. It's linked to a biospecimen repository and extensive medical, behavioral, and laboratory data. The clinically important findings with policy implications from our research include: (1) epidemiology of HIV and AIDS; (2) very high rate of hepatitis C virus infection among injection drug users, includin

New Jersey Opioid Remediation Portal Submissions

Request # 05117977	ESSEX	These programs are designed to serve individuals with substance use disorders who are seeking recovery and individuals who use drugs. Although Integrity House anticipates expending grant funds within 1-2 years, the needs described below are ongoing and require sustained investment. Supportive Housing: A lack of supportive housing options for individuals with substance use disorders continues to be a barrier to improved health and wellness, and/or treatment enrollment and retention. Request: \$1 million Harm Reduction: Investments should be made in harm reduction training for staff and stakeholders, and in proven harm reduction practices including drug testing strips, syringe service programs, Naloxone training and distribution, consumption sites, sobering centers, and other tool
Request # 05101298	ESSEX	I heard about the Opioid Fatality Review Teams and think they are an excellent idea
Request # 05096786	GLOUCESTER	Close the boarder Use all the resources towards this effort Close the boarder no drugs coming in problem solved
Request # 05096815	GLOUCESTER	I don't have all this information. I feel that we need to start helping the children and siblings that have lost someone due to a substance use disorder. I think that free summer camps for children would be great, it would let them know they are not alone, meet some counselors and have some fun. I also feel that this could give the caregivers a much needed break.
Request # 05096818	GLOUCESTER	Do not punish to jail to the addicted people the people unless they serverly broke the law. They should have a place to recover and be helpful in someway to other. I recovered 8 years ago from opioids they killed my mother she was not an abuser, there were other factors from them behind it. People need therapy help not look at like drug addictics. Long term facilities to get people healthy. Stricter laws and anther solution for pain. I did not know I would become addicted I hurt my back and was prescribed them.

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Request # 05096845	GLOUCESTER	Hello my name is ... and I have been clean as of today 1,184 days! For 1000 of those clean days I've applied for work and still have no employment. Due to my disease I had made some less than stellar choices that lead me to jail time. Decisions I would have never made if I was of sound mind but we know this disease is ruthless. I take full responsibility for what I've done but now that I'm recovering and trying to turn my life around I can't. I feel like there needs to be more resources out there to help those adjust to the real world while in recovery. People end up relapsing because they don't think they can do anything else they may as well numb and get high and forget. I have fought those urges for my children and I want to provide and show them their mommy is a fighter but the wor
Request # 05098661	GLOUCESTER	Stop the drugs and the illegals who have to sell the drugs to pay back the Mexican cartel for bringing them into the United States. If the drugs are not coming across the boarder,, residents of our state will not encounter as many sellers and drug products being readily available.
Request # 05107121	GLOUCESTER	to start i feel that this class of or group of people should have somewhere to turn for help with every aspect of what they are going thru and have been thru and that place needs to be ran by people who have been in the same shoes. people who are not going to judge or treat differently. wont be snubbed or turned away because of s sickness. you have all If these people selling their bodies, robbing stores and other facilities, taking from friends and family, idk if any of you have ever actuslly spent sny time out there on the street and i dont meet walking around seeing what you think i mean actually spending time out there. they are all just people most of us jad goals and initiatives at 1 time, most of us fell into hard times and bc everyone out there is do prejudice most of us are afraid
Request # 05115035	GLOUCESTER	n/a

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Request # 05105736	GLOUCESTER	I think this funding should go towards the families of the addict. My husband and I have 2 kids together, I have 4 total. His addiction caused him to lose his job, me to lose the roof over me and children's head, my car is damaged due to his addiction, and no money to rfix it, money got tight, things began to go missing. Now I am trying to find a job, childcare, and find a place to live with my children. Due to his addiction I am homeless, just about car-less, struggling to make ends meet, struggling to find work, childcare etc. There is no assistance to help me and my family get back on our feet. There is only help for the addict, but what about the family? They struggle just as much emotionally and financially as well.
Request # 05111087	GLOUCESTER	Please see the attached file for the Proposal
Request # 05096797	HUDSON	I lost a son to drugs! He had been clean a few years lost his brother and took enough drugs to kill two people! He struggled with addiction the worst part was trying to get him into a rehab that was worth getting into in NJ none had to go to Florida and it worked the program was awesome! Spend the money on a couple of good rehab that people can afford to get into! Help the ones needing help that have no darn money!
Request # 05096900	HUDSON	Proposal Goal: - Interdict the international flow of Fentanyl products illegally imported from China into New Jersey Ports (Port Jersey, Port Newark, Port Elizabeth) - Total Funding Amount - \$2 million - Target population served: 16-35 Males / Females -Initiative Summary - NJ has the 5-7th largest mortality rate in the country and Essex County has the highest mortality rate in New Jersey, behind Camden. Conduct a series of HSEEP exercises with Federal/State/County/Local agencies in the interdiction of fentanyl products throughout NY/NJ seaports/airports. Conducting response and interdiction exercises at Colleges and Universities, to prepare first responders, faculty and staff to prevent, respond and mitigate fentanyl overdoses. The first in a series of exercises has been design

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Request # 05117812	HUDSON	Affordable and accessible treatment. We need evidence-based treatment facilities, compliant supportive housing, and harm reduction measures across under-resourced rural and suburban regions of NJ. We need free Narcan vending machines in areas with high densities of overdose and in prisons for people upon release. Those without reliable transportation should benefit from mobile units that hand out MAT on site. EBT/SNAP-style money cards or specific service vouchers must be available so everyone, particularly people with Medicaid, Medicare, or no insurance, can afford treatment and transportation. Appropriate care. Case managers and peer recovery advocates should be available at the beginning of recovery by accompanying first responders to overdose calls and supporting patients stabilizin
Request # 05096809	HUDSON	Funds should be doled out to victims of the opioid epidemic for treatment and other things. My father was addicted to oxycontin for years, it tore apart our family. My parents are now divorced and my dad is not doing well by himself. He is now addicted to methadone and has been in addiction related programs for years. The Sacklers got off easy, they are still billionaires.
Request # 05097331	HUNTERDON	One thing I can say is to provide the medical (physical and mental) support opportunities and adequate staffing to be in contact with the person who is addicted or in recovery. Timing, communication and building test to support is super important. Not sure what the monies would be but at least double the current count and get them the tools to do the job in this position. Pay for extensive training, not sure costs for that either. My daughter has been on and off heroine for years, has taken it down to a very minor amount. Has gone to rehabs but really needed to feel that a professional with experience and correct training cared enough for continuing phone contact to answer questions and emotionally be there

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Request # 05097269	MERCER	I am a parent of a heroin addict who is in recovery. I do not actually have a proposal, but would like to see the money go to education in our public middle and high schools. Also, more help for families dealing with addiction. When we were in the throws of addiction, we did not know where to go for help, or that there were programs available to help us. We contacted the high school where our son attended, but they were of no help. They did not give us options of where we could go for help because they said they didn't know. Another area I would like to see the money used would be to make treatment available no matter if you have insurance or not. No one should be denied treatment due to lack of insurance. Hopefully this money will make a difference on this epidemic.
Request # 05097747	MERCER	Bus them to Philadelphia. Just get rid of them
Request # 05102287	MERCER	Plain and simple, I have one overarching request: give these funds DIRECTLY to the people in need, and those with organizations incentivized to empower them and meet them where they are at. THIS FUNDING SHOULD NOT GO TO LAW ENFORCEMENT. We need addiction and mental health specialists, and we need to make sure addicted people's basic needs are met- food, water, clothing, housing, community, harm reduction tactics, therapy and treatment, trauma treatment/response (if needed), and things along those lines. We pay our police plenty right now, and in no way have their budgets gone down AT ALL, even since the BLM protests in 2020 specifically asked for funding to be specifically allocated in ways outside the police to the items above. Put the needs of the victims first, center them, and fund

New Jersey Opioid Remediation Portal Submissions

Request # 05114903	MERCER	Addiction is a psychological that affects the mind and body. Root of problem should be addressed , such as, is this action economically produced such as a measure of self medication because of societal ills, such as child and/or sexual abuse. Prostitution because lack of fund's. Much emphasis should be spent on generational abuse, data should study genealogical based research on family backgrounf root causes. Although rehab centers are wonderful, many will not avail themselves of services due to shame, more research should i clude more current technology, such as at home detox, using zoom platforms for the interactive partnership of the professionals.
Request # 05096476	MIDDLESEX	The goal is to meet people where they are at and work to help them into recovery. Spend as much as you can on hiring passionate people who apply for State Employment, or transition current Temporary Contractors employed in State offices. Workforce retention will improve. They will need to work diligently to educate and perform out reach, review supports in place and work to tweak them to get the most reduction of overdose in the communities they serve. Substance Use Disorder has been around for ages so there really cannot be a timeline or end date. This will be an ongoing effort.
Request # 05099554	MIDDLESEX	It is well-known that opioid abuse—and use that can lead to abuse—represents an epidemic for health care officials and the healthcare system as whole. This is particularly acute for minority communities that are disproportionately affected. Plumeria Therapeutics is working with a small amount of funding from the National Institutes of Health HEAL Initiative (Helping to End Long-term Addiction) and in collaboration with Rutgers to develop technologies aimed at supporting a development of a novel, non-opioid drug that has been proven safe and tolerable in Phase II clinical trials. Our goal is to create a companion diagnostic to identify patients most likely to respond to the drug—currently ongoing with Rutgers—and use this information to continue clinical trials for the drug, thus providin
Request # 05102759	MIDDLESEX	One thing I think the money should be use to pay back all the family's for the funerals of those we loss to this addiction

New Jersey Opioid Remediation Portal Submissions

Request # 05104830	MIDDLESEX	PLEASE know that these services are crucial to the futures of our youth and their families. OUD is spiraling out of control, and we need the resources to help them get and stay on track.
Request # 05114888	MIDDLESEX	Giving Library Organizations support to further help educate, train through hands on instruction. Designate specific employee to manage and direct a strategic plan of events to provide education, prevention and anonymous assistance. Library has its privacy rules and does not share cardholder information, therefore providing within the Community a place that individuals can visit through scheduled hours during the day or evening. A designated employee and materials to create a standard of care. An updated facility area to blend with surroundings in the form of additional meeting space, both private and secure. Current population of 45,000 individuals. Summary: Staff: \$85,000 Materials and Equipment: \$15,000 Facility upg
Request # 05114897	MIDDLESEX	I think all aspects of addiction abuse should be addressed including alcohol addiction. Education starting at an early age for both drugs & alcohol to help prevent kids from getting involved in any addiction. For those that have already become addicted there needs to be a better alternative than going to a jail/prison as most of those addicted perform some type of illegal action like robbery, assault, domestic violence, etc. due to their addition. I know first hand tossing an addict in jail/prison is not the answer and have seen them coming out with more criminal activity insight than before they went in because of those they came in contact with while in jail. They are given people to hook up with in the outside world to get involved with more illegal activities than you can shake a

New Jersey Opioid Remediation Portal Submissions

Request # 05118052	MIDDLESEX	Introduction Opioids are a class of drugs such as oxycodone, hydrocodone, codeine, morphine, fentanyl, methadone, heroin, and many others. The effects of opioids are intense highs that can lead to addiction and dependence. Opioids can also be legally prescribed and misused recreationally. Overdoses from opioids can cause depression of the respiratory system , causing respiratory arrests, comas, and death (Opioid facts,2022). In recent years, “Wave 3” classified by the Center for Disease prevention is the present phase of the ongoing opioid crisis. Only, Wave 3 is being driven by synthetic opioids, specifically fentanyl (Opioid crisis in New Jersey,2022). Fentanyl is synthetic and is 80-100 times more potent than morphine and is 50 to 100 times more potent than heroin and prescription op
Request # 05115427	MIDDLESEX	Summary “Model Treatment Program for Promoted Spiritually-focused Treatment” Rationale and Target Population: Dr Chatlos, a Rutgers addiction psychiatrist has developed a powerful therapeutic intervention that addresses a spiritual level of experience related to the addiction process. It provides very specific interventions that open this spiritual level and lead to emotional healing. It specifically promotes spiritual awakening in a short-term setting. This is significantly beyond that provided by 12 Step recovery programs and is readily incorporated into 12 Step principles. It has already been shown to be VERY EFFECTIVE in the Damon House population (4-6 month residential treatment often Drug court or probation involved, post-incarceration) that are drug free because of incarce
Request # 05096796	MIDDLESEX	My brother is a recovering addict. Helping my brother drained nearly all of my mothers personal finances. She paid for rehab, she paid for an attorney to assist getting him into a prison diversion program and continues to help him financially to get back on his feet. I think there should be an annuity set up for her and other parents like her where she will get monthly payments to replace the retirement income she lost helping him through his addiction and recovery

New Jersey Opioid Remediation Portal Submissions

Request # 05096874	MONMOUTH	CLOSE THE BORDER, STOP ILLEGAL DRUGS FROM COMING THRU AT A RATE WE'VE NEVER BEFORE EXPERIENCED!! Granted, some people will still find ways to get heroin, etc. but we are making it way too easy for those who need help to obtain and use drugs
Request # 05097034	MONMOUTH	Stop illegal immigration by following the existing laws. Not have a President exercise executive orders that apply to immigration. Stop the legalization of marijuana and repeal those existing laws that allow it. Our children have access and law enforcement is limited as how to deal with the marijuana. Government's primary responsibility is to protect its people not be in the drug business of making money from the sale and use of marijuana.
Request # 05109000	MONMOUTH	Ryseans Awareness is a non profit organization started April of 2021. I lost my son... Due to poisoned heroin. My organization has 3 hotlines. If a person needs or wants help need rehab. I find one and take them. My lines are also for the new comer who just need to talk. I also have the child that has lost a parent or loved one. We do holidays. I'd like to be able to do more I just can't afford to keep paying out of pocket for things. I'd like to teach them the dangers the just say no and the see something say something. I want them to know that they are still loved and I'm going to do what ever I can to be there for them in areas of their lives. To those I have come in contact with teach them about overdose the use of naran. Explain the hurt that they do to the people tha
Request # 05114847	MONMOUTH	Speak upon interview
Request # 05116799	MONMOUTH	na

New Jersey Opioid Remediation Portal Submissions

Request # 05118021	MONMOUTH	PBHG understands harm reduction is vital to approach high risk behaviors in a way that is respectful and inclusive of individuals affected by their behaviors and their communities. PBHG values, cares for, respects, and dignifies clients as individuals not case studies. PBHG incorporates a strength-based approach to intervention identifying each individual's strengths and needs and focuses on harmful health behaviors rather than a universal model of treatment. PBHG proposes to provide strategies to those individuals referred to PBHG a variety of options that promote behavioral change at their own pace. We understand that individuals and families are the experts in what they need. PBHG will be able to intervene at the stage the clients are at not propose services that the individual is un
Request # 05118050	MONMOUTH	PIs dont allow funds to only be gained by corrupt police depts receiving kick backs . Drs who illegally bill improperly for services not rendered. Drs so criminal they label non using pts and drug them prior to any type of ethical mental/ drug screening even risking pts lives without knowledge of prior health concerns (heart issues).Please look up case peter costas of redbank nj and his affiliate john c devlin and seth logan welsh both from baltimore. New Jersey has a huge opioid problem . This will never be corrected with criminal behavior of those employed with intentions of greed. So many have suffered from loss of loved ones and the effects of a false stigma for having an affiliation even over 25 years ago with a person who had drug issues doesn't mean the affiliation meant both did

New Jersey Opioid Remediation Portal Submissions

Request # 05096985	MONMOUTH	I am a single widowed mom with a 6 year old child who lost her father to an opioid overdose. My word stopped and try he last in threes years have been the most difficult that I've had to endure. Fortunately I have utilized every resource and I have a county subsidy for housing as well as some survivor benefits however we have no vehicle in a town or put the public transportation is terrible when I have to pick my daughter up for school I have to walk and then I have to walk her home because I don't have the money I am on a very limited income. The money I believe should go to education to the children as well as two family of lost ones who have to support their children on their own. Even if it is a help in forms of a grant for financial help form of a grant for a vehicle to better your li
Request # 05117904	MONMOUTH	Updated regulations surveillance program Background: The recently passed updated Board of Medical Examiners opioid prescribing regulations are among the most innovative in the country. The regulations have placed a focus on preventing incidence of misuse at the earliest junctures. Once unveiled, it will be important to assess their impact over the first year and track data related to opioid overdoses and deaths, as well as clinician compliance with the new regulations. 1. Goal: Assessing the impact of New Jersey's soon-to-be published and enacted opioid prescribing regulations on clinician uptake and resulting opioid overdoses and deaths. 2. Target audience: Licensed clinicians in the State of New Jersey. 3. Summary of proposed work: A multi-pronged a
Request # 05117255	MONMOUTH	Create a Digital Health Platform for Interdisciplinary Pain Rehabilitation Programs: Develop a digital health platform that provides the benefits associated with interdisciplinary pain rehabilitation programs (IPRPs) for patients with chronic pain to decrease opioid medication prescribing in New Jersey. We are proposing the creation of a digital health platform to provide the benefits of IPRPs to the state of NJ. This platform will provide training resources to providers, standardized digital health content for patients, a registry to track outcomes and prospective analytics to identify and treat high risk patients before they become victims of the opioid epidemic. The platform will be available in multiple languages to facilitate access by our underserved communities. Although the initial

New Jersey Opioid Remediation Portal Submissions

Request # 05117256	MONMOUTH	Increase Funding for Community Coalitions: “Community coalitions are an effective approach that brings together the key sectors within a community to collaborate, develop, and implement comprehensive strategies that reduce risk factors for substance use and addiction, such as high rates of poverty, social norms, and drug availability, and counterbalance them with protective factors, such as community engagement and healthy activities. Community coalitions serve to establish and strengthen communities while improving health outcomes and promoting attachment and engagement amongst its members and reducing the likelihood of substance use and that young people will live lives free of addiction. Coalitions utilize the Strategic Prevention Framework, a community-based, public health approach to
Request # 05117253	MONMOUTH	Expand SUD Services for Pregnant and Postpartum Individuals: Create more programs that include treatment, aftercare, and case management services for pregnant and postpartum individuals (https://reports.addictionpolicy.org/evidence-based-strategies/children-and-families). From 2008 to 2016, the number of neonatal abstinence syndrome cases, which is a withdrawal syndrome that can occur when newborns are exposed to substances including opioids during pregnancy, doubled to 685 babies diagnosed in New Jersey (https://www.nj.gov/health/news/2018/approved/20180409a.shtml). The Nurture New Jersey 2021 Strategic Plan reported that women who experienced negative health during pregnancy describe disjointed and siloed program-based care that lack connections to and navigation between services and lac
Request # 05096800	MORRIS	I propose that you have more help for people reaching out for help instead of having programs that take out the patient because they don't meet certain criteria's

New Jersey Opioid Remediation Portal Submissions

Request # 05096805	MORRIS	I believe there should be a clinic or even your PPF that can safely dispense the opioids to people whom have long term illness or injuries that cause continuous pain and discomfort. The other options do not help for some people. These people called “addicts” are real people with real painful and sometimes debilitating situations. Don’t judge. If someone is experiencing pain and discomfort, they should be treated with opioid medication to an extent. Unfortunately, some people, like myself, put up with pain from all over my body for different reasons. Arthritis, foot procedures that made each one worse, walking far and sitting or standing long, extreme pain on my right hip and thigh, I have 2 stents in my mesenteric artery and a metal aortic valve which I’ve had since 12/17/2002. Comi
Request # 05096889	MORRIS	Addiction and abuse is a huge issue. Many young adults are given opioids for pain for sports related injuries; as my nephew did. He became addicted and it led to severe mental issues and he is now incarcerated at 24 years old a blue collar and college graduate his whole life thrown away. It is so very sad and he took a life that should have never been taken. Now two lives are over.
Request # 05096906	MORRIS	I believe we need to combat opioid abuse with more arrest for people selling. As a recovering addict, the only way I was able to stop was being done with the drug. That comes to people who really want recovery. Otherwise you are wasting money. Someone incarceration works
Request # 05096926	MORRIS	Keeping people off of drugs and /or Alcohol is a monumental task with very little rate of return on investment. I work as a nurse at a detox , rehab, psych facility. Many people keep coming back because no facility in NJ or really anywhere has long term therapy for these folks. The real root of the problem is fixing the cause and that is mostly dysfunctional families. Dysfunction whether it is Physical, Mental abuse that young children face daily or bullying in school is where money should be spent. Schools need better training to spot children in trouble and enforcing no bullying in school. Troubled homes need better psychiatric evaluation interventions or programs to deal with dysfunctional parents. This is the only way to fix a broken child from becoming a dysfunctional adult. By the

New Jersey Opioid Remediation Portal Submissions

Request # 05096932	MORRIS	We need immediate, strong legislative action NOW. This includes Federal, State, and Local laws to create special and enforce a special watchdog/oversight committee, with the goal of preemptive prevention of the very powerful pharmaceutical companies--from getting to this point (abuse and lives lost) in the first place. Any such initiative would be specifically independent from the drug and drug-related industry.
Request # 05097217	MORRIS	I think about 50% of the dollars should be spend on mental Health crisis.
Request # 05104575	MORRIS	I am the Chief of Police in Mount Olive. I am submitting this in support of the Morris County Sheriff's Office programs that provide support to disadvantaged members of our community and those suffering from addiction. Specifically, the Morris County Sheriff's Office Hope One, Hope Hub, Navigating Hope, Prescription Drug Drop Off program, STAR program and the Police Assisted Addiction Recovery Initiative.
Request # 05117222	MORRIS	Those suffering from addiction need free help from qualified, caring, experienced therapists- both individual & group sessions. They need to be able to form a support group network.
Request # 05117518	MORRIS	All members names. occupations, etc. of the Remediation Fund Advisory Council should be made public. As much as possible EVERY member should have a lived connection to the Opioid Overdose epidemic, either through personal, family or community member experience. Preferably in recovery. Advisory Council meetings should be subject to NJ'S Open Public Records Laws. 1 million dollars annually should be budgeted to inform the public about the 60 day open comment period for that year's funding. 25% of total funding should be reserved and set aside for grassroots organizations with budgets under 200K. Recognizing the need for bi-lingual services in our state, particularly Hispanic speakers the state should pay a premium/bonus to attract such speakers to the behavioral health field. Fund a co
Request # 05117894	MORRIS	Please see document uploaded
Request # 05096836	OCEAN	I support more mental health programs and more social workers to help these people get the help and support they need to get off of drugs

New Jersey Opioid Remediation Portal Submissions

Request # 05096856	OCEAN	Tens of thousands of Senior citizens in New Jersey live in extreme pain and now can't get relief from pain without useful pain medication. We're told to use ice or take an aspirin and maybe a little meditation. Lawyers and politicians try and placate Seniors treating us like old fools which is insulting and of no help having us live without tremendous pain at times. This new no pain medication policy should not include a total elimination of pain medication for Seniors. With computers tracking prescriptions it would be possible to control the amount of medication prescribed. Help people in life altering pain get real relief.
Request # 05096864	OCEAN	I think when a person asks for help, it should be immediate. You should not have to go to a hospital and wait days to get a bed. You should be picked up and brought to the closest place and it should include detox and a in house program that includes learning how to live. Learn how to grow to be a productive human being. Most addicts start young and do not know how to be a grown up. They need to stay in a program for as long as it takes to get on their feet.learn money management. How to pay bills how totake care of their children if they have them.how to cook and grocery shop. I think they need help from start to finish with some kind of counselling. They need to know that they can do it even if its not easy.. I am not an expert on addiction. I am just a mom that had to raise 2 grandkids b
Request # 05096897	OCEAN	STOP THE DRUGS FROM COMEING ACROSS THE BORDER, SAVE THE PEOPLE OF THE USA, THATS WHERE THE PROBLEMS START, CRUSH EM AT THE BORDER
Request # 05096991	OCEAN	My husband is a Dr. that treats opioid addiction. He has been an internist for over 25 years and within the last 2 years started to treat patients using MIR who needed help and this treatment has literally kept him on the straight and narrow for over 2 years now. Dr. Mitchell is in Toms River where there are many people who have addiction issues. I have emailed the state department and our county asking how we can get his name out there to let people know he treats out patient addiction with Medication Assisted Treatment. I haven't heard back from either and it has been weeks. I did this twice this year. If people don't know about his practice and that he is now treating addiction using, MIR he isn't helping people that could get help. This is so wonderful for

New Jersey Opioid Remediation Portal Submissions

Request # 05097025	OCEAN	It shouldn't be a question! Why is this money NOT going to us? Why is there no lawsuit for the people that were prescribed these opiates and the nightmares we suffered while on them and off? I went cold turkey off Opana & Roxicodone blues 9-10 years ago. I haven't been right since 2007 when I started them. It's not right that this wasn't a settlement for the people that are suffering. Especially when we still suffer with physical pain along with PTSD, depression and much more? Smh...
Request # 05097043	OCEAN	Less focus on medication assisted treatment, more focus on integrated Mental Health/Trauma/SUD treatment and recovery support
Request # 05097468	OCEAN	ITS STREET DRUGS FROM THE ILLEGAL IMMIGRANTS NOT FOLKS THAT GET IT PRESCRIBED MEDICATION. MOST IF THESE FOLKS HONESTY NEED PAIN MEDS. STREET DRUGS ARE BAD.
Request # 05099212	OCEAN	First of all the Fentanyl coming into our country is beyond despicable. I know a family in Woodbridge n j who almost lost their Son to this drug at a get together at a (University in n j) and not one elected official has had a Major Press Conference about the drugs pouring in our country (except a few certain ones that mainstream media condemn)this Major Problem for appox. 49million 19 and under students across America.Second you must educate All Our young people about this and our Schools Don't say enough. I know Because we a total of 8 Grandchildren 2 out of college 4 in college and 2 in HS.
Request # 05104179	OCEAN	All of it to the above
Request # 05108289	OCEAN	idea: target, identify and convict the makers, suppliers, and distributors of these drugs. Make even prescribing them a crime punishable by law up to death as these people are murderers with full knowledge of what they are doing.
Request # 05114908	OCEAN	Mental health treatment is desperately needed, and is linked to substance abuse. Support for addicts and families. Should have happened a decade ago.

New Jersey Opioid Remediation Portal Submissions

Request # 05114938	OCEAN	In July 2016, my father... was driving to work 2 months before his retirement and one month before my wedding. At 8:00am, a man in a Nissan SUV crossed the center line on a 2 lane road in Toms River and not my father head on. My dad died on the scene. It was said in court that the other driver had enough Fentanyl and OxyContin in his system to “put down a rhino”. The man pled guilty to Aggravated Manslaughter and additional charges. He is currently serving a sentence. What you may not know is this convicted person had several (I believe somewhere between 3-5) prior drug-related charges. He chose to avoid jail time and enter the rehabilitation program. He was also charged with a DWI/DUI 3 weeks before he killed my father. Ask yourself: Could this have been avoided?
Request # 05116380	OCEAN	Help with detox and recovery admission when no insurance is available
Request # 05117501	OCEAN	This proposal is submitted from... Our proposal seems quite obvious the real victims of the tragic loss of life due to drug overdose, and that is the surviving children of those we lost to this disease. Quite honestly, there are more resources available now than ever before for those who seek recovery. Recovery cannot be forced on an addict. It is a choice only they can make, usually after hitting rock bottom. During active addiction, who suffers the most? The children. During the long road of rehab who endures the most? The children. When relapse occurs who suffers the most? Again the children. And when the tragic day comes when mom or dad never comes back, who again is the victim? The adults will grieve and get b
Request # 05099086	OCEAN	Give it to people like my son who now doesnt have a father because his overdosed and died
Request # 05111901	OCEAN	As a recovering addict, a part of these funds should be earmarked for direct cash payments to addicts who are in recovery. The people who have recovered have lost the most and if they have been under the care of a medical professional or could prove they have successfully participated in an association which is designed to help addicts recover, they should be awarded for their recovery.

New Jersey Opioid Remediation Portal Submissions

Request # 05096447	OCEAN	NJ State leadership has to create the plan. Have the people review the plan and consider sometime type of vote on it's details. Spend the money on law enforcement to apprehend, prosecute and jail fentanyl distributors at every level. If someone dies from Fentanyl then its should be mandatory prison time. No bail.No early release. Spend money to replace ineffective prosecutors who release fentanyl and heroin distributers. Reform Bail Reform. Critical. Create Drug rehabilitation centers in each county. Create educational programs, and TV, social media commercials to inform the public on real facts about overdose deaths on a daily basis like Murphy did for COVID. Every day share the information about who dies and how they got addicted. Numbers in each town, county, state, e
Request # 05099165	OCEAN	I propose that more grass roots organizations like ours, receive fair and equitable funding. Smaller RCO's and RCCs are on the frontlines saving lives and strengthening communities. We know what works and we meet people where they are and aid them to capitalize on their strengths. We are peers for peers and we are professionals with credentials that matter! We need support and we need to be able to allocate funds where we know they will make a difference i.e. harm reduction efforts, transportation, housing, access to MAT and paying a few staffers. We need to support our small but mighty organizations. We are not willing to play games with politics and money. There is enough funding to go around and it needs to be shared. You can see our programming here: www.SeaChangeRCO.org and we can sup

New Jersey Opioid Remediation Portal Submissions

Request # 05096890	OUTSIDE NJ	I do not have everything together . But most people do not get off because of stigma, privacy , financial issues , most of all HEROINE AND FETYNAL. 90 % of ACTIVE ADDICT'S. DO NOT get off or try because of the withdrawal. There are Doctors that put you to sleep and take everything out of you within a few hours PRE OPIOID . The money it takes for rehab and detox time and time again can be used for the substantially less painful and quicker detox that puts you to sleep so you feel nothing. When the treatment is done . It can then be worked on the mental health diagnosis that more than usual is the reason people use . I would love to help in anyway
Request # 05097021	PASSAIC	Dear Sirs, it is my opinion that any drug abuse program in the state of New Jersey, should accept any type of insurance without question. persons who are in need of help should never be denied assistance because they don't carry the proper insurance. I have New Jersey Blue Cross Blue Shield, Which is a very good insurance, and have been denied multiple times. If you have no insurance at all they will accept you, I have presented my insurance card to a number of places, And was told, that the insurance was unacceptable and unless I was on welfare or had medicare or Medicaid, I was not eligible for the program but I could pay cash. This seems grossly unfair. Please email me back if there's something that I am not Understanding. Thank you, ...
Request # 05097710	PASSAIC	I was a patient who put trust in my dr he hurt me instead of helping me i want to heelp others out

New Jersey Opioid Remediation Portal Submissions

Request # 05100015	PASSAIC	THERE SHOULD BE A NETWORK OF ANESTHESIOLOGISTS/ PAIN DOCTORS WHO ARE NOT AFRAID OF PRESCRIBING THE CORRECT DOSE OF OPIATE WHEN A PAIN PATIENT HAS A PROVEN CHRONIC ILLNESS/ DISEASE STATE THAT MAKES LIFE DIFFICULT WITHOUT 10 MG OF AN OPIATE TWICE A DAY. i AM VERY UPSET EVERY TIME I SEE THE FOCUS ON ADDICTION, TREATMENT, OR "HARM REDUCTION" ETC. AND NOTHING ABOUT THE THOUSANDS OF PATIENTS WHO LEGITIMATELY ARE SUFFERING TERRIBLY IN CHRONIC PAIN AND ARE NOT HELPED DUE TO DOCTOR PARANOIA AND THE MEDIA HYPE THAT OFTEN OVERSTATES THE PROBLEM AT THE EXPENSE OF THE PAIN PATIENT. i HAVE SMALL FIBER NEUROPATHY, BUT PAIN IS NOT SMALL, CHRONIC ACHILLES TENDONITIS. I USE WHEELCHAIR ALL THE TIME SHOPPING, I CANNOT EXERCISE, WITHOUT PROPER PAIN MEDS I WILL DIE YOUNG I KNOW DUE TO LACK OF AEROBI
Request # 05115011	PASSAIC	My only child and son was taken away from his family at the age of 38. Kindly offer that settlement \$\$
Request # 05116449	PASSAIC	Large efforts should be placed on outreach to engage individuals who are difficult to reach by the conventional treatment modalities. Provide a safe place where individuals will be engaged and met with the care they individually need, be it physically mentally/emotionally or psychiatrically. Treatment centers are good for a small portion of individuals struggling with SUD, but they are not effective for many. We have seen a revolving door with these treatment modalities. We need to place more efforts at the lower threshold care, where we meet clients where they are, and assist with stabilizing their chaotic lives so they can then be open to safe and compassionate treatment. Simultaneously, efforts should be placed on the prevention of SUD by providing education and several outlets of recre
Request # 05117104	PASSAIC	There already is a lot of places that do a mommy and me program. I have brought this up in my subcommittee but maybe a daddy and me program or a family and me . The well being of my son was something that has stopped me from going into treatment before there are single fathers out there who struggle just an idea. Maybe an app that you can order a ride to a meeting for free.

New Jersey Opioid Remediation Portal Submissions

Request # 05096810	SALEM	1st. As a recovering addict with 12 years sober from heroin, I don't like the "identify as" options above. Though I am a person with a substance use disorder, I prefer to "identify as" >a recovering addict< and think it should be added to the list above. "A person with a substance use disorder" can imply I still use and it can give the wrong impression. I think that right now fentanyl is a big issue and causing unnecessary deaths. I also think the legal system is causing unnecessary, life long, harm. I have a conviction and it basically ruined my life. Not the heroin. I survived that but the harm the legal system caused took everything from me. That's not right. The system is broken and needs to be fixed. That said, I think the money should be used for safe use centers to prevent ov
Request # 05115053	SALEM	TO CREATEV RELATIONSHIPS AND PARTNERSHIP THAT HELPS EMPOWER INDIVIDUALS, COMMUNITY, AND FAMILIES TO DEAL WITH THE IMPAC OF DRUG ABUSE TO BRING ABOUT A CHANGE IN A NONJUDGEMENTAL ATOMSPHERE IN PREVENTIONN OF DRUG USEAGES.
Request # 05096435	SOMERSET	Attack the supply! Fentanyl is predominately made in China and smuggled here from Mexico. That is where you start, pressure China, control the border, and reduce the supply. In addition, you attack the suppliers, drug dealers have to face severe consequences to discourage their behavior. They analyze cost v benefits just like any other business does. Do not normalize drug use of any kind, unless you want more of it.
Request # 05100397	SOMERSET	I work as a Senior Public Health Advisor to the Whitehouse/Office of National Drug Control Policy. We were tasked with working alongside the National Governors Association (NGA) (Gov Murphy is the new chair) and National Attorney General Association to develop a national opioid addiction abatement model and plan to have our final draft finalized by the end of month. We would love to share our findings and recommendations with the members of the state and improve both access and quality of care with this settlement.

New Jersey Opioid Remediation Portal Submissions

Request # 05118038	SOMERSET	The epidemic of opioid overdoses in New Jersey is a complex phenomenon that calls for a new and increased level of effort and collaboration across the state to develop more-effective solutions, track the evolving forms of the epidemic and the effectiveness of current and new initiatives to reduce overdoses, and create improved information systems to target interventions, including those funded through settlement funds. The Center for Health Services Research at Rutgers, which I lead, has been intensely involved over recent years in studying the overdose problem in New Jersey and nationally, and assessing the effectiveness of alternative strategies for reducing the unacceptable levels of overdose. Based on this research, we would like to make the following broad recommendation for use of
Request # 05103726	SOMERSET	Our non-profit foundation, in conjunction with local Community in Crisis organization, would like to have a day long yearly program for young adults who have lost siblings to substance abuse disorder. The day would be free of charge to participants, funded by this financial settlement to NJ. It would be a day of healing, and therapy, and information, held in an outdoor setting during the appropriate season. There would be art therapy, music therapy, yoga session, speakers on topics of interest, small break out discussion groups by age and remembrance ceremony. Ages of participants would be 14-40 years old. This would be a day for siblings to make contact with other siblings and form relationships to last for the year and beyond. We would like to begin this program in Spring or Fall of
Request # 05096452	SUSSEX	As a licensed clinical social worker and a licensed clinical alcohol and drug counselor, it is my experience in my private practice that there absolutely no resources for higher levels of care when clients are without or limited insurance. Individuals die on these wait lists!! This is a crisis situation in New Jersey. State funding is so limited resulting in tremendous waits for beds. I, personally, do Pro Bono work to help my community due to this growing issue. Our great State of New Jersey needs to do more for the Opioid Crisis in this State. We do not have enough beds for the underserved. Please, if I can be of any service, feel free to contact me! Our citizens are dying... Theresa M. Pedernera, MSW, LCSW, LCADC Center for Hope Counseling 280 Newton Sparta Road - Suite 2

New Jersey Opioid Remediation Portal Submissions

Request # 05096920	SUSSEX	access to mental health treatment in Sussex County
Request # 05104689	SUSSEX	As a caretaker to a family member who was burned in a gasoline explosion and became addicted to his opioid pain medication, there is a need for triple diagnosis facilities. Mental health, addiction and physical injuries. This is a serious problem overlooked in the medical field. Hospital inpatient for the long lasting injuries would not treat the addiction but prescribe more drugs for pain. In patient behavioral health and addiction rehabilitation centers could not treat the injuries. This went on for years until my nephews remains were found (after being missing for 18 months) in the woods. The impact to our family and the loss of his life has devastated us. We tried so hard and so did he. The doctors that prescribe these medications need to be held accountable for what they prescribe an
Request # 05096816	UNION	\$500,000 on Narcan distribution community event supporting 3 main counties affected by high populations of opioid overdoses and deaths. Support centers with groups for those seeking rehabilitation \$300,000 Diversion from incarceration
Request # 05096876	UNION	Better treatment more treatment free treatment
Request # 05096901	UNION	I believe that any help given should be only for a period of time. I agree help should be offered but not for a lifetime. You can easily say people I am going to offer you all these resources for 'two years' and if after that time you have not recovered then these and that resources are not longer available. Because in most cases what happens is that people who are granted this type of help end wasting it and not taking full advantage of the opportunity. Also as consequence people who are intended to help experience a lost of interest. These population have access to resources and opportunities that most of the population do not have. So, my advise is whatever you decide to do, do it for a time frame.
Request # 05117821	UNION	Would like to request a bill appropriating \$20M from \$641 million in opioid settlement funds the State of New Jersey is receiving, which would go to legal aid in the expungement process for those with charges that are specific to opioid use.

New Jersey Opioid Remediation Portal Submissions

Request # 05096839	WARREN	My son was addicted to meth and alcohol. He was in and out of several detox and rehabilitation centers throughout NJ and one in Miami FLORIDA. We found Seabrook the best he went to in the state but he continued to relapse. We found Caron in Pennsylvania which was totally amazing. It's one of the top three in the country. Besides costing a fortune it was amazing. My son did get a scholarship which made it affordable. He said Caron offered way different approach than the ones in NJ. The whole experience was wonderful and the people are very understanding with the families. He has been in recovery for 15 months an is doing amazing. The care in NJ has to change and be updated. There is life after addiction. They place him in a sober living and they have a different approach. Family Guidanc
Request # 05096994	WARREN	I propose the most basic and efficient way to help those that are experiencing this horrific addiction. First would be to show empathy with a professional staff follow by a call from great customer service reps. this will be the first step in the healing process. Remotely 24 hr via chat or phone available. We will serve the Phillipsburg community for starters. A facility equipped with kitchen, bathroom, meeting room. Capacity of 300 people. In person we like to offer them transportation from and too and an office daily from 8-4 equipped with food and peaceful environment. We can offer prayer rooms for the Christian, Jewish, Muslim and non-domination believers. Offer them a local clergy person to come in and pray. -Medicare and Medicaid involvement to bring in capital to continue this
Request # 05096793	WARREN	All proceeds should be paid to people who have been harmed by opioids especially when it was prescribed in a dangerous way by their doctors, unbeknownst to the harmed innocent patient.