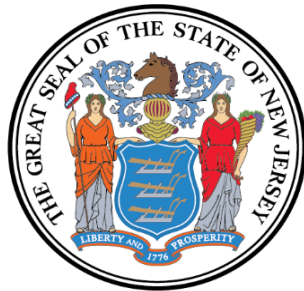


New Jersey Subdivision Annual Opioid Abatement Report 2023



September 29, 2023



PHILIP D. MURPHY
Governor

State of New Jersey
DEPARTMENT OF HUMAN SERVICES

SARAH ADELMAN
Commissioner

TAHESHA L. WAY
Lt. Governor

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

Allowable uses of the Opioid Settlement Funds include:

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

The NJ Department of Human Services is pleased to present the first annual report outlining the use of these funds. The following report represents the investments made by New Jersey's 262 Subdivisions.

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New Jersey 2023 Opioid Abatement Report

1. In what county are you located? **Atlantic County**
2. For which eligible subdivision (county or municipality) are you reporting? **Atlantic City**
3. What is your subdivision's State ID? **NJ3**
4. As an eligible subdivision (county or municipality) receiving opioid abatement funds, please tell us the following:
Full name of individual in your subdivision authorized to report on the settlement funds your subdivision received ("administrator " managing/overseeing these funds): **Karl Timbers**

Name of Administering Agency: **City of Atlantic City**

Business Address: **1301 Bacharach Blvd., Ste 306**

City/Town: **Atlantic City**

Lead Contact Phone Number: **609-347-5540**
5. As an eligible subdivision receiving abatement funds, which of the following applies to your current status regarding those funds? **We are a municipality and did not transfer our funds.**
6. What amount of your opioid abatement funds did you transfer to the county?
7. Please tell us the full amount of opioid abatement funds you received as of 6/30/23. **\$452,095.65**
8. Please tell us the amount of opioid abatement funds you have expended (as of 6/30/23). **\$124,963.25**
9. Of the total opioid abatement funds, what amount was spent on program administrative expenses? **\$0.00**
10. Please share brief information on your subdivision's overarching goals and priorities to provide context for this program year's spending decisions. **The goal of the City's program is a multi-prong approach. Currently the City is experiencing devastating effects from the opioid epidemic. This fund will be used to mitigate issues faced by residents & visitors dealing with homelessness & addiction problems.**
11. (This question is for counties only) Have you established an Advisory Committee to inform allocation of funds?
12. Did your subdivision engage the public (e.g., town hall meeting, online survey, convened stakeholders) prior to deciding how to use the opioid abatement funds you received? **No, but plan to in the future.**
13. Please describe your public engagement/input efforts?
14. Does your county/subdivision have a strategic plan? **No, but plan to develop one in the future.**
15. Can we post your strategic plan online?

New Jersey 2023 Opioid Abatement Report

16. Have you completed a risk assessment profile for demographic or geographic impact? **No, but we plan to in the future.**

17. Can we post your risk assessment online?

18. Please tell us your overall rationale for prioritizing the use of the opioid abatement funds that you received (e.g., are you using a needs assessment, a strategic or other plan, or an epidemiological analysis)? **We are using a needs assessment and are currently working with our Health, Police & Fire Departments to create a Strategic Plan.**

Program 1

19. Program name/title: **Opioid Effect Mitigation Program**

Agency/funding recipient name: **City of Atlantic City Fire Department, Police Department & Health Department**

Primary problem being addressed by this program: **Addiction amongst our homeless**

Brief program description: **Administer Narcan, transporting person to shelters & treatment facilities**

Program target population: **Homeless**

Date this program was funded (please use M/D/Y): **May 23, 2023**

Amount of funding for this program: **\$124,963.25**

Program launch date: **May 23, 2023**

If program has started, how many clients have been seen as of 6/30/2023: **Program is still in the infancy stage so we are currently collecting the data**

What key performance indicators are you tracking to ensure success of the program? **Program is still in the infancy stage so we are currently collecting the data**

Please state this program's statement of impact: **The City of Atlantic City is developing a program to address the Opioid Epidemic within the City. Our focus is on addressing opioid issues affecting our homeless population, specifically addiction treatment, overdose & death.**

How do you plan to measure or track success and impact of this program? **Sampling of the homeless population. And also using visual observation of the street & other areas where we have experienced homeless problems.**

20. Primary Category (Please select the category that fits the primary focus of this program). **Recovery and Support**

21. The following are other categories that may apply (include all categories with the exception of the Primary category you chose above). **Treatment, Overdose Prevention, and Education**

22. Please choose the length of time of this program's duration: **5+ years**

New Jersey 2023 Opioid Abatement Report

Other (please specify):

23. How often are you disbursing funds to this program? **Other (please specify)**

Other (please specify): **As needed**

24. Rationale for Program

What is the reason for this program spending choice? **Abundance of addicted homeless in & around the city**

What outcomes or impact does the program aim to achieve? **Reduction in addicted homeless**

What is the anticipated number of unduplicated clients this program will reach annually?
Undeterminable

25. Do you have other programs you are funding and/or operating with opioid abatement funds? **No**

New Jersey 2023 Opioid Abatement Report

1. In what county are you located? **Atlantic County**
2. For which eligible subdivision (county or municipality) are you reporting? **Atlantic County**
3. What is your subdivision's State ID? **NJ4**
4. As an eligible subdivision (county or municipality) receiving opioid abatement funds, please tell us the following:
 - Full name of individual in your subdivision authorized to report on the settlement funds your subdivision received ("administrator " managing/overseeing these funds): **Bonnie Lindaw**
 - Name of Administering Agency: **County of Atlantic**
 - Business Address: **1333 Atlantic Avenue**
 - City/Town: **Atlantic City**
 - Lead Contact Phone Number: **609-343-2221**
5. As an eligible subdivision receiving abatement funds, which of the following applies to your current status regarding those funds? **We are a county and did not transfer our funds.**
6. What amount of your opioid abatement funds did you transfer to the county?
7. Please tell us the full amount of opioid abatement funds you received as of 6/30/23. **\$1,215,827.23**
8. Please tell us the amount of opioid abatement funds you have expended (as of 6/30/23). **\$5,000.00**
9. Of the total opioid abatement funds, what amount was spent on program administrative expenses? **\$5,000.00**
10. Please share brief information on your subdivision's overarching goals and priorities to provide context for this program year's spending decisions.
11. (This question is for counties only) Have you established an Advisory Committee to inform allocation of funds? **Yes**
12. Did your subdivision engage the public (e.g., town hall meeting, online survey, convened stakeholders) prior to deciding how to use the opioid abatement funds you received? **No, but plan to in the future.**
13. Please describe your public engagement/input efforts?
14. Does your county/subdivision have a strategic plan? **No, but plan to develop one in the future.**
15. Can we post your strategic plan online?
16. Have you completed a risk assessment profile for demographic or geographic impact? **No, but we plan to in the future.**

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17. Can we post your risk assessment online?

18. Please tell us your overall rationale for prioritizing the use of the opioid abatement funds that you received (e.g., are you using a needs assessment, a strategic or other plan, or an epidemiological analysis)? **The County is discussing the process we will be following to develop short and long term uses for the opioid funding. Our county committee did recommend we initially fund a prevention program that would add a new service into the community. This committee included most of the substance abuse and mental health agencies in our community. The committee members also included are County Prosecutor, County Sheriff, local police, EMS, and the 7 towns who are eligible recipients of Opioid Settlement funds. However, the plan will drive the future program development and funding.**

Program 1

19. Program name/title: **Bridge Clinic Program**

Agency/funding recipient name: **Atlanticare**

Primary problem being addressed by this program: **Treatment of Opioid substance abuse**

Brief program description: **See below**

Program target population: **Opioid users**

Date this program was funded (please use M/D/Y): **3/1/2023**

Amount of funding for this program: **\$262,488.00 (allocated but not yet spent)**

Program launch date: **3/1/2023**

If program has started, how many clients have been seen as of 6/30/2023: **33**

What key performance indicators are you tracking to ensure success of the program? **1. What factor(s) make a person participate in treatment. 2. How many individuals complete treatment. 3. How important is case management.**

Please state this program's statement of impact: **The Bridge is a response to the high rate of overdose related deaths in the County and to provide a solution for the high volume of patients who are seen in Atlanticare's campuses whose underlying medial issue is substance abuse.**

How do you plan to measure or track success and impact of this program?

- 1. How many individuals agree to treatment.**
- 2. How many individuals complete treatment.**
- 3. How many individuals become stabilized in the community when treatment is completed.**

20. Primary Category (Please select the category that fits the primary focus of this program).
Treatment

21. The following are other categories that may apply (include all categories with the exception of the Primary category you chose above). **Overdose Prevention, Long-Term Resiliency, Recovery and Support**

22. Please choose the length of time of this program's duration: **1 year**

Other (please specify):

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23. How often are you disbursing funds to this program? **Quarterly**

Other (please specify):

24. Rationale for Program

What is the reason for this program spending choice? **The County had 5 agencies submit programs for treatment. The County opioid committee reviewed the 5 proposals and selected the bridge program. The local hospital initiated an opioid intervention program at their emergency room. Staff were trained and the program was running 3 days/week for a few hours/days. The proposal reviewed by our local committee was enhanced to include 5 days/week. The hospital set aside beds in the hospital for patients who had drug problems. A case manager was assigned to each patient who consented to participate in a drug treatment program. Each patient is given medicine to ease their withdrawal and cravings.**

What outcomes or impact does the program aim to achieve? **To get these patients into a treatment program and then have a case manager follow them all the way through to reentry into the community. The case manager will work with them on education, job training, employment, etc. to stabilize that individual.**

What is the anticipated number of unduplicated clients this program will reach annually? **In the first 4 months of the program there were 33 individuals. The program is evolving to include patients not only in the emergency room, but accepting referrals from community partners.**

25. Do you have other programs you are funding and/or operating with opioid abatement funds? **Yes**

Program 2

19. Program name/title: **Hope1**

Agency/funding recipient name: **Atlantic County Sheriff**

Primary problem being addressed by this program: **Lack of Transportation for substance abusers to treatment**

Brief program description: **There was a clear recognition of the growing use of opioids in the Atlantic County Community. The County Sheriff's Office started a program called Hope One. It was created to provide direct services to any community member and would have the resources to obtain treatment services for residents who asked for assistance. The program works with the opioid committee members. While many residents need services, there are times the lack of transportation and/or the immediacy of transportation prevents access to treatment. The Hope1 project has developed a system that provides this transportation and utilizes its street outreach and hotline; Hope1 can provide the transportation timelier.**

Program target population: **Substance abusers**

Date this program was funded (please use M/D/Y): **3/1/2023**

Amount of funding for this program: **\$22,951.00 (allocated but not yet spent)**

Program launch date: **3/1/2023**

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If program has started, how many clients have been seen as of 6/30/2023: **33**

What key performance indicators are you tracking to ensure success of the program? **When an individual has indicated they are ready to enter treatment, the transportation is provided immediately.**

Please state this program's statement of impact: **The program is designed to provide direct services for individuals suffering from substance use disorders. Transportation is the component that assists in providing immediate access once an individual commits to the services.**

How do you plan to measure or track success and impact of this program? **1. How many individuals get to treatment**

20. Primary Category (Please select the category that fits the primary focus of this program).
Treatment

21. The following are other categories that may apply (include all categories with the exception of the Primary category you chose above). **Overdose Prevention, Long-Term Resiliency, Treatment**

22. Please choose the length of time of this program's duration: **1 year**

Other (please specify):

23. How often are you disbursing funds to this program?

Other (please specify):

24. Rationale for Program

What is the reason for this program spending choice? **The Opioid committee saw a tremendous need that when an individual expressed a desire to enter treatment, many times the inability to get to the services was unavailable. The Hope1 program has provided a direct access to services through its transportation resource.**

What outcomes or impact does the program aim to achieve? **To provide immediate access to treatment when an individual has committed to enter a program.**

What is the anticipated number of unduplicated clients this program will reach annually? **100**

25. Do you have other programs you are funding and/or operating with opioid abatement funds? **No**

New Jersey 2023 Opioid Abatement Report

1. In what county are you located? **Atlantic County**
2. For which eligible subdivision (county or municipality) are you reporting? **Egg Harbor Township**
3. What is your subdivision's State ID? **NJ53**
4. As an eligible subdivision (county or municipality) receiving opioid abatement funds, please tell us the following:
Full name of individual in your subdivision authorized to report on the settlement funds your subdivision received("administrator " managing/overseeing these funds): **Thomas J D'Intino**

Name of Administering Agency: **Township of Egg Harbor**

Business Address: **3515 Bargaintown Road**

City/Town: **Egg Harbor Township**

Lead Contact Phone Number: **609-926-4027**
5. As an eligible subdivision receiving abatement funds, which of the following applies to your current status regarding those funds? **We are a municipality and did not transfer our funds.**
6. What amount of your opioid abatement funds did you transfer to the county?
7. Please tell us the full amount of opioid abatement funds you received as of 6/30/23. **\$10,787.43**
8. Please tell us the amount of opioid abatement funds you have expended (as of 6/30/23). **\$0.00**
9. Of the total opioid abatement funds, what amount was spent on program administrative expenses?
\$0.00
10. Please share brief information on your subdivision's overarching goals and priorities to provide context for this program year's spending decisions. **We are considering using the funding to assist with transportation to treatment/recovery centers. Another consideration is to look into employing a navigator/recovery specialist to assist the Police and EMS Division. Then follow up with the individual assisting them with getting the treatment they need.**
11. (This question is for counties only) Have you established an Advisory Committee to inform allocation of funds?
12. Did your subdivision engage the public (e.g., town hall meeting, online survey, convened stakeholders) prior to deciding how to use the opioid abatement funds you received? **No, but plan to in the future.**
13. Please describe your public engagement/input efforts?
14. Does your county/subdivision have a strategic plan? **No, but plan to develop one in the future.**
15. Can we post your strategic plan online?

New Jersey 2023 Opioid Abatement Report

16. Have you completed a risk assessment profile for demographic or geographic impact? **No, but we plan to in the future.**

17. Can we post your risk assessment online?

18. Please tell us your overall rationale for prioritizing the use of the opioid abatement funds that you received (e.g., are you using a needs assessment, a strategic or other plan, or an epidemiological analysis)? **We are working with the police department to assess our needs then create a strategic plan to address the issues/concerns.**

New Jersey 2023 Opioid Abatement Report

1. In what county are you located? **Atlantic County**
2. For which eligible subdivision (county or municipality) are you reporting? **Galloway Township**
3. What is your subdivision's State ID? **N70**
4. As an eligible subdivision (county or municipality) receiving opioid abatement funds, please tell us the following:
Full name of individual in your subdivision authorized to report on the settlement funds your subdivision received("administrator " managing/overseeing these funds): **Chris Johansen**

Name of Administering Agency: **Galloway Township**

Business Address: **300 E. Jimmie Leeds Road**

City/Town: **Galloway**

Lead Contact Phone Number: **609-652-3700**
5. As an eligible subdivision receiving abatement funds, which of the following applies to your current status regarding those funds? **We are a municipality and did not transfer our funds.**
6. What amount of your opioid abatement funds did you transfer to the county?
7. Please tell us the full amount of opioid abatement funds you received as of 6/30/23. **\$35,593.62**
8. Please tell us the amount of opioid abatement funds you have expended (as of 6/30/23). **\$8,499.00**
9. Of the total opioid abatement funds, what amount was spent on program administrative expenses?
\$0.00
10. Please share brief information on your subdivision's overarching goals and priorities to provide context for this program year's spending decisions.
Our initial goal for this program was to provide prevention and treatment information to the public. We have used the spent funds for prevention programs in our schools. We plan to use funds to fund our American Medicine Chest program which allows for the public to dispose of unwanted, expired or unused prescription drugs to prevent them from falling into the hands of those who would abuse them. We look to expand the program in the future.
11. (This question is for counties only) Have you established an Advisory Committee to inform allocation of funds?
12. Did your subdivision engage the public (e.g., town hall meeting, online survey, convened stakeholders) prior to deciding how to use the opioid abatement funds you received? **No, but plan to in the future.**
13. Please describe your public engagement/input efforts?
14. Does your county/subdivision have a strategic plan? **No, but plan to develop one in the future.**

New Jersey 2023 Opioid Abatement Report

15. Can we post your strategic plan online?

16. Have you completed a risk assessment profile for demographic or geographic impact? **No, but we plan to in the future.**

17. Can we post your risk assessment online?

18. Please tell us your overall rationale for prioritizing the use of the opioid abatement funds that you received (e.g., are you using a needs assessment, a strategic or other plan, or an epidemiological analysis)?

The plan to use these funds is still being developed but will prioritize community outreach and training. We have used some funds to teach drug prevention in our Cops in School Programs. We also have a Medicine Chest program which allows for the public to safely dispose of their unwanted, unused or expired household drugs to prevent them from falling into the hands of those who would abuse them. Funds would be allocated to assist with destruction costs of this program.

Program 1

19. Program name/title: **Cops in Schools Program**

Agency/funding recipient name: **Galloway Township Police Department**

Primary problem being addressed by this program: **The purpose of the CIS program is to create an ongoing working relationship with the Galloway Township Public School District's staff, creating an avenue for interaction and education with the district's school aged youth.**

Brief program description: **The goals of the CIS program are to:**

- (1) provide a valuable service to the Galloway Township Public Schools District and the community as a liaison between the school district and the police department,**
- (2) communicate with youth in a positive manner and dispel myths and misconceptions,**
- (3) educate youth by providing relevant and informative education programs concerning drug abuse and violence prevention, personal safety, civic education, tolerance and making good decisions;**
- (4) enhance the department's image by example and through positive youth contacts, and providing problem solving, counseling, and enforcement when necessary.**

Program target population: **School Aged Children**

Date this program was funded (please use M/D/Y): **12/19/2022**

Amount of funding for this program: **\$8,499.00**

Program launch date: **9/1/2022**

If program has started, how many clients have been seen as of 6/30/2023: **2500 students**

What key performance indicators are you tracking to ensure success of the program? **Feedback from school**

New Jersey 2023 Opioid Abatement Report

Please state this program's statement of impact:

- A. The Galloway Township Police Department recognizes the value and credibility of the community oriented policing concept and the value of crime prevention related strategies.**
- B. The purpose of the CIS program is to create an ongoing working relationship with the Galloway Township Public School District's staff, creating an avenue for interaction and education with the district's school aged youth.**
- C. The goals of the CIS program are to**
- (1) provide a valuable service to the Galloway Township Public Schools District and the community as a liaison between the school district and the police department,**
 - (2) communicate with youth in a positive manner and dispel myths and misconceptions,**
 - (3) educate youth by providing relevant and informative education programs concerning drug abuse and violence prevention, personal safety, civic education, tolerance and making good decisions;**
 - (4) enhance the department's image by example and through positive youth contacts, and providing problem solving, counseling, and enforcement when necessary.**

How do you plan to measure or track success and impact of this program? **Feedback from schools**

20. Primary Category (Please select the category that fits the primary focus of this program).

Prevention and Education

21. The following are other categories that may apply (include all categories with the exception of the Primary category you chose above).

22. Please choose the length of time of this program's duration: **1 year**

Other (please specify):

23. How often are you disbursing funds to this program? **Other (please specify)**

Other (please specify): **As needed**

24. Rationale for Program

What is the reason for this program spending choice? **To fund drug prevention and educational materials.**

What outcomes or impact does the program aim to achieve? **Prevent the use of drugs by our children**

What is the anticipated number of unduplicated clients this program will reach annually? **?**

25. Do you have other programs you are funding and/or operating with opioid abatement funds? **Yes**

Program 2

19. Program name/title: **JTAC American Medicine Chest Challenge**

Agency/funding recipient name: **Galloway Township Police Department**

Primary problem being addressed by this program: **Providing a means for the public to safely dispose of their unwanted, unused, or expired household pharmaceuticals.**

New Jersey 2023 Opioid Abatement Report

Brief program description: **American Medicine Chest Challenge is an initiative of Join Together Atlantic County and the Galloway Township Police Department. It is a joint effort to halt the diversion and abuse of prescription drugs. The initiative provides a means for the public to safely dispose of their unwanted, unused, or expired household pharmaceuticals 24 hours a day, seven days a week, and 365 days a year. The opportunity prevents unused medications from falling into the hands of those who might abuse them, and keeps them from being flushed into the water supply.**

Program target population: **Everyone**

Date this program was funded (please use M/D/Y): **Not funded yet, will be funded in future**

Amount of funding for this program: **0 at this time**

Program launch date: **3/23/2023**

If program has started, how many clients have been seen as of 6/30/2023: **Unknown - program allows for the public to drop off drugs anonymously**

What key performance indicators are you tracking to ensure success of the program? **Amount of prescription drugs placed in box**

Please state this program's statement of impact: **American Medicine Chest Challenge is an initiative of Join Together Atlantic County and the Galloway Township Police Department. It is a joint effort to halt the diversion and abuse of prescription drugs. The initiative provides a means for the public to safely dispose of their unwanted, unused, or expired household pharmaceuticals 24 hours a day, seven days a week, and 365 days a year. The opportunity prevents unused medications from falling into the hands of those who might abuse them, and keeps them from being flushed into the water supply.**

How do you plan to measure or track success and impact of this program? **Determined by amount of prescriptions drugs are being turned in**

20. Primary Category (Please select the category that fits the primary focus of this program). **Harm Reduction**

21. The following are other categories that may apply (include all categories with the exception of the Primary category you chose above). **Overdose Prevention, Prevention and Education**

22. Please choose the length of time of this program's duration: **2-3 years**

Other (please specify):

23. How often are you disbursing funds to this program? **Annually**

Other (please specify):

24. Rationale for Program

New Jersey 2023 Opioid Abatement Report

What is the reason for this program spending choice? **The initiative provides a means for the public to safely dispose of their unwanted, unused, or expired household pharmaceuticals 24 hours a day, seven days a week, and 365 days a year. The opportunity prevents unused medications from falling into the hands of those who might abuse them, and keeps them from being flushed into the water supply.**

What outcomes or impact does the program aim to achieve? **Destruction of unused drugs, expired or unwanted drugs so they don't fall into the hands of a user.**

What is the anticipated number of unduplicated clients this program will reach annually?
Unknown

25. Do you have other programs you are funding and/or operating with opioid abatement funds? **No**

New Jersey 2023 Opioid Abatement Report

1. In what county are you located? **Atlantic County**
2. For which eligible subdivision (county or municipality) are you reporting? **Hamilton Township**
3. What is your subdivision's State ID? **NJ81**
4. As an eligible subdivision (county or municipality) receiving opioid abatement funds, please tell us the following:
Full name of individual in your subdivision authorized to report on the settlement funds your subdivision received ("administrator " managing/overseeing these funds): **Cynthia Lindsay**

Name of Administering Agency: **Hamilton Township**

Business Address: **6101 Thirteenth Street**

City/Town: **Mays Landing**

Lead Contact Phone Number: **609-625-6704**
5. As an eligible subdivision receiving abatement funds, which of the following applies to your current status regarding those funds? **We are a municipality and did not transfer our funds.**
6. What amount of your opioid abatement funds did you transfer to the county?
7. Please tell us the full amount of opioid abatement funds you received as of 6/30/23. **\$39,507.92**
8. Please tell us the amount of opioid abatement funds you have expended (as of 6/30/23). **\$0.00**
9. Of the total opioid abatement funds, what amount was spent on program administrative expenses?
\$0.00
10. Please share brief information on your subdivision's overarching goals and priorities to provide context for this program year's spending decisions. **While we are still in the planning / research stage regarding the use of the funds, we have narrowed the areas to workforce development, and a potential cooperative with Atlantic County for a transportation program that would assist those in recovery with transportation to treatment facilities. Additionally, the funds may be used to provide support to the Bridge program offered through Atlanticare. The Bridge program is geared towards recovery and support.**
11. (This question is for counties only) Have you established an Advisory Committee to inform allocation of funds?
12. Did your subdivision engage the public (e.g., town hall meeting, online survey, convened stakeholders) prior to deciding how to use the opioid abatement funds you received? **No, but plan to in the future.**
13. Please describe your public engagement/input efforts?
14. Does your county/subdivision have a strategic plan? **No, but plan to develop one in the future.**

New Jersey 2023 Opioid Abatement Report

15. Can we post your strategic plan online?

16. Have you completed a risk assessment profile for demographic or geographic impact? **No, but we plan to in the future.**

17. Can we post your risk assessment online?

18. Please tell us your overall rationale for prioritizing the use of the opioid abatement funds that you received (e.g., are you using a needs assessment, a strategic or other plan, or an epidemiological analysis)? **Needs assessment based on a cooperative arrangement with the county**

New Jersey 2023 Opioid Abatement Report

1. In what county are you located? **Atlantic County**
2. For which eligible subdivision (county or municipality) are you reporting? **Hammonton Town**
3. What is your subdivision's State ID? **NJ83**
4. As an eligible subdivision (county or municipality) receiving opioid abatement funds, please tell us the following:
Full name of individual in your subdivision authorized to report on the settlement funds your subdivision received("administrator " managing/overseeing these funds): **Frank Zuber**

Name of Administering Agency: **Town of Hammonton**

Business Address: **100 Central Ave**

City/Town: **Hammonton , NJ 08037**

Lead Contact Phone Number: **609-567-4300 ext. 121**
5. As an eligible subdivision receiving abatement funds, which of the following applies to your current status regarding those funds? **We are a municipality and did not transfer our funds.**
6. What amount of your opioid abatement funds did you transfer to the county?
7. Please tell us the full amount of opioid abatement funds you received as of 6/30/23. **\$9,963.29**
8. Please tell us the amount of opioid abatement funds you have expended (as of 6/30/23). **\$0.00**
9. Of the total opioid abatement funds, what amount was spent on program administrative expenses?
\$0.00
10. Please share brief information on your subdivision's overarching goals and priorities to provide context for this program year's spending decisions.
11. (This question is for counties only) Have you established an Advisory Committee to inform allocation of funds?
12. Did your subdivision engage the public (e.g., town hall meeting, online survey, convened stakeholders) prior to deciding how to use the opioid abatement funds you received? **No**
13. Please describe your public engagement/input efforts?
14. Does your county/subdivision have a strategic plan? **No, but plan to develop one in the future.**
15. Can we post your strategic plan online?
16. Have you completed a risk assessment profile for demographic or geographic impact? **No**
17. Can we post your risk assessment online?

New Jersey 2023 Opioid Abatement Report

18. Please tell us your overall rationale for prioritizing the use of the opioid abatement funds that you received (e.g., are you using a needs assessment, a strategic or other plan, or an epidemiological analysis)?

New Jersey 2023 Opioid Abatement Report

1. In what county are you located? **Atlantic County**
2. For which eligible subdivision (county or municipality) are you reporting? **Pleasantville City**
3. What is your subdivision's State ID? **NJ184**
4. As an eligible subdivision (county or municipality) receiving opioid abatement funds, please tell us the following:
Full name of individual in your subdivision authorized to report on the settlement funds your subdivision received("administrator " managing/overseeing these funds): **Barry Ludy**

Name of Administering Agency: **City of Pleasantville**

Business Address: **18 N. Main Street**

City/Town: **Pleasantville**

Lead Contact Phone Number: **609-484-3622**
5. As an eligible subdivision receiving abatement funds, which of the following applies to your current status regarding those funds? **We are a municipality and did not transfer our funds.**
6. What amount of your opioid abatement funds did you transfer to the county?
7. Please tell us the full amount of opioid abatement funds you received as of 6/30/23. **\$59,756.45**
8. Please tell us the amount of opioid abatement funds you have expended (as of 6/30/23). **\$0.00**
9. Of the total opioid abatement funds, what amount was spent on program administrative expenses?
\$0.00
10. Please share brief information on your subdivision's overarching goals and priorities to provide context for this program year's spending decisions.
11. (This question is for counties only) Have you established an Advisory Committee to inform allocation of funds?
12. Did your subdivision engage the public (e.g., town hall meeting, online survey, convened stakeholders) prior to deciding how to use the opioid abatement funds you received? **No, but plan to in the future.**
13. Please describe your public engagement/input efforts?
14. Does your county/subdivision have a strategic plan? **No**
15. Can we post your strategic plan online?
16. Have you completed a risk assessment profile for demographic or geographic impact? **No, but we plan to in the future.**

New Jersey 2023 Opioid Abatement Report

17. Can we post your risk assessment online?

18. Please tell us your overall rationale for prioritizing the use of the opioid abatement funds that you received (e.g., are you using a needs assessment, a strategic or other plan, or an epidemiological analysis)? **We are developing a plan to Support People in Treatment and Recovery**

New Jersey 2023 Opioid Abatement Report

1. In what county are you located? **Atlantic County**
2. For which eligible subdivision (county or municipality) are you reporting? **Somers Point City**
3. What is your subdivision's State ID? **NJ210**
4. As an eligible subdivision (county or municipality) receiving opioid abatement funds, please tell us the following:
Full name of individual in your subdivision authorized to report on the settlement funds your subdivision received("administrator " managing/overseeing these funds): **Jason Frost**

Name of Administering Agency: **City of Somers Point**

Business Address: **1 W New Jersey Ave**

City/Town: **Somers Point**

Lead Contact Phone Number: **(609) 927-9088 ext. 128**
5. As an eligible subdivision receiving abatement funds, which of the following applies to your current status regarding those funds? **We are a municipality and did not transfer our funds.**
6. What amount of your opioid abatement funds did you transfer to the county?
7. Please tell us the full amount of opioid abatement funds you received as of 6/30/23. **\$8,530.32**
8. Please tell us the amount of opioid abatement funds you have expended (as of 6/30/23). **\$0.00**
9. Of the total opioid abatement funds, what amount was spent on program administrative expenses?
N/A
10. Please share brief information on your subdivision's overarching goals and priorities to provide context for this program year's spending decisions. **Program Constraints and goals have not been formalized by the municipality**
11. (This question is for counties only) Have you established an Advisory Committee to inform allocation of funds? **N/A**
12. Did your subdivision engage the public (e.g., town hall meeting, online survey, convened stakeholders) prior to deciding how to use the opioid abatement funds you received? **No, but plan to in the future.**
13. Please describe your public engagement/input efforts?
14. Does your county/subdivision have a strategic plan? **No, but plan to develop one in the future.**
15. Can we post your strategic plan online?
16. Have you completed a risk assessment profile for demographic or geographic impact? **No**
17. Can we post your risk assessment online?

New Jersey 2023 Opioid Abatement Report

18. Please tell us your overall rationale for prioritizing the use of the opioid abatement funds that you received (e.g., are you using a needs assessment, a strategic or other plan, or an epidemiological analysis)?

New Jersey 2023 Opioid Abatement Report

1. In what county are you located? **Bergen County**
2. For which eligible subdivision (county or municipality) are you reporting? **Bergen County**
3. What is your subdivision's State ID? **NJ10**
4. As an eligible subdivision (county or municipality) receiving opioid abatement funds, please tell us the following:
 - Full name of individual in your subdivision authorized to report on the settlement funds your subdivision received ("administrator " managing/overseeing these funds): **MELISSA HOWARD**
 - Name of Administering Agency: **COUNTY OF BERGEN**
 - Business Address: **1 BERGEN COUNTY**
 - City/Town: **HACKENSACK**
 - Lead Contact Phone Number: **201-336-6561**
5. As an eligible subdivision receiving abatement funds, which of the following applies to your current status regarding those funds? **We are a county and did not transfer our funds.**
6. What amount of your opioid abatement funds did you transfer to the county?
7. Please tell us the full amount of opioid abatement funds you received as of 6/30/23. **\$2,560,405.74**
8. Please tell us the amount of opioid abatement funds you have expended (as of 6/30/23). **\$0.00**
9. Of the total opioid abatement funds, what amount was spent on program administrative expenses? **\$0.00**
10. Please share brief information on your subdivision's overarching goals and priorities to provide context for this program year's spending decisions. **We are in the initial planning phases of how we will administer the funds. One program that has already been approved is the County Opioid Diversion Court Program.**
11. (This question is for counties only) Have you established an Advisory Committee to inform allocation of funds? **Yes**
12. Did your subdivision engage the public (e.g., town hall meeting, online survey, convened stakeholders) prior to deciding how to use the opioid abatement funds you received? **No, but plan to in the future.**
13. Please describe your public engagement/input efforts?
14. Does your county/subdivision have a strategic plan? **No, but plan to develop one in the future.**
15. Can we post your strategic plan online?

New Jersey 2023 Opioid Abatement Report

16. Have you completed a risk assessment profile for demographic or geographic impact? **No, but we plan to in the future.**

17. Can we post your risk assessment online?

18. Please tell us your overall rationale for prioritizing the use of the opioid abatement funds that you received (e.g., are you using a needs assessment, a strategic or other plan, or an epidemiological analysis)? **Bergen County plans on using a needs assessment and strategic plan approach to ensure we are maximizing the use of the funds**

Program 1

19. Program name/title: **Bergen County Central Municipal Diversion Court**

Agency/funding recipient name: **County of Bergen Prosecutor's Office**

Primary problem being addressed by this program: **Incarcerating of low-level opioid offenses and not providing treatment options.**

Brief program description: **The Bergen County Municipal Diversion Program is available to individuals who have been charged with disorderly persons offenses related to their substance abuse disorder. Program participants are eligible to have charges dismissed after 6 months of compliance with individualized, court approved treatment plan.**

Program target population: **Opioid arrests**

Date this program was funded (please use M/D/Y): **Approved on 2/15/2023, but not yet funded**

Amount of funding for this program: **329,600.00 annually**

Program launch date: **TBD**

If program has started, how many clients have been seen as of 6/30/2023: **The program has not started as of 6/30/2023**

What key performance indicators are you tracking to ensure success of the program? **Dismissed cases and recovery rates**

Please state this program's statement of impact: **Rehabilitate rather than incarcerate**

How do you plan to measure or track success and impact of this program? **The indicators will be 1) dismissed cases after 6 months 2) arrests rates of those rehabilitated**

20. Primary Category (Please select the category that fits the primary focus of this program). **Diversion from Incarceration**

21. The following are other categories that may apply (include all categories with the exception of the Primary category you chose above). **Harm Reduction, Overdose Prevention, Diversion from Incarceration, Recovery and Support, Treatment**

22. Please choose the length of time of this program's duration: **Other (please specify)**

New Jersey 2023 Opioid Abatement Report

Other (please specify): **The County plans to continue this program after Opioid funding is exhausted**

23. How often are you disbursing funds to this program? **Annually**

Other (please specify):

24. Rationale for Program

What is the reason for this program spending choice? **To assist in recovery**

What outcomes or impact does the program aim to achieve? **By not incarcerating the individual and providing them with a treatment plan so that they would not be put in the same situation again and also help prevent other harmful outcomes of opioid abuse such as death.**

What is the anticipated number of unduplicated clients this program will reach annually? **At this time, it is not determined.**

25. Do you have other programs you are funding and/or operating with opioid abatement funds? **No**

New Jersey 2023 Opioid Abatement Report

1. In what county are you located? **Bergen County**
2. For which eligible subdivision (county or municipality) are you reporting? **Bergenfield Borough**
3. What is your subdivision's State ID? **NJ11**
4. As an eligible subdivision (county or municipality) receiving opioid abatement funds, please tell us the following:
Full name of individual in your subdivision authorized to report on the settlement funds your subdivision received("administrator " managing/overseeing these funds): **Richard Cahill**

Name of Administering Agency: **Borough of Bergenfield**

Business Address: **198 N. Washington Ave**

City/Town: **Bergenfield**

Lead Contact Phone Number: **(201)-387-4055 ext. 4053**
5. As an eligible subdivision receiving abatement funds, which of the following applies to your current status regarding those funds? **We are a municipality and did not transfer our funds.**
6. What amount of your opioid abatement funds did you transfer to the county?
7. Please tell us the full amount of opioid abatement funds you received as of 6/30/23. **\$25,988.38**
8. Please tell us the amount of opioid abatement funds you have expended (as of 6/30/23). **\$0.00**
9. Of the total opioid abatement funds, what amount was spent on program administrative expenses?
\$0.00
10. Please share brief information on your subdivision's overarching goals and priorities to provide context for this program year's spending decisions. **We have not yet established any goals or priorities**
11. (This question is for counties only) Have you established an Advisory Committee to inform allocation of funds?
12. Did your subdivision engage the public (e.g., town hall meeting, online survey, convened stakeholders) prior to deciding how to use the opioid abatement funds you received? **No**
13. Please describe your public engagement/input efforts?
14. Does your county/subdivision have a strategic plan? **No**
15. Can we post your strategic plan online?
16. Have you completed a risk assessment profile for demographic or geographic impact? **No**
17. Can we post your risk assessment online?

New Jersey 2023 Opioid Abatement Report

18. Please tell us your overall rationale for prioritizing the use of the opioid abatement funds that you received (e.g., are you using a needs assessment, a strategic or other plan, or an epidemiological analysis)? **No rationale as of yet**

New Jersey 2023 Opioid Abatement Report

1. In what county are you located? **Bergen County**
2. For which eligible subdivision (county or municipality) are you reporting? **Cliffside Park Borough**
3. What is your subdivision's State ID? **NJ33**
4. As an eligible subdivision (county or municipality) receiving opioid abatement funds, please tell us the following:
Full name of individual in your subdivision authorized to report on the settlement funds your subdivision received("administrator " managing/overseeing these funds): **Administrator**

Name of Administering Agency: **Borough of Cliffside Park**

Business Address: **525 Palisade Avenue**

City/Town: **Cliffside Park**

Lead Contact Phone Number: **201-313-2006**
5. As an eligible subdivision receiving abatement funds, which of the following applies to your current status regarding those funds? **We are a municipality and did not transfer our funds.**
6. What amount of your opioid abatement funds did you transfer to the county?
7. Please tell us the full amount of opioid abatement funds you received as of 6/30/23. **\$45,628.88**
8. Please tell us the amount of opioid abatement funds you have expended (as of 6/30/23). **\$0.00**
9. Of the total opioid abatement funds, what amount was spent on program administrative expenses?
\$0.00
10. Please share brief information on your subdivision's overarching goals and priorities to provide context for this program year's spending decisions. **Our goal is to reduce the number of opioid related deaths in Cliffside Park; through increased knowledge, education and efficacy of students and individuals across the lifespan to mitigate risk and prevent opioid related overdoses and deaths; utilize our health educators to offer health promotion services and provide linkage support; create a digital health marketing campaign for physicians and other health related professionals.**
11. (This question is for counties only) Have you established an Advisory Committee to inform allocation of funds?
12. Did your subdivision engage the public (e.g., town hall meeting, online survey, convened stakeholders) prior to deciding how to use the opioid abatement funds you received? **No, but plan to in the future.**
13. Please describe your public engagement/input efforts?
14. Does your county/subdivision have a strategic plan? **Yes**
15. Can we post your strategic plan online? **Yes, you may post it.**

New Jersey 2023 Opioid Abatement Report

16. Have you completed a risk assessment profile for demographic or geographic impact? **No, but we plan to in the future.**

17. Can we post your risk assessment online?

18. Please tell us your overall rationale for prioritizing the use of the opioid abatement funds that you received (e.g., are you using a needs assessment, a strategic or other plan, or an epidemiological analysis)? **We will be utilizing a strategic plan based on a needs assessment analysis, epidemiological analysis to identify our objectives, project inputs, identify partners to carry out the plan, outputs, and continue to analyze the impact of the plan through measuring short term, intermediate term and long term outcomes.**

Program 1

19. Program name/title: **Cliffside Park Opioid Awareness Program**

Agency/funding recipient name: **Borough of Cliffside Park**

Primary problem being addressed by this program: **Reduce the number of opioid related deaths and overdoses**

Brief program description: **Increase the knowledge, education and self-efficacy of students and individuals across the lifespan to mitigate risk and prevent opioid related deaths and overdoses.**

Program target population: **Students and all age groups that make up the socio-economic population of Cliffside Park**

Date this program was funded (please use M/D/Y): **N/A**

Amount of funding for this program: **\$45,628.88**

Program launch date: **est. 12/1/23**

If program has started, how many clients have been seen as of 6/30/2023:

What key performance indicators are you tracking to ensure success of the program? **Number of first responders, students and other community stake holders trained; number of opioid related overdoses reversed through Naloxone administration compared to previous year(s); number of opioid related deaths and overdoses decreased compared to prior year(s)**

Please state this program's statement of impact: **Reduce the number of opioid related deaths in Cliffside Park**

How do you plan to measure or track success and impact of this program? **Through a comprehensive reporting system that tracks statistics which measure outcomes; continued participation of Opioid Committee and community input.**

20. Primary Category (Please select the category that fits the primary focus of this program). **Harm Reduction**

New Jersey 2023 Opioid Abatement Report

21. The following are other categories that may apply (include all categories with the exception of the Primary category you chose above). **Overdose Prevention, Long-Term Resiliency, Diversion from Incarceration, Prevention and Education, Recovery and Support**

22. Please choose the length of time of this program's duration: **1 year**

Other (please specify):

23. How often are you disbursing funds to this program? **Other (please specify)**

Other (please specify): **As required by the activity.**

24. Rationale for Program

What is the reason for this program spending choice? **Compliant control of funds disbursement**

What outcomes or impact does the program aim to achieve? **Reduce the number of opioid related deaths and overdoses**

What is the anticipated number of unduplicated clients this program will reach annually?
Unknown

25. Do you have other programs you are funding and/or operating with opioid abatement funds? **No**

New Jersey 2023 Opioid Abatement Report

1. In what county are you located? **Bergen County**
2. For which eligible subdivision (county or municipality) are you reporting? **Dumont Borough**
3. What is your subdivision's State ID? **NJ44**
4. As an eligible subdivision (county or municipality) receiving opioid abatement funds, please tell us the following:
Full name of individual in your subdivision authorized to report on the settlement funds your subdivision received("administrator " managing/overseeing these funds): **Chris Rutch**

Name of Administering Agency: **Bergen County**

Business Address: **50 Washington Ave**

City/Town: **Dumont**

Lead Contact Phone Number: **201-387-5022**
5. As an eligible subdivision receiving abatement funds, which of the following applies to your current status regarding those funds? **We are a municipality and did not transfer our funds.**
6. What amount of your opioid abatement funds did you transfer to the county?
7. Please tell us the full amount of opioid abatement funds you received as of 6/30/23. **\$16,979.77**
8. Please tell us the amount of opioid abatement funds you have expended (as of 6/30/23). **\$0.00**
9. Of the total opioid abatement funds, what amount was spent on program administrative expenses?
\$0.00
10. Please share brief information on your subdivision's overarching goals and priorities to provide context for this program year's spending decisions. **L.E.A.D.S. Program Initiative**
11. (This question is for counties only) Have you established an Advisory Committee to inform allocation of funds?
12. Did your subdivision engage the public (e.g., town hall meeting, online survey, convened stakeholders) prior to deciding how to use the opioid abatement funds you received? **No, but plan to in the future.**
13. Please describe your public engagement/input efforts?
14. Does your county/subdivision have a strategic plan? **Yes**
15. Can we post your strategic plan online? **Yes, you may post it.**
16. Have you completed a risk assessment profile for demographic or geographic impact? **No**
17. Can we post your risk assessment online?

New Jersey 2023 Opioid Abatement Report

18. Please tell us your overall rationale for prioritizing the use of the opioid abatement funds that you received (e.g., are you using a needs assessment, a strategic or other plan, or an epidemiological analysis)? **Prevention and Awareness**

Program 1

19. Program name/title: **L.E.A.D.S.**

Agency/funding recipient name: **Dumont Police Department**

Primary problem being addressed by this program: **Prevention and Awareness**

Brief program description: **To bring prevention and awareness to our public**

Program target population: **All**

Date this program was funded (please use M/D/Y): **10/01/23**

Amount of funding for this program: **\$16,979.77**

Program launch date: **10/01/23**

If program has started, how many clients have been seen as of 6/30/2023:

What key performance indicators are you tracking to ensure success of the program? **Feedback from the schools and community feedback**

Please state this program's statement of impact: **By bringing awareness to the community from opioid overdoses/deaths**

How do you plan to measure or track success and impact of this program? **Feedback from schools and communities**

20. Primary Category (Please select the category that fits the primary focus of this program). **Overdose Prevention**

21. The following are other categories that may apply (include all categories with the exception of the Primary category you chose above). **Prevention and Education**

22. Please choose the length of time of this program's duration: **5+ years**

Other (please specify):

23. How often are you disbursing funds to this program? **Other (please specify)**

Other (please specify): **As Needed**

24. Rationale for Program

What is the reason for this program spending choice? **Prevention and Awareness to reduce overdoses and death**

New Jersey 2023 Opioid Abatement Report

What outcomes or impact does the program aim to achieve? **Saving Lives**

What is the anticipated number of unduplicated clients this program will reach annually? **400**

25. Do you have other programs you are funding and/or operating with opioid abatement funds? **No**

New Jersey 2023 Opioid Abatement Report

1. In what county are you located? **Bergen County**
2. For which eligible subdivision (county or municipality) are you reporting? **Edgewater Borough**
3. What is your subdivision's State ID? **NJ51**
4. As an eligible subdivision (county or municipality) receiving opioid abatement funds, please tell us the following:
 - Full name of individual in your subdivision authorized to report on the settlement funds your subdivision received("administrator " managing/overseeing these funds): **Gregory S. Franz**
 - Name of Administering Agency: **Edgewater Borough**
 - Business Address: **55 River Road**
 - City/Town: **Edgewater**
 - Lead Contact Phone Number: **201-943-1700 ext. 3131**
5. As an eligible subdivision receiving abatement funds, which of the following applies to your current status regarding those funds? **We are a municipality and did not transfer our funds.**
6. What amount of your opioid abatement funds did you transfer to the county?
7. Please tell us the full amount of opioid abatement funds you received as of 6/30/23. **\$27,169.04**
8. Please tell us the amount of opioid abatement funds you have expended (as of 6/30/23). **\$0.00**
9. Of the total opioid abatement funds, what amount was spent on program administrative expenses? **\$0.00**
10. Please share brief information on your subdivision's overarching goals and priorities to provide context for this program year's spending decisions. **Education and Recovery resources could be most advantageous.**
11. (This question is for counties only) Have you established an Advisory Committee to inform allocation of funds?
12. Did your subdivision engage the public (e.g., town hall meeting, online survey, convened stakeholders) prior to deciding how to use the opioid abatement funds you received? **No**
13. Please describe your public engagement/input efforts?
14. Does your county/subdivision have a strategic plan? **No**
15. Can we post your strategic plan online?
16. Have you completed a risk assessment profile for demographic or geographic impact? **No**
17. Can we post your risk assessment online?

New Jersey 2023 Opioid Abatement Report

18. Please tell us your overall rationale for prioritizing the use of the opioid abatement funds that you received (e.g., are you using a needs assessment, a strategic or other plan, or an epidemiological analysis)? **N/A**

Program 1

19. Program name/title: **Education and Recovery Resources**

Agency/funding recipient name: **Edgewater Borough**

Primary problem being addressed by this program: **Accessible information.**

Brief program description: **On-line resources providing education and recovery information.**

Program target population: **15000**

Date this program was funded (please use M/D/Y): **N/A**

Amount of funding for this program: **N/A**

Program launch date: **N/A**

If program has started, how many clients have been seen as of 6/30/2023: **N/A**

What key performance indicators are you tracking to ensure success of the program? **N/A**

Please state this program's statement of impact: **N/A**

How do you plan to measure or track success and impact of this program? **N/A**

20. Primary Category (Please select the category that fits the primary focus of this program). **Prevention and Education**

21. The following are other categories that may apply (include all categories with the exception of the Primary category you chose above). **Harm Reduction, Overdose Prevention, Long-Term Resiliency, Recovery and Support, Treatment**

22. Please choose the length of time of this program's duration: **2-3 years**

Other (please specify):

23. How often are you disbursing funds to this program? **Other (please specify)**

Other (please specify): **N/A**

24. Rationale for Program

What is the reason for this program spending choice? **N/A**

What outcomes or impact does the program aim to achieve? **N/A**

What is the anticipated number of unduplicated clients this program will reach annually? **N/A**

Opioid Abatement Report

25. Do you have other programs you are funding and/or operating with opioid abatement funds? **No**

New Jersey 2023 Opioid Abatement Report

1. In what county are you located? **Bergen County**
2. For which eligible subdivision (county or municipality) are you reporting? **Elmwood Park Borough**
3. What is your subdivision's State ID? **NJ55**
4. As an eligible subdivision (county or municipality) receiving opioid abatement funds, please tell us the following:
Full name of individual in your subdivision authorized to report on the settlement funds your subdivision received("administrator " managing/overseeing these funds): **Roy Riggitano**

Name of Administering Agency: **Elmwood Park**

Business Address: **182 Market Street**

City/Town: **Elmwood Park**

Lead Contact Phone Number: **201-417-2138**
5. As an eligible subdivision receiving abatement funds, which of the following applies to your current status regarding those funds? **We are a municipality and did not transfer our funds.**
6. What amount of your opioid abatement funds did you transfer to the county?
7. Please tell us the full amount of opioid abatement funds you received as of 6/30/23. **\$27,355.47**
8. Please tell us the amount of opioid abatement funds you have expended (as of 6/30/23).
\$15,210.00
9. Of the total opioid abatement funds, what amount was spent on program administrative expenses?
\$0.00
10. Please share brief information on your subdivision's overarching goals and priorities to provide context for this program year's spending decisions. **Through Community Policing, we target junior/high school students, and also to residents. The funds have been encumbered but not yet spent.**
11. (This question is for counties only) Have you established an Advisory Committee to inform allocation of funds?
12. Did your subdivision engage the public (e.g., town hall meeting, online survey, convened stakeholders) prior to deciding how to use the opioid abatement funds you received? **No, but plan to in the future.**
13. Please describe your public engagement/input efforts?
14. Does your county/subdivision have a strategic plan? **No, but plan to develop one in the future.**
15. Can we post your strategic plan online?
16. Have you completed a risk assessment profile for demographic or geographic impact? **No, but we plan to in the future.**

New Jersey 2023 Opioid Abatement Report

17. Can we post your risk assessment online?

18. Please tell us your overall rationale for prioritizing the use of the opioid abatement funds that you received (e.g., are you using a needs assessment, a strategic or other plan, or an epidemiological analysis)? **Police community to school district, nightly forums.**

Program 1

19. Program name/title: **Community Policing "Get the word out" opioid addiction**

Agency/funding recipient name: **Elmwood Park**

Primary problem being addressed by this program: **Simply teaching that over-the-counter medicines can lead to opioid addiction**

Brief program description: **Will conduct community policing in schools, borough hall**

Program target population: **Junior High school on up**

Date this program was funded (please use M/D/Y): **11/15/2022**

Amount of funding for this program: **\$15,210.00**

Program launch date: **10/01/23**

If program has started, how many clients have been seen as of 6/30/2023: **N/A**

What key performance indicators are you tracking to ensure success of the program? **Follow up with clients identified**

Please state this program's statement of impact: **Reduce opioid dependence through community policing and education.**

How do you plan to measure or track success and impact of this program? **Through school resource officers, as well as county health department, in which Elmwood Park uses the services**

20. Primary Category (Please select the category that fits the primary focus of this program). **Overdose Prevention**

21. The following are other categories that may apply (include all categories with the exception of the Primary category you chose above). **Workforce Development**

22. Please choose the length of time of this program's duration: **2-3 years**

Other (please specify):

23. How often are you disbursing funds to this program? **Other (please specify)**

Other (please specify): **Haven't commenced**

24. Rationale for Program

New Jersey 2023 Opioid Abatement Report

What is the reason for this program spending choice? **Elmwood park has terrific resource officers in school district which is our target**

What outcomes or impact does the program aim to achieve? **Prevention and follow up for those of addiction**

What is the anticipated number of unduplicated clients this program will reach annually? **Cannot say**

25. Do you have other programs you are funding and/or operating with opioid abatement funds? **No**

New Jersey 2023 Opioid Abatement Report

1. In what county are you located? **Bergen County**
2. For which eligible subdivision (county or municipality) are you reporting? **Englewood City**
3. What is your subdivision's State ID? **NJ56**
4. As an eligible subdivision (county or municipality) receiving opioid abatement funds, please tell us the following:
Full name of individual in your subdivision authorized to report on the settlement funds your subdivision received("administrator " managing/overseeing these funds): **Michael Kaufmann**

Name of Administering Agency: **Michael Kaufmann**

Business Address: **2-10 north van brunt St.**

City/Town: **Englewood**

Lead Contact Phone Number: **201-871-6602**
5. As an eligible subdivision receiving abatement funds, which of the following applies to your current status regarding those funds? **We are a municipality and did not transfer our funds.**
6. What amount of your opioid abatement funds did you transfer to the county?
7. Please tell us the full amount of opioid abatement funds you received as of 6/30/23. **\$270,355.69**
8. Please tell us the amount of opioid abatement funds you have expended (as of 6/30/23). **\$0.00**
9. Of the total opioid abatement funds, what amount was spent on program administrative expenses?
\$0.00
10. Please share brief information on your subdivision's overarching goals and priorities to provide context for this program year's spending decisions. **The City will focus on opioid use prevention, education in schools, and senior citizen medication conflicts, as well as other emerging social worker related issues**
11. (This question is for counties only) Have you established an Advisory Committee to inform allocation of funds?
12. Did your subdivision engage the public (e.g., town hall meeting, online survey, convened stakeholders) prior to deciding how to use the opioid abatement funds you received? **No, but plan to in the future.**
13. Please describe your public engagement/input efforts?
14. Does your county/subdivision have a strategic plan? **No, but plan to develop one in the future.**
15. Can we post your strategic plan online?
16. Have you completed a risk assessment profile for demographic or geographic impact? **No**

New Jersey 2023 Opioid Abatement Report

17. Can we post your risk assessment online?

18. Please tell us your overall rationale for prioritizing the use of the opioid abatement funds that you received (e.g., are you using a needs assessment, a strategic or other plan, or an epidemiological analysis)? **It will be in the City's strategic plan**

New Jersey 2023 Opioid Abatement Report

1. In what county are you located? **Bergen County**
2. For which eligible subdivision (county or municipality) are you reporting? **Fair Lawn Borough**
3. What is your subdivision's State ID? **NJ60**
4. As an eligible subdivision (county or municipality) receiving opioid abatement funds, please tell us the following:
Full name of individual in your subdivision authorized to report on the settlement funds your subdivision received("administrator " managing/overseeing these funds): **Carol Wagner**

Name of Administering Agency: **Borough of Fair Lawn**

Business Address: **8-01 Fair Lawn Ave.**

City/Town: **Fair Lawn**

Lead Contact Phone Number: **201-794-5327**
5. As an eligible subdivision receiving abatement funds, which of the following applies to your current status regarding those funds? **We are a municipality and did not transfer our funds.**
6. What amount of your opioid abatement funds did you transfer to the county?
7. Please tell us the full amount of opioid abatement funds you received as of 6/30/23. **\$14,370.74**
8. Please tell us the amount of opioid abatement funds you have expended (as of 6/30/23). **\$0.00**
9. Of the total opioid abatement funds, what amount was spent on program administrative expenses?
\$0.00
10. Please share brief information on your subdivision's overarching goals and priorities to provide context for this program year's spending decisions.
Our goals and priorities for this program focus on improving public awareness and education pertaining to opioid abuse. Specifically, we aim to expand awareness of opioid abuse, risks, and available treatment options through various public outreach efforts such as: educational programs about the risks of opioid abuse, training on naloxone administration, providing free naloxone kits to residents, increasing awareness of available and affordable treatment options, etc. We also aim to increase collaboration efforts with various community stakeholders. For example, working with The Center for Alcohol and Drug Resources to provide training on naloxone administration to the Fair Lawn Police Department, Fair Lawn Borough Staff, and Fair Lawn residents. In addition, we will prioritize supporting community-based organizations that provide peer and recovery support services for individuals suffering from opioid use disorder such as The Counseling Center at Fair Lawn.
11. (This question is for counties only) Have you established an Advisory Committee to inform allocation of funds?

New Jersey 2023 Opioid Abatement Report

12. Did your subdivision engage the public (e.g., town hall meeting, online survey, convened stakeholders) prior to deciding how to use the opioid abatement funds you received? **No, but plan to in the future.**
13. Please describe your public engagement/input efforts?
14. Does your county/subdivision have a strategic plan? **No, but plan to develop one in the future.**
15. Can we post your strategic plan online?
16. Have you completed a risk assessment profile for demographic or geographic impact? **No, but we plan to in the future.**
17. Can we post your risk assessment online?
18. Please tell us your overall rationale for prioritizing the use of the opioid abatement funds that you received (e.g., are you using a needs assessment, a strategic or other plan, or an epidemiological analysis)? **To prevent negative impacts of drug abuse and to prevent overdoses and potential deaths from opioid overdose.**

Program 1

19. Program name/title: **Opioid Overdose Prevention Program**
- Agency/funding recipient name: **Borough of Fair Lawn**
- Primary problem being addressed by this program: **Opioid overdose**
- Brief program description: **Increasing education of the negative impacts of opioid abuse through training of naloxone administration and providing naloxone kits.**
- Program target population: **Training first responders and interested Fair Lawn residents**
- Date this program was funded (please use M/D/Y): **N/A**
- Amount of funding for this program: **\$14,370.74**
- Program launch date: **TBD based on NOGA**
- If program has started, how many clients have been seen as of 6/30/2023: **N/A**
- What key performance indicators are you tracking to ensure success of the program? **Attendance will be kept through a post training survey**
- Please state this program's statement of impact: **The Opioid Overdose Prevention program aims to increase the availability and effective use of naloxone empowering individuals with the knowledge, skills, and confidence to administer this life-saving medication in emergency overdose situations.**
- How do you plan to measure or track success and impact of this program? **Tracking of attendance rate of training program and distribution of Naloxone kits.**
20. Primary Category (Please select the category that fits the primary focus of this program). **Overdose Prevention**

New Jersey 2023 Opioid Abatement Report

21. The following are other categories that may apply (include all categories with the exception of the Primary category you chose above). **Prevention and Education, Workforce Development**

22. Please choose the length of time of this program's duration: **Other (please specify)**

Other (please specify): **Undetermined, dependent on NOGA**

23. How often are you disbursing funds to this program? **Other (please specify)**

Other (please specify): **Paying per training session depending on attendee registration**

24. Rationale for Program

What is the reason for this program spending choice? **To increase education regarding opioid abuse effects and supporting workforce development initiatives by providing free training of naloxone administration and kits to first responders**

What outcomes or impact does the program aim to achieve? **Increasing awareness and stigma reduction surrounding opioid addiction and overdose.**

What is the anticipated number of unduplicated clients this program will reach annually? **A minimum of 100 participants**

25. Do you have other programs you are funding and/or operating with opioid abatement funds? **No**

New Jersey 2023 Opioid Abatement Report

1. In what county are you located? **Bergen County**
2. For which eligible subdivision (county or municipality) are you reporting? **Fairview Borough**
3. What is your subdivision's State ID? **NJ61**
4. As an eligible subdivision (county or municipality) receiving opioid abatement funds, please tell us the following:
Full name of individual in your subdivision authorized to report on the settlement funds your subdivision received("administrator " managing/overseeing these funds): **Diane Testa**

Name of Administering Agency: **Borough of Fairview**

Business Address: **59 Anderson Ave**

City/Town: **Fairview**

Lead Contact Phone Number: **201-943-3300 ext. 220**
5. As an eligible subdivision receiving abatement funds, which of the following applies to your current status regarding those funds? **We are a municipality and did not transfer our funds.**
6. What amount of your opioid abatement funds did you transfer to the county?
7. Please tell us the full amount of opioid abatement funds you received as of 6/30/23. **\$33,003.50**
8. Please tell us the amount of opioid abatement funds you have expended (as of 6/30/23). **\$0.00**
9. Of the total opioid abatement funds, what amount was spent on program administrative expenses?
Future use 25% of funding
10. Please share brief information on your subdivision's overarching goals and priorities to provide context for this program year's spending decisions. **Establish a Community Outreach Program and Prevention Programs within our schools**
11. (This question is for counties only) Have you established an Advisory Committee to inform allocation of funds?
12. Did your subdivision engage the public (e.g., town hall meeting, online survey, convened stakeholders) prior to deciding how to use the opioid abatement funds you received? **No, but plan to in the future.**
13. Please describe your public engagement/input efforts?
14. Does your county/subdivision have a strategic plan? **No, but plan to develop one in the future.**
15. Can we post your strategic plan online?
16. Have you completed a risk assessment profile for demographic or geographic impact? **No, but we plan to in the future.**

New Jersey 2023 Opioid Abatement Report

17. Can we post your risk assessment online?

18. Please tell us your overall rationale for prioritizing the use of the opioid abatement funds that you received (e.g., are you using a needs assessment, a strategic or other plan, or an epidemiological analysis)? **Needs Assessment**

Program 1

19. Program name/title: **Borough of Fairview Educational Outreach Program**

Agency/funding recipient name: **Bergen County**

Primary problem being addressed by this program: **Educating young adults on opioid addiction and its pitfalls**

Brief program description: **Community Outreach to spread the word on opioid addiction and prevention**

Program target population: **Young adults, Teenagers**

Date this program was funded (please use M/D/Y): **12/01/2023**

Amount of funding for this program: **\$10,000.00**

Program launch date: **12/15/2023**

If program has started, how many clients have been seen as of 6/30/2023: **0**

What key performance indicators are you tracking to ensure success of the program? **Have outreach meetings, ask for feedback**

Please state this program's statement of impact: **To provide an outreach program to those in need and educate our youth on the negatives of drug use**

How do you plan to measure or track success and impact of this program? **Through our School Resource Officers, through our Outreach Volunteers**

20. Primary Category (Please select the category that fits the primary focus of this program).
Prevention and Education

21. The following are other categories that may apply (include all categories with the exception of the Primary category you chose above). **Recovery and Support, Treatment**

22. Please choose the length of time of this program's duration: **1 year**

Other (please specify):

23. How often are you disbursing funds to this program? **Other (please specify)**

Other (please specify): **Upon Commencement of Program 12/15/23**

24. Rationale for Program

New Jersey 2023 Opioid Abatement Report

What is the reason for this program spending choice? **To make a difference in the community and educate our youth**

What outcomes or impact does the program aim to achieve? **Save lives, offer assistance, educate our community**

What is the anticipated number of unduplicated clients this program will reach annually? **Unsure**

25. Do you have other programs you are funding and/or operating with opioid abatement funds? **No**

New Jersey 2023 Opioid Abatement Report

1. In what county are you located? **Bergen County**
2. For which eligible subdivision (county or municipality) are you reporting? **Fort Lee Borough**
3. What is your subdivision's State ID? **NJ64**
4. As an eligible subdivision (county or municipality) receiving opioid abatement funds, please tell us the following:
Full name of individual in your subdivision authorized to report on the settlement funds your subdivision received("administrator " managing/overseeing these funds): **Matthew Rutch**

Name of Administering Agency: **Bergen County**

Business Address: **309 Main St.**

City/Town: **Fort Lee**

Lead Contact Phone Number: **201-592-3500 x1032**
5. As an eligible subdivision receiving abatement funds, which of the following applies to your current status regarding those funds? **We are a municipality and did not transfer our funds.**
6. What amount of your opioid abatement funds did you transfer to the county?
7. Please tell us the full amount of opioid abatement funds you received as of 6/30/23. **\$34,565.00**
8. Please tell us the amount of opioid abatement funds you have expended (as of 6/30/23). **\$0.00**
9. Of the total opioid abatement funds, what amount was spent on program administrative expenses?
\$0.00
10. Please share brief information on your subdivision's overarching goals and priorities to provide context for this program year's spending decisions.
The overarching goals for the Borough of Fort Lee are to reduce the number of opioid related deaths in the Borough. We also want to help borough residents increase their knowledge and education to help lower and prevent the risk of overdoses and deaths related to opioids. We would do this by working with the DARE program in the Borough and utilizing community outreach programs to train residents about the dangers of opioids.
11. (This question is for counties only) Have you established an Advisory Committee to inform allocation of funds?
12. Did your subdivision engage the public (e.g., town hall meeting, online survey, convened stakeholders) prior to deciding how to use the opioid abatement funds you received? **No, but plan to in the future.**
13. Please describe your public engagement/input efforts?
14. Does your county/subdivision have a strategic plan? **No, but plan to develop one in the future.**
15. Can we post your strategic plan online?

New Jersey 2023 Opioid Abatement Report

16. Have you completed a risk assessment profile for demographic or geographic impact? **No, but we plan to in the future.**

17. Can we post your risk assessment online?

18. Please tell us your overall rationale for prioritizing the use of the opioid abatement funds that you received (e.g., are you using a needs assessment, a strategic or other plan, or an epidemiological analysis)?

The Borough would look to put a plan together using input and information from the Borough Health Department and Emergency services, specifically the police department. In conjunction with the Fort Lee Municipal alliance to educate students about the dangers of opioids.

Program 1

19. Program name/title: **Dangers of Opioid education in conjunction w/ the Fort Lee Municipal Alliance**

Agency/funding recipient name: **Borough of Fort Lee**

Primary problem being addressed by this program: **To deliver ongoing training and education to Borough students in the dangers and risks of opioid use.**

Brief program description: **The Borough in conjunction with the Fort Lee Municipal Alliance will use a partial amount of the funds to increase the knowledge, education, and awareness of students in the Borough to mitigate the risk and prevent opioid related overdoses and deaths.**

Program target population: **Students**

Date this program was funded (please use M/D/Y): **1/1/2024**

Amount of funding for this program: **\$10,000.00**

Program launch date: **1/1/2024**

If program has started, how many clients have been seen as of 6/30/2023: **Has not started as of yet.**

What key performance indicators are you tracking to ensure success of the program? **The Municipal Alliance will track the number of students who attend the programs that are offered. The more students that are reached, the more information about opioid usage can be given.**

Please state this program's statement of impact: **This program will be used to educated high school students about the danger of opioid usage.**

How do you plan to measure or track success and impact of this program? **To track success, the best indicator would be attendance. The more students that attend, the more the information is spread.**

20. Primary Category (Please select the category that fits the primary focus of this program).
Prevention and Education

21. The following are other categories that may apply (include all categories with the exception of the Primary category you chose above). **None of the above**

New Jersey 2023 Opioid Abatement Report

22. Please choose the length of time of this program's duration: **1 year**

Other (please specify):

23. How often are you disbursing funds to this program? **Annually**

Other (please specify):

24. Rationale for Program

What is the reason for this program spending choice? **The reason for this program spending choice is to help educate students about the dangers of opioid usage. This will help reduce the risk of opioid overdose or death.**

What outcomes or impact does the program aim to achieve? **To spread as much knowledge as possible about the dangers of opioids.**

What is the anticipated number of unduplicated clients this program will reach annually? **The number is not known as of now.**

25. Do you have other programs you are funding and/or operating with opioid abatement funds? **No**

New Jersey 2023 Opioid Abatement Report

1. In what county are you located? **Bergen County**
2. For which eligible subdivision (county or municipality) are you reporting? **Franklin Lakes Borough**
3. What is your subdivision's State ID? **NJ65**
4. As an eligible subdivision (county or municipality) receiving opioid abatement funds, please tell us the following:
Full name of individual in your subdivision authorized to report on the settlement funds your subdivision received ("administrator " managing/overseeing these funds): **Frank O'Brien**

Name of Administering Agency: **Franklin Lakes Borough**

Business Address: **480 Dekorte Drive**

City/Town: **Franklin Lakes**

Lead Contact Phone Number: **551-262-2239**
5. As an eligible subdivision receiving abatement funds, which of the following applies to your current status regarding those funds? **We are a municipality and did not transfer our funds.**
6. What amount of your opioid abatement funds did you transfer to the county?
7. Please tell us the full amount of opioid abatement funds you received as of 6/30/23. **\$9,609.24**
8. Please tell us the amount of opioid abatement funds you have expended (as of 6/30/23). **\$5,000.00**
9. Of the total opioid abatement funds, what amount was spent on program administrative expenses?
\$0.00
10. Please share brief information on your subdivision's overarching goals and priorities to provide context for this program year's spending decisions. **To implement programs that will abate the opioid epidemic through activities and programs.**
11. (This question is for counties only) Have you established an Advisory Committee to inform allocation of funds?
12. Did your subdivision engage the public (e.g., town hall meeting, online survey, convened stakeholders) prior to deciding how to use the opioid abatement funds you received? **No**
13. Please describe your public engagement/input efforts?
14. Does your county/subdivision have a strategic plan? **No, but plan to develop one in the future.**
15. Can we post your strategic plan online?
16. Have you completed a risk assessment profile for demographic or geographic impact? **No**
17. Can we post your risk assessment online?

New Jersey 2023 Opioid Abatement Report

18. Please tell us your overall rationale for prioritizing the use of the opioid abatement funds that you received (e.g., are you using a needs assessment, a strategic or other plan, or an epidemiological analysis)? **Using funds through our R.E.A.C.H (Reducing Addiction through Care and Help) program**

Program 1

19. Program name/title: **Supporting teens in reducing their stress (and ours)**

Agency/funding recipient name: **Matt Bellace PH.D.**

Primary problem being addressed by this program: **Reducing stress through healthy alternatives and coping mechanisms**

Brief program description: **Dr. Bellace helps parents and teens foster resilience building skills through a science-based approach and show alternatives to opioids and substance abuse.**

Program target population: **14 – 18-year-olds, adult parents**

Date this program was funded (please use M/D/Y): **04/05/23, 05/03/23**

Amount of funding for this program: **\$5,000.00**

Program launch date: **05/15/23**

If program has started, how many clients have been seen as of 6/30/2023: **1100**

What key performance indicators are you tracking to ensure success of the program? **Attendance and feedback from attendees**

Please state this program's statement of impact: **Shines a light on the use of natural highs as healthy coping mechanisms against stress, alcohol and other drug use. Laugh along with us as we learn how to support young people to make healthy choices.**

How do you plan to measure or track success and impact of this program? **Feedback from attendees**

20. Primary Category (Please select the category that fits the primary focus of this program).

Prevention and Education

21. The following are other categories that may apply (include all categories with the exception of the Primary category you chose above). **Harm Reduction, Overdose Prevention, Long-Term Resiliency, Recovery and Support, Treatment**

22. Please choose the length of time of this program's duration: **Less than 1 year**

Other (please specify):

23. How often are you disbursing funds to this program? **One time only**

Other (please specify):

24. Rationale for Program

New Jersey 2023 Opioid Abatement Report

What is the reason for this program spending choice? **Through the R.E.A.C.H initiative, it was voted to be funded**

What outcomes or impact does the program aim to achieve? **Healthy alternatives to stress**

What is the anticipated number of unduplicated clients this program will reach annually? **1100**

25. Do you have other programs you are funding and/or operating with opioid abatement funds? **No**

New Jersey 2023 Opioid Abatement Report

1. In what county are you located? **Bergen County**
2. For which eligible subdivision (county or municipality) are you reporting? **Garfield City**
3. What is your subdivision's State ID? **NJ71**
4. As an eligible subdivision (county or municipality) receiving opioid abatement funds, please tell us the following:
Full name of individual in your subdivision authorized to report on the settlement funds your subdivision received("administrator " managing/overseeing these funds): **Anders Hasseler**

Name of Administering Agency: **City of Garfield**

Business Address: **111 Outwater Lane**

City/Town: **Garfield**

Lead Contact Phone Number: **973-340-2000 x 4032**
5. As an eligible subdivision receiving abatement funds, which of the following applies to your current status regarding those funds? **We are a municipality and did not transfer our funds.**
6. What amount of your opioid abatement funds did you transfer to the county?
7. Please tell us the full amount of opioid abatement funds you received as of 6/30/23. **\$51,222.04**
8. Please tell us the amount of opioid abatement funds you have expended (as of 6/30/23). **\$2,978.63**
9. Of the total opioid abatement funds, what amount was spent on program administrative expenses? **\$2,079.63**
10. Please share brief information on your subdivision's overarching goals and priorities to provide context for this program year's spending decisions. **To educate and assist the public, and to empower and educate the police to fight the epidemic**
11. (This question is for counties only) Have you established an Advisory Committee to inform allocation of funds?
12. Did your subdivision engage the public (e.g., town hall meeting, online survey, convened stakeholders) prior to deciding how to use the opioid abatement funds you received? **No, but plan to in the future.**
13. Please describe your public engagement/input efforts?
14. Does your county/subdivision have a strategic plan? **No**
15. Can we post your strategic plan online?
16. Have you completed a risk assessment profile for demographic or geographic impact? **No**

New Jersey 2023 Opioid Abatement Report

17. Can we post your risk assessment online?

18. Please tell us your overall rationale for prioritizing the use of the opioid abatement funds that you received (e.g., are you using a needs assessment, a strategic or other plan, or an epidemiological analysis)? **Needs Assessment**

Program 1

19. Program name/title: **LEAD**

Agency/funding recipient name: **City of Garfield**

Primary problem being addressed by this program: **Educating kids in drug prevention**

Brief program description: **Parallel to Municipal Alliance Drug prevention**

Program target population: **Middle school & high school**

Date this program was funded (please use M/D/Y): **02/26/23**

Amount of funding for this program: **\$899.00 so far**

Program launch date: **02/26/23**

If program has started, how many clients have been seen as of 6/30/2023: **350**

What key performance indicators are you tracking to ensure success of the program? **Students showing emotional competency and resistance skills, report that substance use is not normal behavior**

Please state this program's statement of impact: **Students intend to abstain from/reduce use of drugs.**

How do you plan to measure or track success and impact of this program? **Fewer students see it as acceptable or cool.**

20. Primary Category (Please select the category that fits the primary focus of this program). **Long-Term Resiliency**

21. The following are other categories that may apply (include all categories with the exception of the Primary category you chose above). **Harm Reduction, Diversion from Incarceration, Prevention and Education**

22. Please choose the length of time of this program's duration: **Other (please specify)**

Other (please specify): **Ever year**

23. How often are you disbursing funds to this program? **Other (please specify)**

Other (please specify): **As needed**

24. Rationale for Program

New Jersey 2023 Opioid Abatement Report

What is the reason for this program spending choice? **Working with the school**

What outcomes or impact does the program aim to achieve? **Prevent drug use in school-aged kids**

What is the anticipated number of unduplicated clients this program will reach annually? **350**

25. Do you have other programs you are funding and/or operating with opioid abatement funds? **No**

New Jersey 2023 Opioid Abatement Report

1. In what county are you located? **Bergen County**
2. For which eligible subdivision (county or municipality) are you reporting? **Glen Rock Borough**
3. What is your subdivision's State ID? **NJ73**
4. As an eligible subdivision (county or municipality) receiving opioid abatement funds, please tell us the following:
Full name of individual in your subdivision authorized to report on the settlement funds your subdivision received("administrator " managing/overseeing these funds): **Lenora Benjamin**

Name of Administering Agency: **Borough of Glen Rock**

Business Address: **1 Harding Plaza**

City/Town: **Glen Rock**

Lead Contact Phone Number: **201-670-3956**
5. As an eligible subdivision receiving abatement funds, which of the following applies to your current status regarding those funds? **We are a municipality and did not transfer our funds.**
6. What amount of your opioid abatement funds did you transfer to the county?
7. Please tell us the full amount of opioid abatement funds you received as of 6/30/23. **\$13,109.93**
8. Please tell us the amount of opioid abatement funds you have expended (as of 6/30/23). **\$0.00**
9. Of the total opioid abatement funds, what amount was spent on program administrative expenses?
\$0.00
10. Please share brief information on your subdivision's overarching goals and priorities to provide context for this program year's spending decisions.
11. (This question is for counties only) Have you established an Advisory Committee to inform allocation of funds?
12. Did your subdivision engage the public (e.g., town hall meeting, online survey, convened stakeholders) prior to deciding how to use the opioid abatement funds you received? **No, but plan to in the future.**
13. Please describe your public engagement/input efforts?
14. Does your county/subdivision have a strategic plan? **No, but plan to develop one in the future.**
15. Can we post your strategic plan online?
16. Have you completed a risk assessment profile for demographic or geographic impact? **No, but we plan to in the future.**

New Jersey 2023 Opioid Abatement Report

17. Can we post your risk assessment online?

18. Please tell us your overall rationale for prioritizing the use of the opioid abatement funds that you received (e.g., are you using a needs assessment, a strategic or other plan, or an epidemiological analysis)? **Needs assessment**

Program 1

19. Program name/title: **Opioid Awareness from Youth to Senior**

Agency/funding recipient name: **CRAN Community Relations Advocacy Network**

Primary problem being addressed by this program: **Awareness at every age and stage**

Brief program description: **Communication on the need for awareness of the hazards of opioid use at every age and stage of life**

Program target population: **Wide**

Date this program was funded (please use M/D/Y): **Not to date**

Amount of funding for this program: **Undetermined at data**

Program launch date: **Not determined at date**

If program has started, how many clients have been seen as of 6/30/2023: **Not started**

What key performance indicators are you tracking to ensure success of the program? **Unsure**

Please state this program's statement of impact: **Unsure**

How do you plan to measure or track success and impact of this program? **Unsure**

20. Primary Category (Please select the category that fits the primary focus of this program).

Prevention and Education

21. The following are other categories that may apply (include all categories with the exception of the Primary category you chose above). **Recovery and Support**

22. Please choose the length of time of this program's duration: **Other (please specify)**

Other (please specify): **Undetermined**

23. How often are you disbursing funds to this program? **Other (please specify)**

Other (please specify): **None disbursed to date**

24. Rationale for Program

What is the reason for this program spending choice? **Wide population awareness**

What outcomes or impact does the program aim to achieve? **Awareness and education**

New Jersey 2023 Opioid Abatement Report

What is the anticipated number of unduplicated clients this program will reach annually?

25. Do you have other programs you are funding and/or operating with opioid abatement funds? **No**

New Jersey 2023 Opioid Abatement Report

1. In what county are you located? **Bergen County**
2. For which eligible subdivision (county or municipality) are you reporting? **Hackensack City**
3. What is your subdivision's State ID? **NJ78**
4. As an eligible subdivision (county or municipality) receiving opioid abatement funds, please tell us the following:
Full name of individual in your subdivision authorized to report on the settlement funds your subdivision received ("administrator " managing/overseeing these funds): **James A. Mangin**

Name of Administering Agency: **City of Hackensack**

Business Address: **65 Central Ave.**

City/Town: **Hackensack**

Lead Contact Phone Number: **201-646-3935**
5. As an eligible subdivision receiving abatement funds, which of the following applies to your current status regarding those funds? **We are a municipality and did not transfer our funds.**
6. What amount of your opioid abatement funds did you transfer to the county?
7. Please tell us the full amount of opioid abatement funds you received as of 6/30/23. **\$107,394.46**
8. Please tell us the amount of opioid abatement funds you have expended (as of 6/30/23). **\$0.00**
9. Of the total opioid abatement funds, what amount was spent on program administrative expenses? **\$0.00**
10. Please share brief information on your subdivision's overarching goals and priorities to provide context for this program year's spending decisions. **We plan to use the funds to partner with Hackensack University Medical Center for opioid addiction issues.**
11. (This question is for counties only) Have you established an Advisory Committee to inform allocation of funds?
12. Did your subdivision engage the public (e.g., town hall meeting, online survey, convened stakeholders) prior to deciding how to use the opioid abatement funds you received? **No, but plan to in the future.**
13. Please describe your public engagement/input efforts?
14. Does your county/subdivision have a strategic plan? **No**
15. Can we post your strategic plan online?
16. Have you completed a risk assessment profile for demographic or geographic impact? **No**

New Jersey 2023 Opioid Abatement Report

17. Can we post your risk assessment online?

18. Please tell us your overall rationale for prioritizing the use of the opioid abatement funds that you received (e.g., are you using a needs assessment, a strategic or other plan, or an epidemiological analysis)? **Needs assessment together with budget constraints**

Program 1

19. Program name/title: **Hackensack City/HUMC Opioid Addiction/Education Partnership**

Agency/funding recipient name: **City of Hackensack**

Primary problem being addressed by this program: **Opioid addiction**

Brief program description: **Educating the public on the problems faced by persons addicted to opioids**

Program target population: **General public**

Date this program was funded (please use M/D/Y): **Approved on 1/01/2023**

Amount of funding for this program: **\$124,000.00**

Program launch date: **N.A.**

If program has started, how many clients have been seen as of 6/30/2023: **N.A.**

What key performance indicators are you tracking to ensure success of the program? **Unknown at this time**

Please state this program's statement of impact: **Unknown at this time**

How do you plan to measure or track success and impact of this program? **To be determined**

20. Primary Category (Please select the category that fits the primary focus of this program).
Prevention and Education

21. The following are other categories that may apply (include all categories with the exception of the Primary category you chose above). **Overdose Prevention, Recovery and Support**

22. Please choose the length of time of this program's duration: **2-3 years**

Other (please specify):

23. How often are you disbursing funds to this program? **One time only**

Other (please specify):

24. Rationale for Program

What is the reason for this program spending choice? **The City lacks the structure alone for the delivery of services**

New Jersey 2023 Opioid Abatement Report

What outcomes or impact does the program aim to achieve? **Educating the public at large**

What is the anticipated number of unduplicated clients this program will reach annually?
Unknown at this time

25. Do you have other programs you are funding and/or operating with opioid abatement funds? **No**

New Jersey 2023 Opioid Abatement Report

1. In what county are you located? **Bergen County**
2. For which eligible subdivision (county or municipality) are you reporting? **Hasbrouck Heights Borough**
3. What is your subdivision's State ID? **NJ87**
4. As an eligible subdivision (county or municipality) receiving opioid abatement funds, please tell us the following:
Full name of individual in your subdivision authorized to report on the settlement funds your subdivision received("administrator " managing/overseeing these funds): **Robert Brady**

Name of Administering Agency: **Borough of Hasbrouck Heights**

Business Address: **320 Boulevard**

City/Town: **Hasbrouck Heights**

Lead Contact Phone Number: **201-288-0195**
5. As an eligible subdivision receiving abatement funds, which of the following applies to your current status regarding those funds? **We are a municipality and did not transfer our funds.**
6. What amount of your opioid abatement funds did you transfer to the county?
7. Please tell us the full amount of opioid abatement funds you received as of 6/30/23. **\$15,172.54**
8. Please tell us the amount of opioid abatement funds you have expended (as of 6/30/23). **\$0.00**
9. Of the total opioid abatement funds, what amount was spent on program administrative expenses?
\$0.00
10. Please share brief information on your subdivision's overarching goals and priorities to provide context for this program year's spending decisions. **Support First Responders as well as promote prevention strategies**
11. (This question is for counties only) Have you established an Advisory Committee to inform allocation of funds?
12. Did your subdivision engage the public (e.g., town hall meeting, online survey, convened stakeholders) prior to deciding how to use the opioid abatement funds you received? **No**
13. Please describe your public engagement/input efforts?
14. Does your county/subdivision have a strategic plan? **No**
15. Can we post your strategic plan online?
16. Have you completed a risk assessment profile for demographic or geographic impact? **No**

New Jersey 2023 Opioid Abatement Report

17. Can we post your risk assessment online?

18. Please tell us your overall rationale for prioritizing the use of the opioid abatement funds that you received (e.g., are you using a needs assessment, a strategic or other plan, or an epidemiological analysis)? **Undecided at this time**

New Jersey 2023 Opioid Abatement Report

1. In what county are you located? **Bergen County**
2. For which eligible subdivision (county or municipality) are you reporting? **Hillsdale Borough**
3. What is your subdivision's State ID? **NJ92**
4. As an eligible subdivision (county or municipality) receiving opioid abatement funds, please tell us the following:
Full name of individual in your subdivision authorized to report on the settlement funds your subdivision received ("administrator " managing/overseeing these funds): **David Young**

Name of Administering Agency: **Hillsdale Borough**

Business Address: **380 Hillsdale Ave**

City/Town: **Hillsdale**

Lead Contact Phone Number: **201-666-4800**
5. As an eligible subdivision receiving abatement funds, which of the following applies to your current status regarding those funds? **We are a municipality and did not transfer our funds.**
6. What amount of your opioid abatement funds did you transfer to the county?
7. Please tell us the full amount of opioid abatement funds you received as of 6/30/23. **\$1,694.20**
8. Please tell us the amount of opioid abatement funds you have expended (as of 6/30/23). **\$0.00**
9. Of the total opioid abatement funds, what amount was spent on program administrative expenses?
\$0.00
10. Please share brief information on your subdivision's overarching goals and priorities to provide context for this program year's spending decisions. **Combating opioid abuse here in the Borough by investing in opioid use prevention programs**
11. (This question is for counties only) Have you established an Advisory Committee to inform allocation of funds?
12. Did your subdivision engage the public (e.g., town hall meeting, online survey, convened stakeholders) prior to deciding how to use the opioid abatement funds you received? **No**
13. Please describe your public engagement/input efforts?
14. Does your county/subdivision have a strategic plan? **No, but plan to develop one in the future.**
15. Can we post your strategic plan online?
16. Have you completed a risk assessment profile for demographic or geographic impact? **No**
17. Can we post your risk assessment online?

New Jersey 2023 Opioid Abatement Report

18. Please tell us your overall rationale for prioritizing the use of the opioid abatement funds that you received (e.g., are you using a needs assessment, a strategic or other plan, or an epidemiological analysis)? **Prevent addiction through early intervention/awareness**

New Jersey 2023 Opioid Abatement Report

1. In what county are you located? **Bergen County**
2. For which eligible subdivision (county or municipality) are you reporting? **Little Ferry Borough**
3. What is your subdivision's State ID? **NJ114**
4. As an eligible subdivision (county or municipality) receiving opioid abatement funds, please tell us the following:
 - Full name of individual in your subdivision authorized to report on the settlement funds your subdivision received ("administrator " managing/overseeing these funds): **Lisette M Duffy**
 - Name of Administering Agency: **Borough of Little Ferry**
 - Business Address: **215-217 Liberty Street**
 - City/Town: **Little Ferry**
 - Lead Contact Phone Number: **201-641-2166**
5. As an eligible subdivision receiving abatement funds, which of the following applies to your current status regarding those funds? **We are a municipality and did not transfer our funds.**
6. What amount of your opioid abatement funds did you transfer to the county?
7. Please tell us the full amount of opioid abatement funds you received as of 6/30/23. **\$11,087.77**
8. Please tell us the amount of opioid abatement funds you have expended (as of 6/30/23). **\$0.00**
9. Of the total opioid abatement funds, what amount was spent on program administrative expenses? **\$0.00**
10. Please share brief information on your subdivision's overarching goals and priorities to provide context for this program year's spending decisions.
11. (This question is for counties only) Have you established an Advisory Committee to inform allocation of funds?
12. Did your subdivision engage the public (e.g., town hall meeting, online survey, convened stakeholders) prior to deciding how to use the opioid abatement funds you received? **No**
13. Please describe your public engagement/input efforts?
14. Does your county/subdivision have a strategic plan? **No, but plan to develop one in the future.**
15. Can we post your strategic plan online?
16. Have you completed a risk assessment profile for demographic or geographic impact? **No, but we plan to in the future.**
17. Can we post your risk assessment online?

New Jersey 2023 Opioid Abatement Report

18. Please tell us your overall rationale for prioritizing the use of the opioid abatement funds that you received (e.g., are you using a needs assessment, a strategic or other plan, or an epidemiological analysis)? **Based on our town's demographics and those of bordering towns, we see a need to educate our high school students as well as their parents and guardians on substance abuse.**

Program 1

19. Program name/title: **Educating Students and the Public on the Opioid Crisis**

Agency/funding recipient name: **Borough of Little Ferry**

Primary problem being addressed by this program: **Preventing and Detecting Opioid Abuse**

Brief program description: **Educate the public which includes parents and minors on substance abuse and misuse inclusive of substance use disorders.**

Program target population: **200+ High school grade 11 & 12 with parents and guardians**

Date this program was funded (please use M/D/Y): **n/a**

Amount of funding for this program: **\$4,500.00**

Program launch date: **October 2023 target date**

If program has started, how many clients have been seen as of 6/30/2023:

What key performance indicators are you tracking to ensure success of the program? **Audience response and engagement**

Please state this program's statement of impact: **Preventing and Detecting Opioid Misuse**

How do you plan to measure or track success and impact of this program? **Audience feedback**

20. Primary Category (Please select the category that fits the primary focus of this program).
Prevention and Education

21. The following are other categories that may apply (include all categories with the exception of the Primary category you chose above). **Harm Reduction, Overdose Prevention, Treatment**

22. Please choose the length of time of this program's duration: **Less than 1 year**

Other (please specify):

23. How often are you disbursing funds to this program? **Annually**

Other (please specify):

24. Rationale for Program

What is the reason for this program spending choice? **Seeing a need on educating our high school students**

New Jersey 2023 Opioid Abatement Report

What outcomes or impact does the program aim to achieve? **Preventive use and misuse of Opioid**

What is the anticipated number of unduplicated clients this program will reach annually? **200 - 300**

25. Do you have other programs you are funding and/or operating with opioid abatement funds? **No**

New Jersey 2023 Opioid Abatement Report

1. In what county are you located? **Bergen County**
2. For which eligible subdivision (county or municipality) are you reporting? **Lodi Borough**
3. What is your subdivision's State ID? **NJ116**
4. As an eligible subdivision (county or municipality) receiving opioid abatement funds, please tell us the following:
Full name of individual in your subdivision authorized to report on the settlement funds your subdivision received("administrator " managing/overseeing these funds): **Marc Nicholas Schrieks**

Name of Administering Agency: **Marc Nicholas Schrieks**

Business Address: **1 Memorial Dr**

City/Town: **Lodi**

Lead Contact Phone Number: **973-859-7402**
5. As an eligible subdivision receiving abatement funds, which of the following applies to your current status regarding those funds? **We are a municipality and did not transfer our funds.**
6. What amount of your opioid abatement funds did you transfer to the county?
7. Please tell us the full amount of opioid abatement funds you received as of 6/30/23. **\$18,723.50**
8. Please tell us the amount of opioid abatement funds you have expended (as of 6/30/23). **\$0.00**
9. Of the total opioid abatement funds, what amount was spent on program administrative expenses?
\$0.00
10. Please share brief information on your subdivision's overarching goals and priorities to provide context for this program year's spending decisions.
11. (This question is for counties only) Have you established an Advisory Committee to inform allocation of funds?
12. Did your subdivision engage the public (e.g., town hall meeting, online survey, convened stakeholders) prior to deciding how to use the opioid abatement funds you received? **No**
13. Please describe your public engagement/input efforts?
14. Does your county/subdivision have a strategic plan? **Yes**
15. Can we post your strategic plan online? **No.**
16. Have you completed a risk assessment profile for demographic or geographic impact? **No**
17. Can we post your risk assessment online?

New Jersey 2023 Opioid Abatement Report

18. Please tell us your overall rationale for prioritizing the use of the opioid abatement funds that you received (e.g., are you using a needs assessment, a strategic or other plan, or an epidemiological analysis)? **Still evolving plan**

New Jersey 2023 Opioid Abatement Report

1. In what county are you located? **Bergen County**
2. For which eligible subdivision (county or municipality) are you reporting? **Lyndhurst Township**
3. What is your subdivision's State ID? **NJ120**
4. As an eligible subdivision (county or municipality) receiving opioid abatement funds, please tell us the following:
Full name of individual in your subdivision authorized to report on the settlement funds your subdivision received ("administrator " managing/overseeing these funds): **Chris Battaglia**

Name of Administering Agency: **Township of Lyndhurst**

Business Address: **367 Valley Brooks Avenue**

City/Town: **Lyndhurst**

Lead Contact Phone Number: **201-804-2457**
5. As an eligible subdivision receiving abatement funds, which of the following applies to your current status regarding those funds? **We are a municipality and did not transfer our funds.**
6. What amount of your opioid abatement funds did you transfer to the county?
7. Please tell us the full amount of opioid abatement funds you received as of 6/30/23. **\$27,135.37**
8. Please tell us the amount of opioid abatement funds you have expended (as of 6/30/23). **\$0.00**
9. Of the total opioid abatement funds, what amount was spent on program administrative expenses? **\$0.00**
10. Please share brief information on your subdivision's overarching goals and priorities to provide context for this program year's spending decisions. **Substance abuse and mental health awareness**
11. (This question is for counties only) Have you established an Advisory Committee to inform allocation of funds?
12. Did your subdivision engage the public (e.g., town hall meeting, online survey, convened stakeholders) prior to deciding how to use the opioid abatement funds you received? **No, but plan to in the future.**
13. Please describe your public engagement/input efforts?
14. Does your county/subdivision have a strategic plan? **No, but plan to develop one in the future.**
15. Can we post your strategic plan online?
16. Have you completed a risk assessment profile for demographic or geographic impact? **No, but we plan to in the future.**

New Jersey 2023 Opioid Abatement Report

17. Can we post your risk assessment online?

18. Please tell us your overall rationale for prioritizing the use of the opioid abatement funds that you received (e.g., are you using a needs assessment, a strategic or other plan, or an epidemiological analysis)? **Needs assessment**

Program 1

19. Program name/title: **Lyndhurst Municipal Alliance - Anti-Substance Abuse Programs**

Agency/funding recipient name: **Lyndhurst Municipal Alliance**

Primary problem being addressed by this program: **Lack of awareness to existing substance abuse programs**

Brief program description: **Use of high-tech drinking-while-driving simulator; fostering a positive relationship between our youth and the police department. Police work with youth volunteers to place warning messages on alcohol in liquor stores**

Program target population: **Mostly Youth, but all Lyndhurst residents**

Date this program was funded (please use M/D/Y): **05/11/2023**

Amount of funding for this program: **TBD**

Program launch date: **07/2023-06/2024**

If program has started, how many clients have been seen as of 6/30/2023: **TBD**

What key performance indicators are you tracking to ensure success of the program? **Number of participants**

Please state this program's statement of impact: **Establishing various anti-substance abuse programs**

How do you plan to measure or track success and impact of this program? **Number of participants & number of abuse crimes in community**

20. Primary Category (Please select the category that fits the primary focus of this program). **Overdose Prevention**

21. The following are other categories that may apply (include all categories with the exception of the Primary category you chose above). **Harm Reduction, Prevention and Education, Treatment**

22. Please choose the length of time of this program's duration: **1 year**

Other (please specify):

23. How often are you disbursing funds to this program? **Quarterly**

Other (please specify):

24. Rationale for Program

New Jersey 2023 Opioid Abatement Report

What is the reason for this program spending choice? **Overall health of community**

What outcomes or impact does the program aim to achieve? **Substance free community**

What is the anticipated number of unduplicated clients this program will reach annually? **TBD**

25. Do you have other programs you are funding and/or operating with opioid abatement funds? **Yes**

Program 2

19. Program name/title: **Lyndhurst Municipal Alliance - Pro-Mental Health Programs**

Agency/funding recipient name: **Lyndhurst Municipal Alliance**

Primary problem being addressed by this program: **Addressing youth and residents' mental health issues**

Brief program description: **Mental health first aid open house**

Program target population: **All Lyndhurst youth and residents in need of mental health support and resources**

Date this program was funded (please use M/D/Y): **05/11/2023**

Amount of funding for this program: **TBD**

Program launch date: **07/2023 - 06/2024**

If program has started, how many clients have been seen as of 6/30/2023: **TBD**

What key performance indicators are you tracking to ensure success of the program? **Number of participants**

Please state this program's statement of impact: **Establishing pro mental health resources**

How do you plan to measure or track success and impact of this program? **Number of participants, number of mental health related crimes in our community**

20. Primary Category (Please select the category that fits the primary focus of this program).
Prevention and Education

21. The following are other categories that may apply (include all categories with the exception of the Primary category you chose above). **Prevention and Education, Recovery and Support**

22. Please choose the length of time of this program's duration: **1 year**

Other (please specify):

23. How often are you disbursing funds to this program? **Annually**

Other (please specify):

New Jersey 2023 Opioid Abatement Report

24. Rationale for Program

What is the reason for this program spending choice? **To address youth and residents' mental health issues**

What outcomes or impact does the program aim to achieve? **To provide support and resources to address mental health issues**

What is the anticipated number of unduplicated clients this program will reach annually? **TBD**

25. Do you have other programs you are funding and/or operating with opioid abatement funds? **No**

New Jersey 2023 Opioid Abatement Report

1. In what county are you located? **Bergen County**
2. For which eligible subdivision (county or municipality) are you reporting? **Mahwah Township**
3. What is your subdivision's State ID? **NJ122**
4. As an eligible subdivision (county or municipality) receiving opioid abatement funds, please tell us the following:
Full name of individual in your subdivision authorized to report on the settlement funds your subdivision received("administrator " managing/overseeing these funds): **Corinne Hockman**

Name of Administering Agency: **Township of Mahwah**

Business Address: **475 Corporate Dr**

City/Town: **Mahwah**

Lead Contact Phone Number: **201-529-5757**
5. As an eligible subdivision receiving abatement funds, which of the following applies to your current status regarding those funds? **We are a municipality and did not transfer our funds.**
6. What amount of your opioid abatement funds did you transfer to the county?
7. Please tell us the full amount of opioid abatement funds you received as of 6/30/23. **\$30,349.95**
8. Please tell us the amount of opioid abatement funds you have expended (as of 6/30/23). **\$0.00**
9. Of the total opioid abatement funds, what amount was spent on program administrative expenses?
\$0.00
10. Please share brief information on your subdivision's overarching goals and priorities to provide context for this program year's spending decisions.
The Township of Mahwah plans on investing in a K-9 which will be trained to aid in preventing opioid distribution. It will also help us find individuals needing further assistance in rehabilitation or education purposes.
11. (This question is for counties only) Have you established an Advisory Committee to inform allocation of funds?
12. Did your subdivision engage the public (e.g., town hall meeting, online survey, convened stakeholders) prior to deciding how to use the opioid abatement funds you received? **No**
13. Please describe your public engagement/input efforts?
14. Does your county/subdivision have a strategic plan? **No**
15. Can we post your strategic plan online?
16. Have you completed a risk assessment profile for demographic or geographic impact? **No**

New Jersey 2023 Opioid Abatement Report

17. Can we post your risk assessment online?

18. Please tell us your overall rationale for prioritizing the use of the opioid abatement funds that you received (e.g., are you using a needs assessment, a strategic or other plan, or an epidemiological analysis)?

A plan was established between administration, police admin, and council to determine how the money would be best spent

Program 1

19. Program name/title: **Opioid K-9**

Agency/funding recipient name: **Township of Mahwah**

Primary problem being addressed by this program: **Distribution of Opioids**

Brief program description: **K-9 will be trained to uncover the presence of Opioids which will allow officers to get the drugs off of the streets**

Program target population: **Opioid Distributors**

Date this program was funded (please use M/D/Y): **9/2023**

Amount of funding for this program: **\$20,000.00**

Program launch date: **TBD**

If program has started, how many clients have been seen as of 6/30/2023:

What key performance indicators are you tracking to ensure success of the program? **The amount of confiscations**

Please state this program's statement of impact:

How do you plan to measure or track success and impact of this program? **Track the amount of opioids we confiscate from our area**

20. Primary Category (Please select the category that fits the primary focus of this program). **Harm Reduction**

21. The following are other categories that may apply (include all categories with the exception of the Primary category you chose above). **Overdose Prevention, Prevention and Education**

22. Please choose the length of time of this program's duration: **5+ years**

Other (please specify):

23. How often are you disbursing funds to this program? **Annually**

Other (please specify):

24. Rationale for Program

New Jersey 2023 Opioid Abatement Report

What is the reason for this program spending choice? **We feel that this is a good way to address the distribution as well as find individuals who may be good candidates for education**

What outcomes or impact does the program aim to achieve? **Get opioids off the streets and find individuals to possibly help with excess funds in education and rehabilitation**

What is the anticipated number of unduplicated clients this program will reach annually?

25. Do you have other programs you are funding and/or operating with opioid abatement funds? **No**

New Jersey 2023 Opioid Abatement Report

1. In what county are you located? **Bergen County**
2. For which eligible subdivision (county or municipality) are you reporting? **New Milford Borough**
3. What is your subdivision's State ID? **NJ154**
4. As an eligible subdivision (county or municipality) receiving opioid abatement funds, please tell us the following:
 - Full name of individual in your subdivision authorized to report on the settlement funds your subdivision received ("administrator " managing/overseeing these funds): **Christine Demiris**
 - Name of Administering Agency: **Borough of New Milford**
 - Business Address: **930 River Road**
 - City/Town: **New Milford**
 - Lead Contact Phone Number: **201-967-7056**
5. As an eligible subdivision receiving abatement funds, which of the following applies to your current status regarding those funds? **We are a municipality and did not transfer our funds.**
6. What amount of your opioid abatement funds did you transfer to the county?
7. Please tell us the full amount of opioid abatement funds you received as of 6/30/23. **\$15,492.00**
8. Please tell us the amount of opioid abatement funds you have expended (as of 6/30/23). **\$0.00**
9. Of the total opioid abatement funds, what amount was spent on program administrative expenses? **\$0.00**
10. Please share brief information on your subdivision's overarching goals and priorities to provide context for this program year's spending decisions.
11. (This question is for counties only) Have you established an Advisory Committee to inform allocation of funds?
12. Did your subdivision engage the public (e.g., town hall meeting, online survey, convened stakeholders) prior to deciding how to use the opioid abatement funds you received? **No**
13. Please describe your public engagement/input efforts?
14. Does your county/subdivision have a strategic plan? **No**
15. Can we post your strategic plan online?
16. Have you completed a risk assessment profile for demographic or geographic impact? **No**
17. Can we post your risk assessment online?

New Jersey 2023 Opioid Abatement Report

18. Please tell us your overall rationale for prioritizing the use of the opioid abatement funds that you received (e.g., are you using a needs assessment, a strategic or other plan, or an epidemiological analysis)?

Program 1

19. Program name/title: **D.E.A.'s National Drug Take Back**

Agency/funding recipient name: **New Milford Police Department**

Primary problem being addressed by this program: **Misuse of prescription drugs**

Brief program description: **Collect unused prescription drugs**

Program target population: **All**

Date this program was funded (please use M/D/Y): **4/22/23 - but funds have not been dispersed yet**

Amount of funding for this program: **\$272.20**

Program launch date: **4/22/23**

If program has started, how many clients have been seen as of 6/30/2023: **N/A**

What key performance indicators are you tracking to ensure success of the program? **N/A**

Please state this program's statement of impact: **N/A**

How do you plan to measure or track success and impact of this program? **N/A**

20. Primary Category (Please select the category that fits the primary focus of this program). **Overdose Prevention**

21. The following are other categories that may apply (include all categories with the exception of the Primary category you chose above). **Harm Reduction**

22. Please choose the length of time of this program's duration: **Less than 1 year**

Other (please specify):

23. How often are you disbursing funds to this program? **One time only**

Other (please specify):

24. Rationale for Program

What is the reason for this program spending choice? **National Program**

What outcomes or impact does the program aim to achieve? **Reduce the amount prescriptions being misused**

What is the anticipated number of unduplicated clients this program will reach annually? **N/A**

Opioid Abatement Report

25. Do you have other programs you are funding and/or operating with opioid abatement funds? **No**

New Jersey 2023 Opioid Abatement Report

1. In what county are you located? **Bergen County**
2. For which eligible subdivision (county or municipality) are you reporting? **North Arlington Borough**
3. What is your subdivision's State ID? **NJ157**
4. As an eligible subdivision (county or municipality) receiving opioid abatement funds, please tell us the following:
 - Full name of individual in your subdivision authorized to report on the settlement funds your subdivision received ("administrator " managing/overseeing these funds): **Stephen Lolocono**
 - Name of Administering Agency: **Borough of North Arlington**
 - Business Address: **214 Ridge Road**
 - City/Town: **North Arlington**
 - Lead Contact Phone Number: **201-991-6060 x107**
5. As an eligible subdivision receiving abatement funds, which of the following applies to your current status regarding those funds? **We are a municipality and did not transfer our funds.**
6. What amount of your opioid abatement funds did you transfer to the county?
7. Please tell us the full amount of opioid abatement funds you received as of 6/30/23. **\$5,124.21**
8. Please tell us the amount of opioid abatement funds you have expended (as of 6/30/23). **\$0**
9. Of the total opioid abatement funds, what amount was spent on program administrative expenses?
\$0
10. Please share brief information on your subdivision's overarching goals and priorities to provide context for this program year's spending decisions. **Harm Reduction**
11. (This question is for counties only) Have you established an Advisory Committee to inform allocation of funds?
12. Did your subdivision engage the public (e.g., town hall meeting, online survey, convened stakeholders) prior to deciding how to use the opioid abatement funds you received? **No, but plan to in the future.**
13. Please describe your public engagement/input efforts?
14. Does your county/subdivision have a strategic plan? **No.**
15. Can we post your strategic plan online? **No.**
16. Have you completed a risk assessment profile for demographic or geographic impact? **No.**

New Jersey 2023 Opioid Abatement Report

17. Can we post your risk assessment online? **No.**

18. Please tell us your overall rationale for prioritizing the use of the opioid abatement funds that you received (e.g., are you using a needs assessment, a strategic or other plan, or an epidemiological analysis)? **Needs Assessment.**

New Jersey 2023 Opioid Abatement Report

1. In what county are you located? **Bergen County**
2. For which eligible subdivision (county or municipality) are you reporting? **Oakland Borough**
3. What is your subdivision's State ID? **NJ162**
4. As an eligible subdivision (county or municipality) receiving opioid abatement funds, please tell us the following:
 - Full name of individual in your subdivision authorized to report on the settlement funds your subdivision received ("administrator " managing/overseeing these funds): **David Young**
 - Name of Administering Agency: **Oakland Borough**
 - Business Address: **1 Municipal Plaza**
 - City/Town: **Oakland**
 - Lead Contact Phone Number: **201-337-8111 ext. 2014**
5. As an eligible subdivision receiving abatement funds, which of the following applies to your current status regarding those funds? **We are a municipality and did not transfer our funds.**
6. What amount of your opioid abatement funds did you transfer to the county?
7. Please tell us the full amount of opioid abatement funds you received as of 6/30/23. **\$14,104.52**
8. Please tell us the amount of opioid abatement funds you have expended (as of 6/30/23). **\$5,188.20**
9. Of the total opioid abatement funds, what amount was spent on program administrative expenses? **\$0.00**
10. Please share brief information on your subdivision's overarching goals and priorities to provide context for this program year's spending decisions. **Combating opioid abuse here in the Borough by investing in opioid use prevention programs.**
11. (This question is for counties only) Have you established an Advisory Committee to inform allocation of funds?
12. Did your subdivision engage the public (e.g., town hall meeting, online survey, convened stakeholders) prior to deciding how to use the opioid abatement funds you received? **No**
13. Please describe your public engagement/input efforts?
14. Does your county/subdivision have a strategic plan? **No, but plan to develop one in the future.**
15. Can we post your strategic plan online?
16. Have you completed a risk assessment profile for demographic or geographic impact? **No**
17. Can we post your risk assessment online?

New Jersey 2023 Opioid Abatement Report

18. Please tell us your overall rationale for prioritizing the use of the opioid abatement funds that you received (e.g., are you using a needs assessment, a strategic or other plan, or an epidemiological analysis)? **Youth prevention programs provide largest local impact**

Program 1

19. Program name/title: **L.E.A.D.**

Agency/funding recipient name: **OAKLAND MUNICIPAL ALLIANCE**

Primary problem being addressed by this program: **DRUG USE AMONG K-12 STUDENTS**

Brief program description: **L.E.A.D. is a known Statewide program geared towards alcohol and drug use prevention.**

Program target population: **K-12 GRADE STUDENTS**

Date this program was funded (please use M/D/Y): **05/18/23**

Amount of funding for this program: **\$5,188.20**

Program launch date: **JANUARY 2023**

If program has started, how many clients have been seen as of 6/30/2023: **APPROX. 200**

What key performance indicators are you tracking to ensure success of the program? **Students' mood, behavior, interested in school etc.**

Please state this program's statement of impact: **Provide Information, Enhance Skills, Modify/Changing Policies**

How do you plan to measure or track success and impact of this program? **The amount of calls of service the Police Department receives for drug related issues.**

20. Primary Category (Please select the category that fits the primary focus of this program).
Prevention and Education

21. The following are other categories that may apply (include all categories with the exception of the Primary category you chose above). **Harm Reduction, Workforce Development**

22. Please choose the length of time of this program's duration: **Other (please specify)**

Other (please specify): **EVERY YEAR**

23. How often are you disbursing funds to this program? **Other (please specify)**

Other (please specify): **WHEN A PROGRAM QUALIFIES**

24. Rationale for Program

What is the reason for this program spending choice? **Gives the students an opportunity to bond with the officers that teach the program in a drug/alcohol free environment.**

New Jersey 2023 Opioid Abatement Report

What outcomes or impact does the program aim to achieve? **Reduction of drug use.**

What is the anticipated number of unduplicated clients this program will reach annually?
Approximately 200 students

25. Do you have other programs you are funding and/or operating with opioid abatement funds? **No**

New Jersey 2023 Opioid Abatement Report

1. In what county are you located? **Bergen County**
2. For which eligible subdivision (county or municipality) are you reporting? **Palisades Park Borough**
3. What is your subdivision's State ID? **NJ168**
4. As an eligible subdivision (county or municipality) receiving opioid abatement funds, please tell us the following:
Full name of individual in your subdivision authorized to report on the settlement funds your subdivision received("administrator " managing/overseeing these funds): **Roy Riggitano**

Name of Administering Agency: **Borough of Palisades Park**

Business Address: **275 Broad Ave**

City/Town: **Palisades Park**

Lead Contact Phone Number: **201-957-5551**
5. As an eligible subdivision receiving abatement funds, which of the following applies to your current status regarding those funds? **We are a municipality and did not transfer our funds.**
6. What amount of your opioid abatement funds did you transfer to the county?
7. Please tell us the full amount of opioid abatement funds you received as of 6/30/23. **\$26,625.62**
8. Please tell us the amount of opioid abatement funds you have expended (as of 6/30/23). **\$0.00**
9. Of the total opioid abatement funds, what amount was spent on program administrative expenses?
\$0.00
10. Please share brief information on your subdivision's overarching goals and priorities to provide context for this program year's spending decisions. **Community outreach and education programs**
11. (This question is for counties only) Have you established an Advisory Committee to inform allocation of funds?
12. Did your subdivision engage the public (e.g., town hall meeting, online survey, convened stakeholders) prior to deciding how to use the opioid abatement funds you received? **No, but plan to in the future.**
13. Please describe your public engagement/input efforts?
14. Does your county/subdivision have a strategic plan? **No, but plan to develop one in the future.**
15. Can we post your strategic plan online?
16. Have you completed a risk assessment profile for demographic or geographic impact? **No**
17. Can we post your risk assessment online?

New Jersey 2023 Opioid Abatement Report

18. Please tell us your overall rationale for prioritizing the use of the opioid abatement funds that you received (e.g., are you using a needs assessment, a strategic or other plan, or an epidemiological analysis)? **We will study our last 3 years police response to overdoses to find out which demographic and age group to target with education and prevention**

Program 1

19. Program name/title: **Opioid education and prevention**

Agency/funding recipient name: **Borough of Palisades Park**

Primary problem being addressed by this program: **Overdose awareness**

Brief program description: **Education and prevention through community out reach**

Program target population: **High school students and the general public**

Date this program was funded (please use M/D/Y): **Awaiting funding approval**

Amount of funding for this program: **\$15,000.00 to \$20,000.00**

Program launch date: **October 2023**

If program has started, how many clients have been seen as of 6/30/2023:

What key performance indicators are you tracking to ensure success of the program? **Number of naloxone deployments by the police**

Please state this program's statement of impact: **Opioid overdose prevention through education**

How do you plan to measure or track success and impact of this program? **Community survey**

20. Primary Category (Please select the category that fits the primary focus of this program).

Prevention and Education

21. The following are other categories that may apply (include all categories with the exception of the Primary category you chose above). **Harm Reduction**

22. Please choose the length of time of this program's duration: **2-3 years**

Other (please specify):

23. How often are you disbursing funds to this program? **Other (please specify)**

Other (please specify): **As needed**

24. Rationale for Program

What is the reason for this program spending choice? **Community education and prevention**

What outcomes or impact does the program aim to achieve? **Community awareness**

New Jersey 2023 Opioid Abatement Report

What is the anticipated number of unduplicated clients this program will reach annually? **300**

25. Do you have other programs you are funding and/or operating with opioid abatement funds? **No**

New Jersey 2023 Opioid Abatement Report

1. In what county are you located? **Bergen County**
2. For which eligible subdivision (county or municipality) are you reporting? **Paramus Borough**
3. What is your subdivision's State ID? **NJ169**
4. As an eligible subdivision (county or municipality) receiving opioid abatement funds, please tell us the following:
Full name of individual in your subdivision authorized to report on the settlement funds your subdivision received ("administrator " managing/overseeing these funds): **Hector Olmo**

Name of Administering Agency: **Borough of Paramus**

Business Address: **1 Jockish Square**

City/Town: **Paramus**

Lead Contact Phone Number: **(201) 265-2100 ext. 2211**
5. As an eligible subdivision receiving abatement funds, which of the following applies to your current status regarding those funds? **We are a municipality and did not transfer our funds.**
6. What amount of your opioid abatement funds did you transfer to the county?
7. Please tell us the full amount of opioid abatement funds you received as of 6/30/23. **\$56,120.78**
8. Please tell us the amount of opioid abatement funds you have expended (as of 6/30/23). **\$0.00**
9. Of the total opioid abatement funds, what amount was spent on program administrative expenses?
NA
10. Please share brief information on your subdivision's overarching goals and priorities to provide context for this program year's spending decisions.
11. (This question is for counties only) Have you established an Advisory Committee to inform allocation of funds?
12. Did your subdivision engage the public (e.g., town hall meeting, online survey, convened stakeholders) prior to deciding how to use the opioid abatement funds you received? **No, but plan to in the future.**
13. Please describe your public engagement/input efforts?
14. Does your county/subdivision have a strategic plan?
15. Can we post your strategic plan online?
16. Have you completed a risk assessment profile for demographic or geographic impact? **No, but we plan to in the future.**

New Jersey 2023 Opioid Abatement Report

17. Can we post your risk assessment online?

18. Please tell us your overall rationale for prioritizing the use of the opioid abatement funds that you received (e.g., are you using a needs assessment, a strategic or other plan, or an epidemiological analysis)? **"NA"**

New Jersey 2023 Opioid Abatement Report

1. In what county are you located? **Bergen County**
2. For which eligible subdivision (county or municipality) are you reporting? **Ramsey Borough**
3. What is your subdivision's State ID? **NJ189**
4. As an eligible subdivision (county or municipality) receiving opioid abatement funds, please tell us the following:
 - Full name of individual in your subdivision authorized to report on the settlement funds your subdivision received("administrator " managing/overseeing these funds): **Bruce Vozeh**
 - Name of Administering Agency: **Borough of Ramsey**
 - Business Address: **33 North Central Avenue**
 - City/Town: **Ramsey**
 - Lead Contact Phone Number: **201-825-3400**
5. As an eligible subdivision receiving abatement funds, which of the following applies to your current status regarding those funds? **We are a municipality and did not transfer our funds.**
6. What amount of your opioid abatement funds did you transfer to the county?
7. Please tell us the full amount of opioid abatement funds you received as of 6/30/23. **\$16,076.60**
8. Please tell us the amount of opioid abatement funds you have expended (as of 6/30/23). **\$5,361.85**
9. Of the total opioid abatement funds, what amount was spent on program administrative expenses? **\$0.00**
10. Please share brief information on your subdivision's overarching goals and priorities to provide context for this program year's spending decisions.
Law enforcement faces a challenge in detecting and interdicting fentanyl laced drugs. Borough is using some of the funding for the purchase, train and field a narcotics detection dog.
11. (This question is for counties only) Have you established an Advisory Committee to inform allocation of funds?
12. Did your subdivision engage the public (e.g., town hall meeting, online survey, convened stakeholders) prior to deciding how to use the opioid abatement funds you received? **No**
13. Please describe your public engagement/input efforts?
14. Does your county/subdivision have a strategic plan? **No**
15. Can we post your strategic plan online?
16. Have you completed a risk assessment profile for demographic or geographic impact? **No**

New Jersey 2023 Opioid Abatement Report

17. Can we post your risk assessment online?

18. Please tell us your overall rationale for prioritizing the use of the opioid abatement funds that you received (e.g., are you using a needs assessment, a strategic or other plan, or an epidemiological analysis)? **Needs assessment**

Program 1

19. Program name/title: **Narcotics Detection Dog**

Agency/funding recipient name: **Borough of Ramsey**

Primary problem being addressed by this program: **Challenge in detecting and interdicting drugs specifically fentanyl laced drugs.**

Brief program description: **Borough Police Dept is purchasing, training and fielding a narcotics detection dog.**

Program target population: **Borough of Ramsey residents 14,351**

Date this program was funded (please use M/D/Y): **Preliminary funding started 6/28/23**

Amount of funding for this program: **\$19,440 initially and annual \$4,140 (spent \$5,361.85 as of 6/30/23)**

Program launch date: **June 2023**

If program has started, how many clients have been seen as of 6/30/2023: **Canine still in training phase**

What key performance indicators are you tracking to ensure success of the program?
Performance indicators will be prevention and the amount of opioids removed from the community due to success of program

Please state this program's statement of impact: **Program will be to focus on prevention of the first-time user from having access to drugs and preventing drug dealers from operating in and through the Borough of Ramsey. Our goal is to reduce the harms related to the opioid epidemic.**

How do you plan to measure or track success and impact of this program? **Through the actual results the Borough sees and drugs that are taken off the streets and community outreach and feedback on the program success. The dog will be integrated into the community policing effort, regarding education, prevention and intervention efforts.**

20. Primary Category (Please select the category that fits the primary focus of this program). **Harm Reduction**

21. The following are other categories that may apply (include all categories with the exception of the Primary category you chose above). **Overdose Prevention, Prevention and Education**

22. Please choose the length of time of this program's duration: **5+ years**

Other (please specify):

New Jersey 2023 Opioid Abatement Report

23. How often are you disbursing funds to this program? **Annually**

Other (please specify):

24. Rationale for Program

What is the reason for this program spending choice? **Most effective way with limited resources to reduce access and supply in the community**

What outcomes or impact does the program aim to achieve? **Prevention through access to supply and reduction in harm to the residents of the community**

What is the anticipated number of unduplicated clients this program will reach annually?
Estimated at 100+

25. Do you have other programs you are funding and/or operating with opioid abatement funds? **No**

New Jersey 2023 Opioid Abatement Report

1. In what county are you located? **Bergen County**
2. For which eligible subdivision (county or municipality) are you reporting? **Ridgefield Borough**
3. What is your subdivision's State ID? **NJ194**
4. As an eligible subdivision (county or municipality) receiving opioid abatement funds, please tell us the following:
 - Full name of individual in your subdivision authorized to report on the settlement funds your subdivision received ("administrator " managing/overseeing these funds): **Ray Ramirez**
 - Name of Administering Agency: **Borough of Ridgefield**
 - Business Address: **700 Shaler Blvd**
 - City/Town: **Ridgefield**
 - Lead Contact Phone Number: **201-463-8390**
5. As an eligible subdivision receiving abatement funds, which of the following applies to your current status regarding those funds? **We are a municipality and did not transfer our funds.**

REPORT INCOMPLETE

New Jersey 2023 Opioid Abatement Report

1. In what county are you located? **Bergen County**
2. For which eligible subdivision (county or municipality) are you reporting? **Ridgefield Park Village**
3. What is your subdivision's State ID? **NJ195**
4. As an eligible subdivision (county or municipality) receiving opioid abatement funds, please tell us the following:
Full name of individual in your subdivision authorized to report on the settlement funds your subdivision received ("administrator " managing/overseeing these funds): **Michael Liantonio**

Name of Administering Agency: **Finance**

Business Address: **234 Main Street**

City/Town: **Ridgefield Park**

Lead Contact Phone Number: **201-641-4950**
5. As an eligible subdivision receiving abatement funds, which of the following applies to your current status regarding those funds? **We are a municipality and did not transfer our funds.**
6. What amount of your opioid abatement funds did you transfer to the county?
7. Please tell us the full amount of opioid abatement funds you received as of 6/30/23. **\$9,171.31**
8. Please tell us the amount of opioid abatement funds you have expended (as of 6/30/23). **\$0.00**
9. Of the total opioid abatement funds, what amount was spent on program administrative expenses?
\$0.00
10. Please share brief information on your subdivision's overarching goals and priorities to provide context for this program year's spending decisions. **Funds usage will focus on educating the Ridgefield Park Village Police in the area of Education and Prevention of Opioid usage. Obtained education will be delivered to Schools and the Elderly population, providing the cautious use, negative, and lasting impact of Opioid usage.**
11. (This question is for counties only) Have you established an Advisory Committee to inform allocation of funds?
12. Did your subdivision engage the public (e.g., town hall meeting, online survey, convened stakeholders) prior to deciding how to use the opioid abatement funds you received? **No**
13. Please describe your public engagement/input efforts?
14. Does your county/subdivision have a strategic plan? **No**
15. Can we post your strategic plan online?
16. Have you completed a risk assessment profile for demographic or geographic impact? **No**

New Jersey 2023 Opioid Abatement Report

17. Can we post your risk assessment online?

18. Please tell us your overall rationale for prioritizing the use of the opioid abatement funds that you received (e.g., are you using a needs assessment, a strategic or other plan, or an epidemiological analysis)? **Focus is on Education & Prevention**

Program 1

19. Program name/title: **Ridgefield Park Drug Prevention & Education**

Agency/funding recipient name: **John Anlian, Mayor**

Primary problem being addressed by this program: **Educate Schools and Elderly of Illegal and Safe use of Opioid Drugs**

Brief program description: **Ridgefield Park Village Police will educate the public in the areas of Education and Prevention of Opioid usage. Opioid education will be delivered to Schools and the Elderly population, providing the cautious use, negative and lasting impact of Opioid usage.**

Program target population: **3,000 - 5,000 Students and Elderly Residents**

Date this program was funded (please use M/D/Y): **1/1/2023**

Amount of funding for this program: **\$2,000.00 – Not Yet Spent**

Program launch date: **1/1/2023**

If program has started, how many clients have been seen as of 6/30/2023: **1,800 Students in Schools**

What key performance indicators are you tracking to ensure success of the program? **Monthly reporting of Drug Overdoses reported in Ridgefield Park Village**

Please state this program's statement of impact: **Steady decline in reported drug overdoses.**

How do you plan to measure or track success and impact of this program? **Track Monthly Overdoses reported in Ridgefield Park Village. React to positive/negative trend changes.**

20. Primary Category (Please select the category that fits the primary focus of this program).
Prevention and Education

21. The following are other categories that may apply (include all categories with the exception of the Primary category you chose above). **Harm Reduction, Overdose Prevention, Workforce Development**

22. Please choose the length of time of this program's duration: **2-3 years**

Other (please specify):

23. How often are you disbursing funds to this program? **Other (please specify)**

Other (please specify): **Finds will be distributed on an as needed basis.**

New Jersey 2023 Opioid Abatement Report

24. Rationale for Program

What is the reason for this program spending choice? **Educating the public on the health impact of Opioid use.**

What outcomes or impact does the program aim to achieve? **Steady reduction in reported drug overdoses.**

What is the anticipated number of unduplicated clients this program will reach annually? **3,000 - 5,000 residents.**

25. Do you have other programs you are funding and/or operating with opioid abatement funds? **No**

New Jersey 2023 Opioid Abatement Report

1. In what county are you located? **Bergen County**
2. For which eligible subdivision (county or municipality) are you reporting? **Ridgewood Village**
3. What is your subdivision's State ID? **NJ196**
4. As an eligible subdivision (county or municipality) receiving opioid abatement funds, please tell us the following:
Full name of individual in your subdivision authorized to report on the settlement funds your subdivision received ("administrator " managing/overseeing these funds): **Robert G Rooney**

Name of Administering Agency: **Village of Ridgewood**

Business Address: **131 N Maple Avenue**

City/Town: **Ridgewood**

Lead Contact Phone Number: **201-670-5500**
5. As an eligible subdivision receiving abatement funds, which of the following applies to your current status regarding those funds? **We are a municipality and did not transfer our funds.**
6. What amount of your opioid abatement funds did you transfer to the county?
7. Please tell us the full amount of opioid abatement funds you received as of 6/30/23. **\$59,596.30**
8. Please tell us the amount of opioid abatement funds you have expended (as of 6/30/23). **\$0.00**
9. Of the total opioid abatement funds, what amount was spent on program administrative expenses?
\$0.00
10. Please share brief information on your subdivision's overarching goals and priorities to provide context for this program year's spending decisions. **Educate public on drug abuse issues.**
11. (This question is for counties only) Have you established an Advisory Committee to inform allocation of funds?
12. Did your subdivision engage the public (e.g., town hall meeting, online survey, convened stakeholders) prior to deciding how to use the opioid abatement funds you received? **No, but plan to in the future.**
13. Please describe your public engagement/input efforts?
14. Does your county/subdivision have a strategic plan? **No, but plan to develop one in the future.**
15. Can we post your strategic plan online?
16. Have you completed a risk assessment profile for demographic or geographic impact? **No, but we plan to in the future.**

New Jersey 2023 Opioid Abatement Report

17. Can we post your risk assessment online?

18. Please tell us your overall rationale for prioritizing the use of the opioid abatement funds that you received (e.g., are you using a needs assessment, a strategic or other plan, or an epidemiological analysis)? **Strategic**

Program 1

19. Program name/title: **MISUSE OF OPIOIDS**

Agency/funding recipient name: **Board of Education**

Primary problem being addressed by this program: **OPIOID MISUSE**

Brief program description: **Support efforts to discourage or prevent misuse of opioids**

Program target population: **10000**

Date this program was funded (please use M/D/Y): **12/1/23**

Amount of funding for this program: **\$59,596.30**

Program launch date: **12/1/23**

If program has started, how many clients have been seen as of 6/30/2023: **0**

What key performance indicators are you tracking to ensure success of the program? **Survey**

Please state this program's statement of impact: **Unknown**

How do you plan to measure or track success and impact of this program? **Survey**

20. Primary Category (Please select the category that fits the primary focus of this program). **Harm Reduction**

21. The following are other categories that may apply (include all categories with the exception of the Primary category you chose above). **Overdose Prevention, Prevention and Education**

22. Please choose the length of time of this program's duration: **1 year**

Other (please specify):

23. How often are you disbursing funds to this program? **One time only**

Other (please specify):

24. Rationale for Program

What is the reason for this program spending choice? **Priority**

What outcomes or impact does the program aim to achieve? **Education**

What is the anticipated number of unduplicated clients this program will reach annually? **2000**

New Jersey 2023 Opioid Abatement Report

25. Do you have other programs you are funding and/or operating with opioid abatement funds? **No**

New Jersey 2023 Opioid Abatement Report

1. In what county are you located? **Bergen County**
2. For which eligible subdivision (county or municipality) are you reporting? **River Edge Borough**
3. What is your subdivision's State ID? **NJ198**
4. As an eligible subdivision (county or municipality) receiving opioid abatement funds, please tell us the following:
Full name of individual in your subdivision authorized to report on the settlement funds your subdivision received ("administrator " managing/overseeing these funds): **Lisette Aportela, Borough Administrator**

Name of Administering Agency: **Borough of River Edge**

Business Address: **705 Kinderkamack Road**

City/Town: **River Edge**

Lead Contact Phone Number: **201-599-6304**
5. As an eligible subdivision receiving abatement funds, which of the following applies to your current status regarding those funds? **We are a municipality and did not transfer our funds.**
6. What amount of your opioid abatement funds did you transfer to the county?
7. Please tell us the full amount of opioid abatement funds you received as of 6/30/23. **\$11,186.97**
8. Please tell us the amount of opioid abatement funds you have expended (as of 6/30/23). **\$0.00**
9. Of the total opioid abatement funds, what amount was spent on program administrative expenses? **\$0.00**
10. Please share brief information on your subdivision's overarching goals and priorities to provide context for this program year's spending decisions. **River Edge's goal is to supplement the L.E.A.D (formerly DARE) program in educating our youth of the dangers of opioid use. We are currently coordinating having a renowned speaker, Matthew Bocchi, speak to our high school students to conduct his presentation, entitled Overcome: The Matthew Bocchi Story. Mr. Bocchi is making this presentation at several schools in NJ.**
11. (This question is for counties only) Have you established an Advisory Committee to inform allocation of funds?
12. Did your subdivision engage the public (e.g., town hall meeting, online survey, convened stakeholders) prior to deciding how to use the opioid abatement funds you received? **No**
13. Please describe your public engagement/input efforts?
14. Does your county/subdivision have a strategic plan? **No**
15. Can we post your strategic plan online?

New Jersey 2023 Opioid Abatement Report

16. Have you completed a risk assessment profile for demographic or geographic impact? **No**

17. Can we post your risk assessment online?

18. Please tell us your overall rationale for prioritizing the use of the opioid abatement funds that you received (e.g., are you using a needs assessment, a strategic or other plan, or an epidemiological analysis)? **Our children are very vulnerable due to social media peer pressure and encountering prescribed opioids for sports injuries and other medical issues, which is a slippery slope towards addiction.**

Program 1

19. Program name/title: **Overcome: The Matthew Bocchi Story**

Agency/funding recipient name: **River Edge Borough**

Primary problem being addressed by this program: **Learning to deal with trauma in a healthy manner and not numbing oneself through drug and alcohol abuse.**

Brief program description: **Matthew Bocchi will present the trauma he experienced as a result of losing his father on 9/11, how he spiraled in drug and alcohol abuse, and how he was inspired to get sober. He will speak to the group as a whole and meet with students individually.**

Program target population: **students in grades 9-12**

Date this program was funded (please use M/D/Y): **8/14/2023**

Amount of funding for this program: **\$6,000.00**

Program launch date: **Anticipated by 12/31/2023 - currently coordinating booking the speaker**

If program has started, how many clients have been seen as of 6/30/2023: **N/A**

What key performance indicators are you tracking to ensure success of the program? **Observation of student engagement in the general program and quantifying the one-on-one sessions**

Please state this program's statement of impact: **The impact is to teach the teens how to cope with trauma and struggles in a healthy manner and not succumb to the escapism opioids appear to provide at the risk of addiction and death.**

How do you plan to measure or track success and impact of this program? **Survey the students on the general presentation and a separate survey for those who participated in the one-on-one session.**

20. Primary Category (Please select the category that fits the primary focus of this program).
Prevention and Education

21. The following are other categories that may apply (include all categories with the exception of the Primary category you chose above). **Harm Reduction, Long-Term Resiliency**

22. Please choose the length of time of this program's duration: **Less than 1 year**

Other (please specify):

New Jersey 2023 Opioid Abatement Report

23. How often are you disbursing funds to this program? **One time only**

Other (please specify):

24. Rationale for Program

What is the reason for this program spending choice? **Giving a vulnerable age group an opportunity to learn from someone who has been through the trials and tribulations of addiction instead of a parental or authority figure lecture.**

What outcomes or impact does the program aim to achieve? **Provide teens with coping tools, letting them know that they are not alone, display an honest accounting instead of citing statistics.**

What is the anticipated number of unduplicated clients this program will reach annually? **1000**

25. Do you have other programs you are funding and/or operating with opioid abatement funds? **No**

New Jersey 2023 Opioid Abatement Report

1. In what county are you located? **Bergen County**
2. For which eligible subdivision (county or municipality) are you reporting? **Rutherford Borough**
3. What is your subdivision's State ID? **NJ204**
4. As an eligible subdivision (county or municipality) receiving opioid abatement funds, please tell us the following:
Full name of individual in your subdivision authorized to report on the settlement funds your subdivision received("administrator " managing/overseeing these funds): **Gordon L. Stelter**

Name of Administering Agency: **Borough of Rutherford**

Business Address: **176 Park Avenue**

City/Town: **Rutherford**

Lead Contact Phone Number: **(201) 460-3026**
5. As an eligible subdivision receiving abatement funds, which of the following applies to your current status regarding those funds? **We are a municipality and did not transfer our funds.**
6. What amount of your opioid abatement funds did you transfer to the county?
7. Please tell us the full amount of opioid abatement funds you received as of 6/30/23. **\$18,365.43**
8. Please tell us the amount of opioid abatement funds you have expended (as of 6/30/23). **\$0.00**
9. Of the total opioid abatement funds, what amount was spent on program administrative expenses?
\$0.00
10. Please share brief information on your subdivision's overarching goals and priorities to provide context for this program year's spending decisions. **Program yet to be determined.**
11. (This question is for counties only) Have you established an Advisory Committee to inform allocation of funds?
12. Did your subdivision engage the public (e.g., town hall meeting, online survey, convened stakeholders) prior to deciding how to use the opioid abatement funds you received? **No**
13. Please describe your public engagement/input efforts?
14. Does your county/subdivision have a strategic plan? **No, but plan to develop one in the future.**
15. Can we post your strategic plan online?
16. Have you completed a risk assessment profile for demographic or geographic impact? **No**
17. Can we post your risk assessment online?

New Jersey 2023 Opioid Abatement Report

18. Please tell us your overall rationale for prioritizing the use of the opioid abatement funds that you received (e.g., are you using a needs assessment, a strategic or other plan, or an epidemiological analysis)? **Program yet to be determined.**

New Jersey 2023 Opioid Abatement Report

1. In what county are you located? **Bergen County**
2. For which eligible subdivision (county or municipality) are you reporting? **Saddle Brook Township**
3. What is your subdivision's State ID? **NJ205**
4. As an eligible subdivision (county or municipality) receiving opioid abatement funds, please tell us the following:
 - Full name of individual in your subdivision authorized to report on the settlement funds your subdivision received ("administrator " managing/overseeing these funds): **Peter LoDico**
 - Name of Administering Agency: **Saddle Brook Township**
 - Business Address: **55 Mayhill Street**
 - City/Town: **Saddle Brook**
 - Lead Contact Phone Number: **1-201-587-2909**
5. As an eligible subdivision receiving abatement funds, which of the following applies to your current status regarding those funds? **We are a municipality and did not transfer our funds.**
6. What amount of your opioid abatement funds did you transfer to the county?
7. Please tell us the full amount of opioid abatement funds you received as of 6/30/23. **\$19,405.42**
8. Please tell us the amount of opioid abatement funds you have expended (as of 6/30/23). **\$0.00**
9. Of the total opioid abatement funds, what amount was spent on program administrative expenses?
\$0.00
10. Please share brief information on your subdivision's overarching goals and priorities to provide context for this program year's spending decisions. **Our goal is to run training programs for our first responders on administering Naloxone as well as its purchase**
11. (This question is for counties only) Have you established an Advisory Committee to inform allocation of funds?
12. Did your subdivision engage the public (e.g., town hall meeting, online survey, convened stakeholders) prior to deciding how to use the opioid abatement funds you received? **No, but plan to in the future.**
13. Please describe your public engagement/input efforts?
14. Does your county/subdivision have a strategic plan? **No, but plan to develop one in the future.**
15. Can we post your strategic plan online?
16. Have you completed a risk assessment profile for demographic or geographic impact? **No, but we plan to in the future.**

New Jersey 2023 Opioid Abatement Report

17. Can we post your risk assessment online?

18. Please tell us your overall rationale for prioritizing the use of the opioid abatement funds that you received (e.g., are you using a needs assessment, a strategic or other plan, or an epidemiological analysis)? **Strategic plan**

Program 1

19. Program name/title: **Saddle Brook Strategic Planning**

Agency/funding recipient name: **Saddle Brook Township**

Primary problem being addressed by this program: **Awareness, prevention and recovery of opioid use**

Brief program description: **reaching out to emergency responders and schools**

Program target population: **1200**

Date this program was funded (please use M/D/Y): **8/1/23**

Amount of funding for this program: **\$8,000.00**

Program launch date: **10/1/23**

If program has started, how many clients have been seen as of 6/30/2023: **n/a**

What key performance indicators are you tracking to ensure success of the program? **Utilizing feedback from first responders as to how many residents use opioid drug as well as school administrators on a monthly basis**

Please state this program's statement of impact: **We will be able to ascertain the use of opioids**

How do you plan to measure or track success and impact of this program? **Monthly reports**

20. Primary Category (Please select the category that fits the primary focus of this program).
Prevention and Education

21. The following are other categories that may apply (include all categories with the exception of the Primary category you chose above). **Overdose Prevention, Recovery and Support, Treatment**

22. Please choose the length of time of this program's duration: **2-3 years**

Other (please specify):

23. How often are you disbursing funds to this program? **Other (please specify)**

Other (please specify): **as needed**

24. Rationale for Program

New Jersey 2023 Opioid Abatement Report

What is the reason for this program spending choice? **As a new program we need to know what funds are needed to be spent**

What outcomes or impact does the program aim to achieve? **To educate and prevent opioid use as well as recovery from overdose**

What is the anticipated number of unduplicated clients this program will reach annually? **1200**

25. Do you have other programs you are funding and/or operating with opioid abatement funds? **No**

New Jersey 2023 Opioid Abatement Report

1. In what county are you located? **Bergen County**
2. For which eligible subdivision (county or municipality) are you reporting? **Teaneck Township**
3. What is your subdivision's State ID? **NJ223**
4. As an eligible subdivision (county or municipality) receiving opioid abatement funds, please tell us the following:
Full name of individual in your subdivision authorized to report on the settlement funds your subdivision received ("administrator " managing/overseeing these funds): **Dean B. Kazinci**

Name of Administering Agency: **Township of Teaneck**

Business Address: **818 Teaneck Road**

City/Town: **Teaneck**

Lead Contact Phone Number: **201-837-1600 ext. 1001**
5. As an eligible subdivision receiving abatement funds, which of the following applies to your current status regarding those funds? **We are a municipality and did not transfer our funds.**

REPORT INCOMPLETE

New Jersey 2023 Opioid Abatement Report

1. In what county are you located? **Bergen County**
2. For which eligible subdivision (county or municipality) are you reporting? **Tenafly Borough**
3. What is your subdivision's State ID? **NJ224**
4. As an eligible subdivision (county or municipality) receiving opioid abatement funds, please tell us the following:
Full name of individual in your subdivision authorized to report on the settlement funds your subdivision received ("administrator " managing/overseeing these funds): **Susan Corrado**

Name of Administering Agency: **Tenafly**

Business Address: **100 Riveredge Road**

City/Town: **Tenafly**

Lead Contact Phone Number: **201-568-6100**
5. As an eligible subdivision receiving abatement funds, which of the following applies to your current status regarding those funds? **We are a municipality and did not transfer our funds.**
6. What amount of your opioid abatement funds did you transfer to the county?
7. Please tell us the full amount of opioid abatement funds you received as of 6/30/23. **\$18,951.25**
8. Please tell us the amount of opioid abatement funds you have expended (as of 6/30/23). **\$0.00**
9. Of the total opioid abatement funds, what amount was spent on program administrative expenses?
NA
10. Please share brief information on your subdivision's overarching goals and priorities to provide context for this program year's spending decisions. **To provide training and equipment**
11. (This question is for counties only) Have you established an Advisory Committee to inform allocation of funds?
12. Did your subdivision engage the public (e.g., town hall meeting, online survey, convened stakeholders) prior to deciding how to use the opioid abatement funds you received? **No**
13. Please describe your public engagement/input efforts?
14. Does your county/subdivision have a strategic plan? **No**
15. Can we post your strategic plan online?
16. Have you completed a risk assessment profile for demographic or geographic impact? **No, but we plan to in the future.**
17. Can we post your risk assessment online?

New Jersey 2023 Opioid Abatement Report

18. Please tell us your overall rationale for prioritizing the use of the opioid abatement funds that you received (e.g., are you using a needs assessment, a strategic or other plan, or an epidemiological analysis)? **Use for training and equipment**

New Jersey 2023 Opioid Abatement Report

1. In what county are you located? **Bergen County**
2. For which eligible subdivision (county or municipality) are you reporting? **Waldwick Borough**
3. What is your subdivision's State ID? **NJ237**
4. As an eligible subdivision (county or municipality) receiving opioid abatement funds, please tell us the following:
Full name of individual in your subdivision authorized to report on the settlement funds your subdivision received ("administrator " managing/overseeing these funds): **Steven Neale**

Name of Administering Agency: **Borough of Waldwick**

Business Address: **63 Franklin Turnpike**

City/Town: **Waldwick**

Lead Contact Phone Number: **201-652-5300 x 227**
5. As an eligible subdivision receiving abatement funds, which of the following applies to your current status regarding those funds? **We are a municipality and did not transfer our funds.**
6. What amount of your opioid abatement funds did you transfer to the county?
7. Please tell us the full amount of opioid abatement funds you received as of 6/30/23. **\$18,947.25**
8. Please tell us the amount of opioid abatement funds you have expended (as of 6/30/23). **\$0.00**
9. Of the total opioid abatement funds, what amount was spent on program administrative expenses?
\$0.00
10. Please share brief information on your subdivision's overarching goals and priorities to provide context for this program year's spending decisions. **We are having a warrior's night out. Which will have an opioid booth to educate the public about opioid abuses.**
11. (This question is for counties only) Have you established an Advisory Committee to inform allocation of funds?
12. Did your subdivision engage the public (e.g., town hall meeting, online survey, convened stakeholders) prior to deciding how to use the opioid abatement funds you received? **No**
13. Please describe your public engagement/input efforts?
14. Does your county/subdivision have a strategic plan? **No, but plan to develop one in the future.**
15. Can we post your strategic plan online?
16. Have you completed a risk assessment profile for demographic or geographic impact? **No**
17. Can we post your risk assessment online?

New Jersey 2023 Opioid Abatement Report

18. Please tell us your overall rationale for prioritizing the use of the opioid abatement funds that you received (e.g., are you using a needs assessment, a strategic or other plan, or an epidemiological analysis)? **Plan on using strategic planning to use the funds in the best possible way.**

Program 1

19. Program name/title: **Warriors Night out**

Agency/funding recipient name: **Borough of Waldwick**

Primary problem being addressed by this program: **Educating the public about the risks and dangers of opioids**

Brief program description: **Will be an event, with food, music, games and stations with first responders to educate the public on the dangers of opioids.**

Program target population: **5000 within the borough of Waldwick or neighboring municipalities.**

Date this program was funded (please use M/D/Y): **8/15/2023**

Amount of funding for this program: **Exact funding is not available yet. Expecting around \$5,000**

Program launch date: **10/20/2023**

If program has started, how many clients have been seen as of 6/30/2023: **0**

What key performance indicators are you tracking to ensure success of the program? **Number of people who attend the event.**

Please state this program's statement of impact: **The impact of this program will be to educate the public about the risks and dangers of opioids.**

How do you plan to measure or track success and impact of this program? **Community feedback, attendance figures.**

20. Primary Category (Please select the category that fits the primary focus of this program).
Prevention and Education

21. The following are other categories that may apply (include all categories with the exception of the Primary category you chose above). **Harm Reduction, Recovery and Support**

22. Please choose the length of time of this program's duration: **Less than 1 year**

Other (please specify):

23. How often are you disbursing funds to this program? **One time only**

Other (please specify):

24. Rationale for Program

New Jersey 2023 Opioid Abatement Report

What is the reason for this program spending choice? **To begin to educate the public on the risks and dangers of opioids.**

What outcomes or impact does the program aim to achieve? **To provide education in a fun environment about opioids.**

What is the anticipated number of unduplicated clients this program will reach annually? **Hard to know exactly but we are hoping for a high attendance.**

25. Do you have other programs you are funding and/or operating with opioid abatement funds? **No**

New Jersey 2023 Opioid Abatement Report

1. In what county are you located? **Bergen County**
2. For which eligible subdivision (county or municipality) are you reporting? **Wallington Borough**
3. What is your subdivision's State ID? **NJ239**
4. As an eligible subdivision (county or municipality) receiving opioid abatement funds, please tell us the following:
Full name of individual in your subdivision authorized to report on the settlement funds your subdivision received ("administrator " managing/overseeing these funds): **Melissa Dabal**

Name of Administering Agency: **Borough of Wallington**

Business Address: **24 Union Blvd**

City/Town: **Wallington**

Lead Contact Phone Number: **201-280- 4645**
5. As an eligible subdivision receiving abatement funds, which of the following applies to your current status regarding those funds? **We are a municipality and did not transfer our funds.**
6. What amount of your opioid abatement funds did you transfer to the county?
7. Please tell us the full amount of opioid abatement funds you received as of 6/30/23. **\$12,218.19**
8. Please tell us the amount of opioid abatement funds you have expended (as of 6/30/23). **\$0.00**
9. Of the total opioid abatement funds, what amount was spent on program administrative expenses?
\$0.00
10. Please share brief information on your subdivision's overarching goals and priorities to provide context for this program year's spending decisions. **To support first responders and opioid use prevention.**
11. (This question is for counties only) Have you established an Advisory Committee to inform allocation of funds?
12. Did your subdivision engage the public (e.g., town hall meeting, online survey, convened stakeholders) prior to deciding how to use the opioid abatement funds you received? **No**
13. Please describe your public engagement/input efforts?
14. Does your county/subdivision have a strategic plan? **No**
15. Can we post your strategic plan online?
16. Have you completed a risk assessment profile for demographic or geographic impact? **No**
17. Can we post your risk assessment online?

New Jersey 2023 Opioid Abatement Report

18. Please tell us your overall rationale for prioritizing the use of the opioid abatement funds that you received (e.g., are you using a needs assessment, a strategic or other plan, or an epidemiological analysis)? **Support first responders and opioid use prevention**

New Jersey 2023 Opioid Abatement Report

1. In what county are you located? **Bergen County**
2. For which eligible subdivision (county or municipality) are you reporting? **Westwood Borough**
3. What is your subdivision's State ID? **NJ256**
4. As an eligible subdivision (county or municipality) receiving opioid abatement funds, please tell us the following:
Full name of individual in your subdivision authorized to report on the settlement funds your subdivision received ("administrator " managing/overseeing these funds): **Durene M. Ayer**

Name of Administering Agency: **Borough of Westwood**

Business Address: **101 Washington Avenue**

City/Town: **Westwood**

Lead Contact Phone Number: **201-664-7100**
5. As an eligible subdivision receiving abatement funds, which of the following applies to your current status regarding those funds? **We are a municipality and did not transfer our funds.**
6. What amount of your opioid abatement funds did you transfer to the county?
7. Please tell us the full amount of opioid abatement funds you received as of 6/30/23. **\$7,488.36**
8. Please tell us the amount of opioid abatement funds you have expended (as of 6/30/23). **\$0.00**
9. Of the total opioid abatement funds, what amount was spent on program administrative expenses? **\$0.00**
10. Please share brief information on your subdivision's overarching goals and priorities to provide context for this program year's spending decisions.
11. (This question is for counties only) Have you established an Advisory Committee to inform allocation of funds?
12. Did your subdivision engage the public (e.g., town hall meeting, online survey, convened stakeholders) prior to deciding how to use the opioid abatement funds you received? **No**
13. Please describe your public engagement/input efforts?
14. Does your county/subdivision have a strategic plan? **No**
15. Can we post your strategic plan online?
16. Have you completed a risk assessment profile for demographic or geographic impact? **No**
17. Can we post your risk assessment online?

New Jersey 2023 Opioid Abatement Report

18. Please tell us your overall rationale for prioritizing the use of the opioid abatement funds that you received (e.g., are you using a needs assessment, a strategic or other plan, or an epidemiological analysis)? **Developing a strategic plan with the Police Department, Health Department, Municipal Alliance Committee and regional school district.**

Program 1

19. Program name/title: **Borough of Westwood - Opioid Education/Prevention Program**

Agency/funding recipient name: **Borough of Westwood**

Primary problem being addressed by this program: **Stop/Prevent usage**

Brief program description: **Through the use of education, develop a campaign to fight opioid use.**

Program target population: **K through 12th grade**

Date this program was funded (please use M/D/Y): **1/6/23**

Amount of funding for this program: **\$7,488.36**

Program launch date: **September 2023**

If program has started, how many clients have been seen as of 6/30/2023: **Not yet started.**

What key performance indicators are you tracking to ensure success of the program? **Number of students participating in the programs.**

Please state this program's statement of impact: **To educate students on the detrimental use of opioids.**

How do you plan to measure or track success and impact of this program? **Through program participation.**

20. Primary Category (Please select the category that fits the primary focus of this program).
Prevention and Education

21. The following are other categories that may apply (include all categories with the exception of the Primary category you chose above). **None of the above**

22. Please choose the length of time of this program's duration: **2-3 years**

Other (please specify):

23. How often are you disbursing funds to this program? **Other (please specify)**

Other (please specify): **The Borough will be purchasing the materials for use by the various entities.**

24. Rationale for Program

What is the reason for this program spending choice? **Reach the younger population.**

What outcomes or impact does the program aim to achieve? **Deter the younger population from using opioids.**

New Jersey 2023 Opioid Abatement Report

What is the anticipated number of unduplicated clients this program will reach annually?

Approximately 3,000

25. Do you have other programs you are funding and/or operating with opioid abatement funds? **No**

New Jersey 2023 Opioid Abatement Report

1. In what county are you located? **Bergen County**
2. For which eligible subdivision (county or municipality) are you reporting? **Wyckoff Township**
3. What is your subdivision's State ID? **NJ262**
4. As an eligible subdivision (county or municipality) receiving opioid abatement funds, please tell us the following:
Full name of individual in your subdivision authorized to report on the settlement funds your subdivision received("administrator " managing/overseeing these funds): **Diana McLeod**

Name of Administering Agency: **Township of Wyckoff**

Business Address: **340 Franklin Avenue**

City/Town: **Wyckoff**

Lead Contact Phone Number: **201-891-7000 X 1050**
5. As an eligible subdivision receiving abatement funds, which of the following applies to your current status regarding those funds? **We are a municipality and did not transfer our funds.**
6. What amount of your opioid abatement funds did you transfer to the county?
7. Please tell us the full amount of opioid abatement funds you received as of 6/30/23. **\$12,473.92**
8. Please tell us the amount of opioid abatement funds you have expended (as of 6/30/23). **\$0**
9. Of the total opioid abatement funds, what amount was spent on program administrative expenses? **\$0**
10. Please share brief information on your subdivision's overarching goals and priorities to provide context for this program year's spending decisions. **To be determined**
11. (This question is for counties only) Have you established an Advisory Committee to inform allocation of funds?
12. Did your subdivision engage the public (e.g., town hall meeting, online survey, convened stakeholders) prior to deciding how to use the opioid abatement funds you received? **No**
13. Please describe your public engagement/input efforts?
14. Does your county/subdivision have a strategic plan? **No**
15. Can we post your strategic plan online?
16. Have you completed a risk assessment profile for demographic or geographic impact? **No**
17. Can we post your risk assessment online?

New Jersey 2023 Opioid Abatement Report

18. Please tell us your overall rationale for prioritizing the use of the opioid abatement funds that you received (e.g., are you using a needs assessment, a strategic or other plan, or an epidemiological analysis)? **To be determined**

New Jersey 2023 Opioid Abatement Report

1. In what county are you located? **Burlington County**
2. For which eligible subdivision (county or municipality) are you reporting? **Bordentown Township**
3. What is your subdivision's State ID? **NJ16**
4. As an eligible subdivision (county or municipality) receiving opioid abatement funds, please tell us the following:
Full name of individual in your subdivision authorized to report on the settlement funds your subdivision received ("administrator " managing/overseeing these funds): **Laurie Finger**

Name of Administering Agency: **Bordentown Township**

Business Address: **1 Municipal Drive**

City/Town: **Bordentown**

Lead Contact Phone Number: **609-298-2800 ext. 5479**
5. As an eligible subdivision receiving abatement funds, which of the following applies to your current status regarding those funds? **We are a municipality and did not transfer our funds.**
6. What amount of your opioid abatement funds did you transfer to the county?
7. Please tell us the full amount of opioid abatement funds you received as of 6/30/23. **\$22,953.20**
8. Please tell us the amount of opioid abatement funds you have expended (as of 6/30/23). **\$0.00**
9. Of the total opioid abatement funds, what amount was spent on program administrative expenses?
\$0.00
10. Please share brief information on your subdivision's overarching goals and priorities to provide context for this program year's spending decisions. **Education outreach**
11. (This question is for counties only) Have you established an Advisory Committee to inform allocation of funds?
12. Did your subdivision engage the public (e.g., town hall meeting, online survey, convened stakeholders) prior to deciding how to use the opioid abatement funds you received? **No, but plan to in the future.**
13. Please describe your public engagement/input efforts?
14. Does your county/subdivision have a strategic plan? **No, but plan to develop one in the future.**
15. Can we post your strategic plan online?
16. Have you completed a risk assessment profile for demographic or geographic impact? **No, but we plan to in the future.**

New Jersey 2023 Opioid Abatement Report

17. Can we post your risk assessment online?

18. Please tell us your overall rationale for prioritizing the use of the opioid abatement funds that you received (e.g., are you using a needs assessment, a strategic or other plan, or an epidemiological analysis)? **Strategic plan to help people in need**

Program 1

19. Program name/title: **Straight to Treatment**

Agency/funding recipient name: **Bordentown Township**

Primary problem being addressed by this program: **Overcome substance use disorder and turn around the person's life**

Brief program description: **People facing addiction can walk into the police department and be connected with a treatment program**

Program target population: **11,791**

Date this program was funded (please use M/D/Y): **TBD**

Amount of funding for this program: **TBD**

Program launch date: **2/9/2022**

If program has started, how many clients have been seen as of 6/30/2023: **53**

What key performance indicators are you tracking to ensure success of the program? **Number of people seeking help**

Please state this program's statement of impact: **Goal is to help these individuals break the cycle of addiction**

How do you plan to measure or track success and impact of this program? **Following up on individual**

20. Primary Category (Please select the category that fits the primary focus of this program).
Treatment

21. The following are other categories that may apply (include all categories with the exception of the Primary category you chose above). **Harm Reduction, Overdose Prevention, Prevention and Education**

22. Please choose the length of time of this program's duration: **5+ years**

Other (please specify):

23. How often are you disbursing funds to this program? **Other (please specify)**

Other (please specify): **MONTHLY USING TOWNSHIP FUNDS**

24. Rationale for Program

New Jersey 2023 Opioid Abatement Report

What is the reason for this program spending choice? **To help at that critical moment when someone seeks assistance**

What outcomes or impact does the program aim to achieve? **Turning lives around**

What is the anticipated number of unduplicated clients this program will reach annually? **100**

25. Do you have other programs you are funding and/or operating with opioid abatement funds? **No**

New Jersey 2023 Opioid Abatement Report

1. In what county are you located? **Burlington County**
2. For which eligible subdivision (county or municipality) are you reporting? **County of Burlington**
3. What is your subdivision's State ID? **NJ22**
4. As an eligible subdivision (county or municipality) receiving opioid abatement funds, please tell us the following:
 - Full name of individual in your subdivision authorized to report on the settlement funds your subdivision received ("administrator " managing/overseeing these funds): **Carolyn Havlick**
 - Name of Administering Agency: **Burlington County**
 - Business Address: **49 Rancocas Road**
 - City/Town: **Mount Holly**
 - Lead Contact Phone Number: **609-265-5018**
5. As an eligible subdivision receiving abatement funds, which of the following applies to your current status regarding those funds? **We are a county and did not transfer our funds.**
6. What amount of your opioid abatement funds did you transfer to the county?
7. Please tell us the full amount of opioid abatement funds you received as of 6/30/23. **\$1,889,640.19**
8. Please tell us the amount of opioid abatement funds you have expended (as of 6/30/23). **\$0.00**
9. Of the total opioid abatement funds, what amount was spent on program administrative expenses? **\$0.00**
10. Please share brief information on your subdivision's overarching goals and priorities to provide context for this program year's spending decisions. **The overarching goal and priority of Burlington County is to keep community members alive by increasing knowledge and awareness of the resources available, such as treatment, sober living, and implementing distribution of naloxone and training for administration, while decreasing stigma associated with substance abuse disorder.**
11. (This question is for counties only) Have you established an Advisory Committee to inform allocation of funds? **Yes**
12. Did your subdivision engage the public (e.g., town hall meeting, online survey, convened stakeholders) prior to deciding how to use the opioid abatement funds you received? **No, but plan to in the future.**
13. Please describe your public engagement/input efforts?
14. Does your county/subdivision have a strategic plan? **No, but plan to develop one in the future.**
15. Can we post your strategic plan online?

New Jersey 2023 Opioid Abatement Report

16. Have you completed a risk assessment profile for demographic or geographic impact? **No, but we plan to in the future.**

17. Can we post your risk assessment online?

18. Please tell us your overall rationale for prioritizing the use of the opioid abatement funds that you received (e.g., are you using a needs assessment, a strategic or other plan, or an epidemiological analysis)? **We are able to see the location with the most need in our community by using quantitative data from sources such as the Overdose Detection Mapping Application Program (ODMAP) and NJ State Police Drug Monitoring Initiative (DMI), as well as qualitative and anecdotal data gathered from working in the community.**

Program 1

19. Program name/title: **Naloxone Emergency Kits for High Schools**

Agency/funding recipient name: **Burlington County High Schools (various)**

Primary problem being addressed by this program: **The launch of this program is in direct response to the ongoing opioid public health crisis that has taken over 14,000 lives in NJ over the past 5 years and more than 125 lives in Burlington County in 2022.**

Brief program description: **Install Naloxone Emergency Kits in high traffic areas throughout the schools. Train both students and staff on how to administer naloxone to save lives.**

Program target population: **High school students and staff**

Date this program was funded (please use M/D/Y): **Approved on 06/14/23, but not yet funded**

Amount of funding for this program: **\$11,305.89 (resolution 2023-00339); additional funding being considered up to \$50,000**

Program launch date: **07/01/23**

If program has started, how many clients have been seen as of 6/30/2023: **Not applicable as of 6/30/23**

What key performance indicators are you tracking to ensure success of the program? **Tracking number of high schools participating, the more the program is accepted indicates success. Other key performance indicators are the number of community residents trained in Narcan as well as the number of opioid overdose related deaths.**

Please state this program's statement of impact: **Free Narcan into the hands of community members to reduce overdose deaths in Burlington County**

How do you plan to measure or track success and impact of this program? **Use of naloxone and if it was able to prevent an overdose death. By tracking the number of times naloxone is used in these settings and whether it has prevented an overdose death. As the program continues, a decrease in the use of naloxone will indicate growth of community education in reducing opioid overdoses.**

20. Primary Category (Please select the category that fits the primary focus of this program). **Overdose Prevention**

New Jersey 2023 Opioid Abatement Report

21. The following are other categories that may apply (include all categories with the exception of the Primary category you chose above). **Harm Reduction, Prevention and Education, Recovery and Support**

22. Please choose the length of time of this program's duration: **1 year**

Other (please specify):

23. How often are you disbursing funds to this program? **Other (please specify)**

Other (please specify): **To be determined**

24. Rationale for Program

What is the reason for this program spending choice? **The reason for this program is a direct response to the ongoing opioid public health crisis. Increased awareness is necessary and having the proper resources, as well as knowing how to utilize the available resources is required in any crisis response**

What outcomes or impact does the program aim to achieve? **Further county education of community needs based on use of Narcan kits. Expanded access to naloxone can curb opioid deaths. Having Narcan in plain sight can reduce stigma to substance use disorder, and possibly open more people wanting to seek treatment. Youth of Burlington County will see a constant reminder of the harms associated with using opioids.**

What is the anticipated number of unduplicated clients this program will reach annually? **93,000 plus**

25. Do you have other programs you are funding and/or operating with opioid abatement funds? **Yes**

Program 2

19. Program name/title: **Outpatient Treatment for Opioid Substance Use Disorder**

Agency/funding recipient name: **To be determined (RFP 23-0035)**

Primary problem being addressed by this program: **Lack of private health insurance, or insurance that does not cover substance use disorder treatment. Most individuals cannot afford outpatient treatment out of pocket, especially if they lost employment due to their addiction. The inability to pay down payment and first month's rent for an Oxford/Sober Living Home during or after completing substance us disorder treatment.**

Brief program description: **To provide Oxford House / Sober Living funding for individuals receiving treatment for opioid substance use disorder, transportation from the inpatient facility to the Oxford House, and indigent clients that don't qualify for Medicare.**

Program target population: **Any person 18 years of age or older struggling with opioid substance use disorder**

Date this program was funded (please use M/D/Y): **Approved on 06/14/23, but not yet funded**

Amount of funding for this program: **\$200,000 (resolution 2023-00341)**

New Jersey 2023 Opioid Abatement Report

Program launch date: **09/01/13**

If program has started, how many clients have been seen as of 6/30/2023: **Not applicable as of 06/30/23**

What key performance indicators are you tracking to ensure success of the program? **Successful movement through the Continuum of Care. (Continuum of Care refers to having a detailed plan for what services a person needs to help them stay sober after seeking residential treatment. This is a system where clients are guided and monitored overtime as they progress through all levels and intensities of care).**

Please state this program's statement of impact: **Connect individuals residing in Oxford / Sober Living homes to a Certified Peer Recovery Specialist (CPRS) at one of our two recovery centers located in Westampton and Burlington City**

How do you plan to measure or track success and impact of this program? **Outpatient treatment/transportation - through monthly expenditure reports from vendors; Oxford / Sober Living home - through monthly expenditure reports from vendor; and Recovery Centers through quarterly rosters from vendor**

20. Primary Category (Please select the category that fits the primary focus of this program). **Recovery and Support**

21. The following are other categories that may apply (include all categories with the exception of the Primary category you chose above). **Harm Reduction, Overdose Prevention, Long-Term Resiliency, Recovery and Support, Treatment**

22. Please choose the length of time of this program's duration: **1 year**

Other (please specify):

23. How often are you disbursing funds to this program? **Annually**

Other (please specify):

24. Rationale for Program

What is the reason for this program spending choice? **Some individuals need a support system that provides accountability and motivation upon discharge from an inpatient facility. Oxford / Sober Living homes are an important component of recovery because it provides those in the early stages of their journey the opportunity to live in an environment that is safe and supportive**

What outcomes or impact does the program aim to achieve? **It will allow access to treatment and recovery support services to many individuals struggling with addiction despite having no health insurance**

What is the anticipated number of unduplicated clients this program will reach annually? **200 + annually**

25. Do you have other programs you are funding and/or operating with opioid abatement funds? **Yes**

Program 3

New Jersey 2023 Opioid Abatement Report

19. Program name/title: **Camp Cardinal Youth Camp**

Agency/funding recipient name: **Camp Cardinal at YMCA of the Pines**

Primary problem being addressed by this program: **Address the negative impact on children and families from experience with opioid substance use disorder**

Brief program description: **One day youth camp where children will learn coping skills that build resiliency which ultimately breaks the cycle of addiction through prevention and education.**

Program target population: **Children aged 7-14**

Date this program was funded (please use M/D/Y): **Approved on 06/14/23, but not yet funded**

Amount of funding for this program: **\$27,694 (resolution 2023-00338)**

Program launch date: **08/26/23**

If program has started, how many clients have been seen as of 6/30/2023: **Not applicable as of 06/30/23; target amount is current**

What key performance indicators are you tracking to ensure success of the program? **Enrollment**

Please state this program's statement of impact: **Camp Cardinal will provide a safe space to interact and participate in camp activities while also learning coping skills to build resilience to stress, anxiety and other mental health illness impacted in their lives**

How do you plan to measure or track success and impact of this program? **Camp enrollment, written evaluation either face to face by phone or by email, camper input**

20. Primary Category (Please select the category that fits the primary focus of this program). **Prevention and Education**

21. The following are other categories that may apply (include all categories with the exception of the Primary category you chose above). **Harm Reduction, Long-Term Resiliency, Recovery and Support**

22. Please choose the length of time of this program's duration: **Less than 1 year**

Other (please specify):

23. How often are you disbursing funds to this program? **One time only**

Other (please specify):

24. Rationale for Program

What is the reason for this program spending choice? **To reduce stigma around substance use disorder and to connect youth with peers who have a shared experience**

What outcomes or impact does the program aim to achieve? **to reduce substance use disorder and stigma**

New Jersey 2023 Opioid Abatement Report

What is the anticipated number of unduplicated clients this program will reach annually? **30 plus**

25. Do you have other programs you are funding and/or operating with opioid abatement funds? **No**

New Jersey 2023 Opioid Abatement Report

1. In what county are you located? **Burlington County**
2. For which eligible subdivision (county or municipality) are you reporting? **Burlington Township**
3. What is your subdivision's State ID? **NJ23**
4. As an eligible subdivision (county or municipality) receiving opioid abatement funds, please tell us the following:
Full name of individual in your subdivision authorized to report on the settlement funds your subdivision received ("administrator " managing/overseeing these funds): **Jodi Botlinger, Deputy Administrator**

Name of Administering Agency: **Burlington Township**

Business Address: **851 Old York Road**

City/Town: **Burlington**

Lead Contact Phone Number: **609-239-5832**
5. As an eligible subdivision receiving abatement funds, which of the following applies to your current status regarding those funds? **We are a municipality and did not transfer our funds.**
6. What amount of your opioid abatement funds did you transfer to the county?
7. Please tell us the full amount of opioid abatement funds you received as of 6/30/23. **\$38,304.71**
8. Please tell us the amount of opioid abatement funds you have expended (as of 6/30/23). **N/A**
9. Of the total opioid abatement funds, what amount was spent on program administrative expenses?
N/A
10. Please share brief information on your subdivision's overarching goals and priorities to provide context for this program year's spending decisions.
11. (This question is for counties only) Have you established an Advisory Committee to inform allocation of funds?
12. Did your subdivision engage the public (e.g., town hall meeting, online survey, convened stakeholders) prior to deciding how to use the opioid abatement funds you received? **No, but plan to in the future.**
13. Please describe your public engagement/input efforts?
14. Does your county/subdivision have a strategic plan? **No, but plan to develop one in the future.**
15. Can we post your strategic plan online?
16. Have you completed a risk assessment profile for demographic or geographic impact? **No, but we plan to in the future.**

New Jersey 2023 Opioid Abatement Report

17. Can we post your risk assessment online?

18. Please tell us your overall rationale for prioritizing the use of the opioid abatement funds that you received (e.g., are you using a needs assessment, a strategic or other plan, or an epidemiological analysis)? **N/A**

New Jersey 2023 Opioid Abatement Report

1. In what county are you located? **Burlington County**
2. For which eligible subdivision (county or municipality) are you reporting? **Cinnaminson Township**
3. What is your subdivision's State ID? **NJ31**
4. As an eligible subdivision (county or municipality) receiving opioid abatement funds, please tell us the following:
Full name of individual in your subdivision authorized to report on the settlement funds your subdivision received ("administrator " managing/overseeing these funds): **Eric Schubiger**

Name of Administering Agency: **Cinnaminson Township**

Business Address: **1621 Riverton Road**

City/Town: **Cinnaminson**

Lead Contact Phone Number: **1-856-829-6000**
5. As an eligible subdivision receiving abatement funds, which of the following applies to your current status regarding those funds? **We are a municipality and did not transfer our funds.**
6. What amount of your opioid abatement funds did you transfer to the county?
7. Please tell us the full amount of opioid abatement funds you received as of 6/30/23. **\$28,023.53**
8. Please tell us the amount of opioid abatement funds you have expended (as of 6/30/23). **\$0.00**
9. Of the total opioid abatement funds, what amount was spent on program administrative expenses?
\$0.00
10. Please share brief information on your subdivision's overarching goals and priorities to provide context for this program year's spending decisions.
11. (This question is for counties only) Have you established an Advisory Committee to inform allocation of funds?
12. Did your subdivision engage the public (e.g., town hall meeting, online survey, convened stakeholders) prior to deciding how to use the opioid abatement funds you received? **No, but plan to in the future.**
13. Please describe your public engagement/input efforts?
14. Does your county/subdivision have a strategic plan? **No, but plan to develop one in the future.**
15. Can we post your strategic plan online?
16. Have you completed a risk assessment profile for demographic or geographic impact? **No, but we plan to in the future.**

New Jersey 2023 Opioid Abatement Report

17. Can we post your risk assessment online?

18. Please tell us your overall rationale for prioritizing the use of the opioid abatement funds that you received (e.g., are you using a needs assessment, a strategic or other plan, or an epidemiological analysis)? **We are still in the planning stage**

New Jersey 2023 Opioid Abatement Report

1. In what county are you located? **Burlington County**
2. For which eligible subdivision (county or municipality) are you reporting? **Delran Township**
3. What is your subdivision's State ID? **NJ40**
4. As an eligible subdivision (county or municipality) receiving opioid abatement funds, please tell us the following:
Full name of individual in your subdivision authorized to report on the settlement funds your subdivision received ("administrator " managing/overseeing these funds): **Joseph B. Bellina**

Name of Administering Agency: **Delran Township**

Business Address: **900 Chester Avenue**

City/Town: **Township of Delran**

Lead Contact Phone Number: **856-461-7734**
5. As an eligible subdivision receiving abatement funds, which of the following applies to your current status regarding those funds? **We are a municipality and did not transfer our funds.**
6. What amount of your opioid abatement funds did you transfer to the county?
7. Please tell us the full amount of opioid abatement funds you received as of 6/30/23. **\$43,366.27**
8. Please tell us the amount of opioid abatement funds you have expended (as of 6/30/23). **\$0.00**
9. Of the total opioid abatement funds, what amount was spent on program administrative expenses? **\$0.00**
10. Please share brief information on your subdivision's overarching goals and priorities to provide context for this program year's spending decisions. **Harm reduction.**
11. (This question is for counties only) Have you established an Advisory Committee to inform allocation of funds?
12. Did your subdivision engage the public (e.g., town hall meeting, online survey, convened stakeholders) prior to deciding how to use the opioid abatement funds you received? **No**
13. Please describe your public engagement/input efforts?
14. Does your county/subdivision have a strategic plan? **No**
15. Can we post your strategic plan online?
16. Have you completed a risk assessment profile for demographic or geographic impact? **No**
17. Can we post your risk assessment online?

New Jersey 2023 Opioid Abatement Report

18. Please tell us your overall rationale for prioritizing the use of the opioid abatement funds that you received (e.g., are you using a needs assessment, a strategic or other plan, or an epidemiological analysis)? **Needs assessment is always the starting point.**

Program 1

19. Program name/title: **Straight to Treatment**

Agency/funding recipient name: **Delran Township Police Department**

Primary problem being addressed by this program: **Overdose prevention.**

Brief program description: **Host recovery coaches 9:00 to 3:00 every Friday. Access to 24 hour per day recovery coaches.**

Program target population: **People struggling with addiction.**

Date this program was funded (please use M/D/Y): **01/01/2024**

Amount of funding for this program: **Proposed budget of \$20,000.00**

Program launch date: **08/01/2022 with a volunteer**

If program has started, how many clients have been seen as of 6/30/2023: **over 100**

What key performance indicators are you tracking to ensure success of the program? **N/A**

Please state this program's statement of impact: **Harm reduction.**

How do you plan to measure or track success and impact of this program? **Hopefully, fewer overdoses in the Delran and surrounding communities.**

20. Primary Category (Please select the category that fits the primary focus of this program). **Harm Reduction**

21. The following are other categories that may apply (include all categories with the exception of the Primary category you chose above). **Overdose Prevention**

22. Please choose the length of time of this program's duration: **1 year**

Other (please specify):

23. How often are you disbursing funds to this program? **Other (please specify)**

Other (please specify): **Have not begun.**

24. Rationale for Program

What is the reason for this program spending choice? **Crime reduction.**

What outcomes or impact does the program aim to achieve? **Give people back their lives and dignity.**

New Jersey 2023 Opioid Abatement Report

What is the anticipated number of unduplicated clients this program will reach annually? **100 - 150**

25. Do you have other programs you are funding and/or operating with opioid abatement funds? **No**

New Jersey 2023 Opioid Abatement Report

1. In what county are you located? **Burlington County**
2. For which eligible subdivision (county or municipality) are you reporting? **Evesham Township**
3. What is your subdivision's State ID? **NJ58**
4. As an eligible subdivision (county or municipality) receiving opioid abatement funds, please tell us the following:
Full name of individual in your subdivision authorized to report on the settlement funds your subdivision received ("administrator " managing/overseeing these funds): **Joseph Conlin**

Name of Administering Agency: **Evesham Township**

Business Address: **984 Tuckerton Rd**

City/Town: **Marlton**

Lead Contact Phone Number: **609-261-0001**
5. As an eligible subdivision receiving abatement funds, which of the following applies to your current status regarding those funds? **We are a municipality and did not transfer our funds.**
6. What amount of your opioid abatement funds did you transfer to the county?
7. Please tell us the full amount of opioid abatement funds you received as of 6/30/23. **\$73,377.25**
8. Please tell us the amount of opioid abatement funds you have expended (as of 6/30/23). **\$9,625.00**
9. Of the total opioid abatement funds, what amount was spent on program administrative expenses? **\$1,000.00**
10. Please share brief information on your subdivision's overarching goals and priorities to provide context for this program year's spending decisions. **The goals of Evesham Township are to provide prevention programs to families, assist people with SUD into finding treatment, offering counseling, hosting programs for women in recovery, hosting programs for all persons in recovery, providing information on jobs, expungement and court system.**
11. (This question is for counties only) Have you established an Advisory Committee to inform allocation of funds?
12. Did your subdivision engage the public (e.g., town hall meeting, online survey, convened stakeholders) prior to deciding how to use the opioid abatement funds you received? **Yes**
13. Please describe your public engagement/input efforts? **A meeting was held with non-profit stakeholders including Mayor and Council members, Burlington County Prosecutors office, Evesham Police Dept.**
14. Does your county/subdivision have a strategic plan? **No, but plan to develop one in the future.**
15. Can we post your strategic plan online?

New Jersey 2023 Opioid Abatement Report

16. Have you completed a risk assessment profile for demographic or geographic impact? **No, but we plan to in the future.**

17. Can we post your risk assessment online?

18. Please tell us your overall rationale for prioritizing the use of the opioid abatement funds that you received (e.g., are you using a needs assessment, a strategic or other plan, or an epidemiological analysis)? **Evesham Township used information obtained from key non-profit stakeholders who have conducted needs assessments, community surveys, and key informant interviews. We plan to continue with a needs assessment moving forward.**

Program 1

19. Program name/title: **Recovery Day event**

Agency/funding recipient name: **King's Crusade**

Primary problem being addressed by this program: **Connecting Persons in Recovery Programs with their children**

Brief program description: **An Event held at a local venue for families where they are connected with services & counseling**

Program target population: **Adults in Recovery**

Date this program was funded (please use M/D/Y): **06/24/2023**

Amount of funding for this program: **\$6,625.00**

Program launch date: **06/24/2023**

If program has started, how many clients have been seen as of 6/30/2023: **N/A**

What key performance indicators are you tracking to ensure success of the program? **Outreach & Follow Up by the non-profit that hosted the event**

Please state this program's statement of impact: **The Program was designed to provide a day of healing to connect persons currently in recovery with their families & refer them to services most needed.**

How do you plan to measure or track success and impact of this program? **A follow up impact survey will be conducted at the end of 2023**

20. Primary Category (Please select the category that fits the primary focus of this program). **Recovery and Support**

21. The following are other categories that may apply (include all categories with the exception of the Primary category you chose above). **Harm Reduction, Overdose Prevention, Treatment, Eliminate Stigma**

22. Please choose the length of time of this program's duration: **Less than 1 year**

New Jersey 2023 Opioid Abatement Report

Other (please specify):

23. How often are you disbursing funds to this program? **One time only**

Other (please specify):

24. Rationale for Program

What is the reason for this program spending choice? **Community Need**

What outcomes or impact does the program aim to achieve? **Helping connect families, reduce stigma**

What is the anticipated number of unduplicated clients this program will reach annually? **100**

25. Do you have other programs you are funding and/or operating with opioid abatement funds? **Yes**

Program 2

19. Program name/title: **Art Supports Recovery**

Agency/funding recipient name: **Prevention Plus of Burlington County**

Primary problem being addressed by this program: **Helping women in recovery with mental health & trauma**

Brief program description: **An evening program where women in recovery learn how to paint and deal with mental health and trauma from substance abuse.**

Program target population: **Woman over age 18 who are in recovery from SUD**

Date this program was funded (please use M/D/Y): **06/29/2023**

Amount of funding for this program: **\$2,000.00**

Program launch date: **06/29/2023**

If program has started, how many clients have been seen as of 6/30/2023: **13**

What key performance indicators are you tracking to ensure success of the program? **Follow up surveys**

Please state this program's statement of impact: **Proving an environment of healing and self-care for women who are in recovery from SUD**

How do you plan to measure or track success and impact of this program? **Follow up classes and programs**

20. Primary Category (Please select the category that fits the primary focus of this program). **Recovery and Support**

21. The following are other categories that may apply (include all categories with the exception of the Primary category you chose above). **Harm Reduction, Overdose Prevention, Treatment**

New Jersey 2023 Opioid Abatement Report

22. Please choose the length of time of this program's duration: **Less than 1 year**

Other (please specify):

23. How often are you disbursing funds to this program? **One time only**

Other (please specify):

24. Rationale for Program

What is the reason for this program spending choice? **Community Need**

What outcomes or impact does the program aim to achieve? **Providing women with a safe venue to discuss recovery with others, provide referrals to treatment**

What is the anticipated number of unduplicated clients this program will reach annually? **30**

25. Do you have other programs you are funding and/or operating with opioid abatement funds? **No**

New Jersey 2023 Opioid Abatement Report

1. In what county are you located? **Burlington County**
2. For which eligible subdivision (county or municipality) are you reporting? **Florence Township**
3. What is your subdivision's State ID? **NJ62**

NO REPORT RECEIVED

New Jersey 2023 Opioid Abatement Report

1. In what county are you located? **Burlington County**
2. For which eligible subdivision (county or municipality) are you reporting? **Lumberton Township**
3. What is your subdivision's State ID? **NJ119**
4. As an eligible subdivision (county or municipality) receiving opioid abatement funds, please tell us the following:
Full name of individual in your subdivision authorized to report on the settlement funds your subdivision received ("administrator " managing/overseeing these funds): **Tara Krueger**

Name of Administering Agency: **Lumberton Township**

Business Address: **35 Municipal Drive**

City/Town: **Lumberton**

Lead Contact Phone Number: **856-234-0001 x 1210**
5. As an eligible subdivision receiving abatement funds, which of the following applies to your current status regarding those funds? **We are a municipality and did not transfer our funds.**
6. What amount of your opioid abatement funds did you transfer to the county?
7. Please tell us the full amount of opioid abatement funds you received as of 6/30/23. **\$19,424.98**
8. Please tell us the amount of opioid abatement funds you have expended (as of 6/30/23). **\$0.00**
9. Of the total opioid abatement funds, what amount was spent on program administrative expenses? **\$0.00**
10. Please share brief information on your subdivision's overarching goals and priorities to provide context for this program year's spending decisions. **N/A**
11. (This question is for counties only) Have you established an Advisory Committee to inform allocation of funds?
12. Did your subdivision engage the public (e.g., town hall meeting, online survey, convened stakeholders) prior to deciding how to use the opioid abatement funds you received? **No, but plan to in the future.**
13. Please describe your public engagement/input efforts?
14. Does your county/subdivision have a strategic plan? **No**
15. Can we post your strategic plan online?
16. Have you completed a risk assessment profile for demographic or geographic impact? **No**
17. Can we post your risk assessment online?

New Jersey 2023 Opioid Abatement Report

18. Please tell us your overall rationale for prioritizing the use of the opioid abatement funds that you received (e.g., are you using a needs assessment, a strategic or other plan, or an epidemiological analysis)? **Needs assessment based on police reporting**

New Jersey 2023 Opioid Abatement Report

1. In what county are you located? **Burlington County**
2. For which eligible subdivision (county or municipality) are you reporting? **Maple Shade Township**
3. What is your subdivision's State ID? **NJ127**
4. As an eligible subdivision (county or municipality) receiving opioid abatement funds, please tell us the following:
Full name of individual in your subdivision authorized to report on the settlement funds your subdivision received ("administrator " managing/overseeing these funds): **Susan Danson**

Name of Administering Agency: **Township of Maple Shade**

Business Address: **200 Stiles Ave**

City/Town: **Maple Shade**

Lead Contact Phone Number: **(856) 779-9610**
5. As an eligible subdivision receiving abatement funds, which of the following applies to your current status regarding those funds? **We are a municipality and did not transfer our funds.**
6. What amount of your opioid abatement funds did you transfer to the county?
7. Please tell us the full amount of opioid abatement funds you received as of 6/30/23. **\$44,489.68**
8. Please tell us the amount of opioid abatement funds you have expended (as of 6/30/23). **\$12,462.37**
9. Of the total opioid abatement funds, what amount was spent on program administrative expenses? **\$0.00**
10. Please share brief information on your subdivision's overarching goals and priorities to provide context for this program year's spending decisions. **The goals of the Township of Maple Shade has been to bring services and help to those in need affected by drug addiction. Connecting those with the services needed in an environment that is non-threatening is a primary goal.**
11. (This question is for counties only) Have you established an Advisory Committee to inform allocation of funds?
12. Did your subdivision engage the public (e.g., town hall meeting, online survey, convened stakeholders) prior to deciding how to use the opioid abatement funds you received? **Yes**
13. Please describe your public engagement/input efforts? **Funding options and programs were discussed between the Stakeholders; Police Department, Administration and Volunteers of America to determine how best the money could be spent. Public Engagement efforts include a full social media and print campaign along with public outreach.**
14. Does your county/subdivision have a strategic plan? **No**
15. Can we post your strategic plan online?

New Jersey 2023 Opioid Abatement Report

16. Have you completed a risk assessment profile for demographic or geographic impact? **No**

17. Can we post your risk assessment online?

18. Please tell us your overall rationale for prioritizing the use of the opioid abatement funds that you received (e.g., are you using a needs assessment, a strategic or other plan, or an epidemiological analysis)? **Based on firsthand knowledge of the Police Department and Volunteers of America, it was determined the biggest area of need was getting people treatment and connected to the right programs for such treatment. Using a needs assessment approach, we have been able to identify and connect with those seeking and needing help.**

Program 1

19. Program name/title: **Straight to Treatment Program**

Agency/funding recipient name: **Maple Shade Police Department**

Primary problem being addressed by this program: **substance abuse**

Brief program description: **The Program allows anyone to walk into the police department and explain that they need help battling an addiction. If they complete the application process and have no legal barriers, they are immediately put in touch with a treatment provider. While service providers are at the police station every Monday evening to meet with applicants, those seeking this service can show up at other times, and will be given an application and a phone number for the provider. No insurance is needed to get help.**

Program target population: **those currently needing treatment for substance abuse and addiction**

Date this program was funded (please use M/D/Y): **09/06/2022**

Amount of funding for this program: **\$12,462.37**

Program launch date: **09/2022**

If program has started, how many clients have been seen as of 6/30/2023: **Approx. 40**

What key performance indicators are you tracking to ensure success of the program? **Number of individuals who are identified and take the step to come in and seek help**

Please state this program's statement of impact: **Straight to Treatment presents those who are caught in the powerful grip of addiction with the opportunity to be connected with recovery resources by simply going to one of the ten designated police departments and asking for help**

How do you plan to measure or track success and impact of this program? **Number of applicants who get treatment**

20. Primary Category (Please select the category that fits the primary focus of this program).
Treatment

21. The following are other categories that may apply (include all categories with the exception of the Primary category you chose above). **Prevention and Education, Recovery and Support**

New Jersey 2023 Opioid Abatement Report

22. Please choose the length of time of this program's duration: **1 year**

Other (please specify):

23. How often are you disbursing funds to this program? **Other (please specify)**

Other (please specify): **On an as needed basis**

24. Rationale for Program

What is the reason for this program spending choice? **Ensures the program runs consistently**

What outcomes or impact does the program aim to achieve? **Aims to get those needing treatment the appropriate help**

What is the anticipated number of unduplicated clients this program will reach annually? **n/a**

25. Do you have other programs you are funding and/or operating with opioid abatement funds? **No**

New Jersey 2023 Opioid Abatement Report

1. In what county are you located? **Burlington County**
2. For which eligible subdivision (county or municipality) are you reporting? **Medford Township**
3. What is your subdivision's State ID? **NJ130**
4. As an eligible subdivision (county or municipality) receiving opioid abatement funds, please tell us the following:
Full name of individual in your subdivision authorized to report on the settlement funds your subdivision received ("administrator " managing/overseeing these funds): **Kathy Burger**

Name of Administering Agency: **Township of Medford**

Business Address: **49 Union Street**

City/Town: **Medford**

Lead Contact Phone Number: **609-654-2608**
5. As an eligible subdivision receiving abatement funds, which of the following applies to your current status regarding those funds? **We are a municipality and did not transfer our funds.**
6. What amount of your opioid abatement funds did you transfer to the county?
7. Please tell us the full amount of opioid abatement funds you received as of 6/30/23. **\$23,236.55**
8. Please tell us the amount of opioid abatement funds you have expended (as of 6/30/23). **\$0.00**
9. Of the total opioid abatement funds, what amount was spent on program administrative expenses?
\$0.00
10. Please share brief information on your subdivision's overarching goals and priorities to provide context for this program year's spending decisions. **Currently developing a plan for the funds.**
11. (This question is for counties only) Have you established an Advisory Committee to inform allocation of funds?
12. Did your subdivision engage the public (e.g., town hall meeting, online survey, convened stakeholders) prior to deciding how to use the opioid abatement funds you received? **No, but plan to in the future.**
13. Please describe your public engagement/input efforts?
14. Does your county/subdivision have a strategic plan? **No, but plan to develop one in the future.**
15. Can we post your strategic plan online?
16. Have you completed a risk assessment profile for demographic or geographic impact? **No, but we plan to in the future.**

New Jersey 2023 Opioid Abatement Report

17. Can we post your risk assessment online?

18. Please tell us your overall rationale for prioritizing the use of the opioid abatement funds that you received (e.g., are you using a needs assessment, a strategic or other plan, or an epidemiological analysis)? **Currently, developing a plan and not sure if any of the above will be used.**

New Jersey 2023 Opioid Abatement Report

1. In what county are you located? **Burlington County**
2. For which eligible subdivision (county or municipality) are you reporting? **Moorestown Township**
3. What is your subdivision's State ID? **NJ146**

NO REPORT RECEIVED

New Jersey 2023 Opioid Abatement Report

1. In what county are you located? **Burlington County**
2. For which eligible subdivision (county or municipality) are you reporting? **Mount Laurel Township**
3. What is your subdivision's State ID? **NJ150**
4. As an eligible subdivision (county or municipality) receiving opioid abatement funds, please tell us the following:
Full name of individual in your subdivision authorized to report on the settlement funds your subdivision received ("administrator " managing/overseeing these funds): **Tara Krueger**

Name of Administering Agency: **Mount Laurel Township**

Business Address: **100 Mount Laurel Road**

City/Town: **Mount Laurel**

Lead Contact Phone Number: **856-234-0001 ext. 1210**
5. As an eligible subdivision receiving abatement funds, which of the following applies to your current status regarding those funds? **We are a municipality and did not transfer our funds.**
6. What amount of your opioid abatement funds did you transfer to the county?
7. Please tell us the full amount of opioid abatement funds you received as of 6/30/23. **\$60,730.06**
8. Please tell us the amount of opioid abatement funds you have expended (as of 6/30/23). **\$0.00**
9. Of the total opioid abatement funds, what amount was spent on program administrative expenses?
\$0.00
10. Please share brief information on your subdivision's overarching goals and priorities to provide context for this program year's spending decisions. **n/a**
11. (This question is for counties only) Have you established an Advisory Committee to inform allocation of funds?
12. Did your subdivision engage the public (e.g., town hall meeting, online survey, convened stakeholders) prior to deciding how to use the opioid abatement funds you received? **No, but plan to in the future.**
13. Please describe your public engagement/input efforts?
14. Does your county/subdivision have a strategic plan? **No**
15. Can we post your strategic plan online?
16. Have you completed a risk assessment profile for demographic or geographic impact? **No**
17. Can we post your risk assessment online?

New Jersey 2023 Opioid Abatement Report

18. Please tell us your overall rationale for prioritizing the use of the opioid abatement funds that you received (e.g., are you using a needs assessment, a strategic or other plan, or an epidemiological analysis)? **Needs assessment based on police reporting**

New Jersey 2023 Opioid Abatement Report

1. In what county are you located? **Burlington County**
2. For which eligible subdivision (county or municipality) are you reporting? **Pemberton Township**
3. What is your subdivision's State ID? **NJ174**
4. As an eligible subdivision (county or municipality) receiving opioid abatement funds, please tell us the following:
 - Full name of individual in your subdivision authorized to report on the settlement funds your subdivision received ("administrator " managing/overseeing these funds): **Daniel Hornickel**
 - Name of Administering Agency: **County of Burlington**
 - Business Address: **49 Rancocas Rd. PO Box 600**
 - City/Town: **Mt. Holly**
 - Lead Contact Phone Number: **(609) 265-5020**
5. As an eligible subdivision receiving abatement funds, which of the following applies to your current status regarding those funds? **We are a municipality and transferred all of our funds to the county.**

New Jersey 2023 Opioid Abatement Report

1. In what county are you located? **Burlington County**
2. For which eligible subdivision (county or municipality) are you reporting? **Southampton Township**
3. What is your subdivision's State ID? **NJ217**
4. As an eligible subdivision (county or municipality) receiving opioid abatement funds, please tell us the following:
Full name of individual in your subdivision authorized to report on the settlement funds your subdivision received ("administrator " managing/overseeing these funds): **Donna Fascenda**

Name of Administering Agency: **Southampton Township**

Business Address: **5 Retreat Road**

City/Town: **Southampton**

Lead Contact Phone Number: **609-859-2736**
5. As an eligible subdivision receiving abatement funds, which of the following applies to your current status regarding those funds? **We are a municipality and did not transfer our funds.**
6. What amount of your opioid abatement funds did you transfer to the county?
7. Please tell us the full amount of opioid abatement funds you received as of 6/30/23. **\$5,237.05**
8. Please tell us the amount of opioid abatement funds you have expended (as of 6/30/23). **\$0.00**
9. Of the total opioid abatement funds, what amount was spent on program administrative expenses?
\$0.00
10. Please share brief information on your subdivision's overarching goals and priorities to provide context for this program year's spending decisions.
11. (This question is for counties only) Have you established an Advisory Committee to inform allocation of funds?
12. Did your subdivision engage the public (e.g., town hall meeting, online survey, convened stakeholders) prior to deciding how to use the opioid abatement funds you received? **No, but plan to in the future.**
13. Please describe your public engagement/input efforts?
14. Does your county/subdivision have a strategic plan? **No, but plan to develop one in the future.**
15. Can we post your strategic plan online?
16. Have you completed a risk assessment profile for demographic or geographic impact? **No, but we plan to in the future.**

New Jersey 2023 Opioid Abatement Report

17. Can we post your risk assessment online?

18. Please tell us your overall rationale for prioritizing the use of the opioid abatement funds that you received (e.g., are you using a needs assessment, a strategic or other plan, or an epidemiological analysis)? **Education of public**

Program 1

19. Program name/title: **Information - building website**

Agency/funding recipient name: **Southampton township**

Primary problem being addressed by this program: **How to get in touch with concerned citizens**

Brief program description: **Generate an informational page on website**

Program target population: **Township residents**

Date this program was funded (please use M/D/Y): **09/05/2023**

Amount of funding for this program: **\$1,000.00**

Program launch date: **09/05/2023**

If program has started, how many clients have been seen as of 6/30/2023: **Not started**

What key performance indicators are you tracking to ensure success of the program? **Survey**

Please state this program's statement of impact: **Informational**

How do you plan to measure or track success and impact of this program? **Tracking of website use**

20. Primary Category (Please select the category that fits the primary focus of this program).
Prevention and Education

21. The following are other categories that may apply (include all categories with the exception of the Primary category you chose above). **Overdose Prevention, Treatment**

22. Please choose the length of time of this program's duration: **2-3 years**

Other (please specify):

23. How often are you disbursing funds to this program? **Other (please specify)**

Other (please specify): **As required**

24. Rationale for Program

What is the reason for this program spending choice? **Information for the public**

What outcomes or impact does the program aim to achieve? **Awareness in community**

What is the anticipated number of unduplicated clients this program will reach annually?
Unknown

New Jersey 2023 Opioid Abatement Report

25. Do you have other programs you are funding and/or operating with opioid abatement funds? **Yes**

Program 2

19. Program name/title: **Lectures and distribution of Narcan**

Agency/funding recipient name: **Emergency Management Office**

Primary problem being addressed by this program: **Availability of Narcan**

Brief program description: **Set up lecture(s) and distribute Narcan to organization**

Program target population: **Young adults**

Date this program was funded (please use M/D/Y): **10/1/2023**

Amount of funding for this program: **Unknown**

Program launch date: **10/1/2023**

If program has started, how many clients have been seen as of 6/30/2023: **0**

What key performance indicators are you tracking to ensure success of the program? **Attendance at meetings**

Please state this program's statement of impact: **Public awareness**

How do you plan to measure or track success and impact of this program? **Attendance and continued informational meetings**

20. Primary Category (Please select the category that fits the primary focus of this program).

Prevention and Education

21. The following are other categories that may apply (include all categories with the exception of the Primary category you chose above). **Overdose Prevention, Treatment**

22. Please choose the length of time of this program's duration: **1 year**

Other (please specify):

23. How often are you disbursing funds to this program? **Annually**

Other (please specify):

24. Rationale for Program

What is the reason for this program spending choice? **Informational and awareness**

What outcomes or impact does the program aim to achieve? **Prevention of opioid use**

What is the anticipated number of unduplicated clients this program will reach annually?
Unknown

New Jersey 2023 Opioid Abatement Report

25. Do you have other programs you are funding and/or operating with opioid abatement funds? **No**

New Jersey 2023 Opioid Abatement Report

1. In what county are you located? **Burlington County**
2. For which eligible subdivision (county or municipality) are you reporting? **Willingboro Township**
3. What is your subdivision's State ID? **NJ257**
4. As an eligible subdivision (county or municipality) receiving opioid abatement funds, please tell us the following:
Full name of individual in your subdivision authorized to report on the settlement funds your subdivision received ("administrator " managing/overseeing these funds): **Gary Lawery**

Name of Administering Agency: **Willingboro Township**

Business Address: **1 Rev. Dr. Martin Luther King Jr. Blvd**

City/Town: **Willingboro**

Lead Contact Phone Number: **609-589-7943**
5. As an eligible subdivision receiving abatement funds, which of the following applies to your current status regarding those funds? **We are a municipality and did not transfer our funds.**
6. What amount of your opioid abatement funds did you transfer to the county?
7. Please tell us the full amount of opioid abatement funds you received as of 6/30/23. **\$87,954.69**
8. Please tell us the amount of opioid abatement funds you have expended (as of 6/30/23). **\$0.00**
9. Of the total opioid abatement funds, what amount was spent on program administrative expenses?
\$0.00
10. Please share brief information on your subdivision's overarching goals and priorities to provide context for this program year's spending decisions. **Willingboro Township seeks to provide our residents with the necessary information and resources to prevent the misuse of opioids through attractive and targeted prevention campaigns and events.**
11. (This question is for counties only) Have you established an Advisory Committee to inform allocation of funds?
12. Did your subdivision engage the public (e.g., town hall meeting, online survey, convened stakeholders) prior to deciding how to use the opioid abatement funds you received? **No**
13. Please describe your public engagement/input efforts?
14. Does your county/subdivision have a strategic plan? **No**
15. Can we post your strategic plan online?
16. Have you completed a risk assessment profile for demographic or geographic impact? **No**

New Jersey 2023 Opioid Abatement Report

17. Can we post your risk assessment online?

18. Please tell us your overall rationale for prioritizing the use of the opioid abatement funds that you received (e.g., are you using a needs assessment, a strategic or other plan, or an epidemiological analysis)? **According to the DEA Operation Prevention Toolkit, 1 in 11 high school students had taken a prescription drug without a doctor's prescription, or differently than they were supposed to. Our goal is to intervene, and connect families with vital resources and information to prevent the misuse of prescription drugs.**

Program 1

19. Program name/title: **Back to School Wellness Fair**

Agency/funding recipient name: **Willingboro Township**

Primary problem being addressed by this program: **Opioid Misuse Prevention and Mental Health**

Brief program description: **The Back-to-School Wellness Fair addresses critical challenges impacting students on various levels, ranging from everyday health and wellness, mental health, and prevention of prescription drug misuse. This fair will blend education with a day of fun including backpack giveaways, food, music, and more.**

Program target population: **K-12 students**

Date this program was funded (please use M/D/Y): **9/2/2023**

Amount of funding for this program: **\$57,551.66**

Program launch date: **9/2/2023**

If program has started, how many clients have been seen as of 6/30/2023: **N/A**

What key performance indicators are you tracking to ensure success of the program? **We are tracking the number of attendees to this event.**

Please state this program's statement of impact: **The Back-to-School Wellness fair seeks to educate teens and adolescence about the harmful impacts of opioid misuse, allowing them to make informed and positive decisions.**

How do you plan to measure or track success and impact of this program? **We're tracking the number of attendees to this event. Attendees will first be guided to the resource portion of the fair where they will have the opportunity to meet and chat with over 10 organizations that specialize in prevention awareness, mental health, opioid prevention, and more. We plan to execute a survey on the attendees' departure.**

20. Primary Category (Please select the category that fits the primary focus of this program).
Prevention and Education

21. The following are other categories that may apply (include all categories with the exception of the Primary category you chose above). **Overdose Prevention**

22. Please choose the length of time of this program's duration: **Less than 1 year**

New Jersey 2023 Opioid Abatement Report

Other (please specify):

23. How often are you disbursing funds to this program? **One time only**

Other (please specify):

24. Rationale for Program

What is the reason for this program spending choice? **To educated teens and adolescence**

What outcomes or impact does the program aim to achieve? **To increase opioid prevention awareness among young people in our community**

What is the anticipated number of unduplicated clients this program will reach annually? **3700**

25. Do you have other programs you are funding and/or operating with opioid abatement funds? **No**

New Jersey 2023 Opioid Abatement Report

1. In what county are you located? **Camden County**
2. For which eligible subdivision (county or municipality) are you reporting? **Bellmawr Borough**
3. What is your subdivision's State ID? **NJ9**
4. As an eligible subdivision (county or municipality) receiving opioid abatement funds, please tell us the following:
Full name of individual in your subdivision authorized to report on the settlement funds your subdivision received ("administrator " managing/overseeing these funds): **Francine Wright**

Name of Administering Agency: **Borough of Bellmawr**

Business Address: **21 E. Browning Road**

City/Town: **Bellmawr**

Lead Contact Phone Number: **856-933-1313**
5. As an eligible subdivision receiving abatement funds, which of the following applies to your current status regarding those funds? **We are a municipality and did not transfer our funds.**
6. What amount of your opioid abatement funds did you transfer to the county?
7. Please tell us the full amount of opioid abatement funds you received as of 6/30/23. **\$25,600.80**
8. Please tell us the amount of opioid abatement funds you have expended (as of 6/30/23). **\$0.00**
9. Of the total opioid abatement funds, what amount was spent on program administrative expenses? **\$0.00**
10. Please share brief information on your subdivision's overarching goals and priorities to provide context for this program year's spending decisions.
11. (This question is for counties only) Have you established an Advisory Committee to inform allocation of funds?
12. Did your subdivision engage the public (e.g., town hall meeting, online survey, convened stakeholders) prior to deciding how to use the opioid abatement funds you received? **No**
13. Please describe your public engagement/input efforts?
14. Does your county/subdivision have a strategic plan? **No**
15. Can we post your strategic plan online?
16. Have you completed a risk assessment profile for demographic or geographic impact? **No**
17. Can we post your risk assessment online?

New Jersey 2023 Opioid Abatement Report

18. Please tell us your overall rationale for prioritizing the use of the opioid abatement funds that you received (e.g., are you using a needs assessment, a strategic or other plan, or an epidemiological analysis)? **Education awareness**

New Jersey 2023 Opioid Abatement Report

1. In what county are you located? **Camden County**
2. For which eligible subdivision (county or municipality) are you reporting? **Camden City**
3. What is your subdivision's State ID? **NJ24**

NO REPORT RECEIVED

New Jersey 2023 Opioid Abatement Report

1. In what county are you located? **Camden County**
2. For which eligible subdivision (county or municipality) are you reporting? **Camden County**
3. What is your subdivision's State ID? **NJ25**
4. As an eligible subdivision (county or municipality) receiving opioid abatement funds, please tell us the following:
 - Full name of individual in your subdivision authorized to report on the settlement funds your subdivision received ("administrator " managing/overseeing these funds): **Ross G. Angilella**
 - Name of Administering Agency: **Camden County**
 - Business Address: **520 Market Street, 6th floor**
 - City/Town: **Camden**
 - Lead Contact Phone Number: **856-225-5030**
5. As an eligible subdivision receiving abatement funds, which of the following applies to your current status regarding those funds? **We are a county and did not transfer our funds.**
6. What amount of your opioid abatement funds did you transfer to the county?
7. Please tell us the full amount of opioid abatement funds you received as of 6/30/23. **\$2,890,376.49**
8. Please tell us the amount of opioid abatement funds you have expended (as of 6/30/23). **\$1,909,749.10**
9. Of the total opioid abatement funds, what amount was spent on program administrative expenses? **\$56,813.90**
10. Please share brief information on your subdivision's overarching goals and priorities to provide context for this program year's spending decisions. **Camden County's overarching goal is to reduce the incidence of Substance Use Disorder/Opioid Use Disorder, overdoses, and overdose-related fatalities by increasing public awareness about the dangers of these substances and through strategic, evidence-based intervention efforts across the County. We are prioritizing evidenced-based programs in four main areas: Prevention/Education, Early Intervention, Treatment, and Recovery Supports.**
11. (This question is for counties only) Have you established an Advisory Committee to inform allocation of funds? **Yes**
12. Did your subdivision engage the public (e.g., town hall meeting, online survey, convened stakeholders) prior to deciding how to use the opioid abatement funds you received? **Yes**

New Jersey 2023 Opioid Abatement Report

13. Please describe your public engagement/input efforts? **Camden County convenes several boards and local health task forces which provide a platform for public engagement. As well, the Camden County Prosecutor's Office, the Camden County Police Department, the Camden County Department of Health & Human Services, and the Camden County Commissioners Addiction Awareness Task Force all share input received from members of the public who are impacted directly or indirectly by the opioid crisis in our communities. The opioid abatement programs funded by Camden County are borne out of many years of meetings and conversations with key informants. Those meetings included school superintendents, mental health and addiction professionals, law enforcement, persons in recovery, and the Local Advisory Committee on Alcohol and Drug Abuse.**

14. Does your county/subdivision have a strategic plan? **No, but plan to develop one in the future.**

15. Can we post your strategic plan online?

16. Have you completed a risk assessment profile for demographic or geographic impact? **No, but we plan to in the future.**

17. Can we post your risk assessment online?

18. Please tell us your overall rationale for prioritizing the use of the opioid abatement funds that you received (e.g., are you using a needs assessment, a strategic or other plan, or an epidemiological analysis)? **Based upon the focus groups that were generated as a requirement for the 2024-2027 Comprehensive Substance Abuse Plan and key other informant interviews (Jefferson Health with superintendents, Systems Review Board, Mental Health Board, PACADA/PAC, Partnership for Suicide Prevention, GIS Planning), several gaps in services were identified in four areas:**

Prevention/Education, Early Intervention, Treatment, and Recovery Supports. The rationale for service enhancements in the four identified areas was to fill these gaps. All of the funded programs were created as an identified response for each.

In the area of Prevention/Education, there was a gap in the schools (identified by superintendents) and understanding that there were students who were not aware of the implicit dangers of opioids. As well, prevention was lacking among senior high school students.

In the area of Early Intervention, there were gaps identified by law enforcement which related to the number of persons with mental health disorders and cooccurring disorders who were encountering the criminal justice system.

Treatment linkage in high drug traffic areas and throughout the shelter system was limited. In the area of Treatment, individuals attempting to access the Mental Health System of Care for Substance Use Disorder were not being adequately serviced.

In the area of Recovery Supports, there were gaps in high drug traffic areas for persons in recovery.

Program 1

19. Program name/title: **Peer Led Recovery Center (Camden City)**

Agency/funding recipient name: **Center for Family Services**

Primary problem being addressed by this program: **Recovery Support**

Brief program description: **This program provides additional hours for service delivery at the Recovery Center in Camden City. The Recovery Center is peer led and assists with wrap-around services for recovery support, including in-person and virtual support groups.**

Program target population: **All County residents**

New Jersey 2023 Opioid Abatement Report

Date this program was funded (please use M/D/Y): **3/1/2023**

Amount of funding for this program: **\$250,000.00**

Program launch date: **3/1/2023**

If program has started, how many clients have been seen as of 6/30/2023: **72**

What key performance indicators are you tracking to ensure success of the program? **The number of individuals who walk into the Recovery Center to inquire about services, the number who engage in services or resources, in addition to increasing collaboration among the Recovery Center and surrounding communities to promote services for those in need.**

Please state this program's statement of impact: **Community Peer Recovery Centers provide peer support recovery services to the community, including Naloxone training and kits, peer recovery coaching, social and recreational activities, support groups, and more.**

How do you plan to measure or track success and impact of this program? **Success will be measured by utilization. The expectation is that clients will see at least 8 people per day with the enhanced hours.**

20. Primary Category (Please select the category that fits the primary focus of this program). **Recovery and Support**

21. The following are other categories that may apply (include all categories with the exception of the Primary category you chose above). **Long-Term Resiliency**

22. Please choose the length of time of this program's duration: **Other (please specify)**

Other (please specify): **Ongoing**

23. How often are you disbursing funds to this program? **Other (please specify)**

Other (please specify): **Contracted for \$250,000.00 for the year. Funds are disbursed on a fee-for-service basis as services are rendered.**

24. Rationale for Program

What is the reason for this program spending choice? **This program was chosen for its ease of access to the target population and the high need for recovery supports in this area. There are many homeless persons with active Substance Use Disorder in this area.**

What outcomes or impact does the program aim to achieve? **Reduction of overdoses and overdose-related fatalities. Increased engagement and linkage to treatment.**

What is the anticipated number of unduplicated clients this program will reach annually? **400**

25. Do you have other programs you are funding and/or operating with opioid abatement funds? **Yes**

Program 2

19. Program name/title: **Naloxbox Initiative**

New Jersey 2023 Opioid Abatement Report

Agency/funding recipient name: **Camden County Office of Mental Health & Addiction**

Primary problem being addressed by this program: **Overdose Prevention**

Brief program description: **This program provides Naloxboxes to schools, churches, courts, and social service organizations equipped with Narcan, plus training to respond to overdoses.**

Program target population: **School and other personnel**

Date this program was funded (please use M/D/Y): **November 2022**

Amount of funding for this program: **\$66,031.95**

Program launch date: **November 2022**

If program has started, how many clients have been seen as of 6/30/2023: **392 Camden County locations, including 233 schools, 33 county buildings, and 126 social settings**

What key performance indicators are you tracking to ensure success of the program? **The number of schools, social settings, and County buildings that install Naloxbox, as well as the number of locations that request Narcan replenishment due to use. Non-fatal and fatal overdoses are continuously tracked throughout Camden County.**

Please state this program's statement of impact: **This program increases public understanding of Opioid Use Disorder, decreases stigma, and provides vital life-saving instruction on how to respond to an opioid overdose using Narcan.**

How do you plan to measure or track success and impact of this program? **Distribution of Naloxboxes and number of individuals attending the trainings**

20. Primary Category (Please select the category that fits the primary focus of this program). **Overdose Prevention**

21. The following are other categories that may apply (include all categories with the exception of the Primary category you chose above). **Harm Reduction**

22. Please choose the length of time of this program's duration: **5+ years**

Other (please specify):

23. How often are you disbursing funds to this program? **Annually**

Other (please specify):

24. Rationale for Program

What is the reason for this program spending choice? **This program reduces stigma, provides education and awareness about opioid overdose, and increases the number of County residents who are able to respond to an opioid emergency.**

What outcomes or impact does the program aim to achieve? **Decreased stigma associated with persons with Opioid Use Disorder and fewer overdose fatalities in the County.**

New Jersey 2023 Opioid Abatement Report

What is the anticipated number of unduplicated clients this program will reach annually? **30-50**

25. Do you have other programs you are funding and/or operating with opioid abatement funds? **Yes**

Program 3

19. Program name/title: **Behavioral Health Clearances**

Agency/funding recipient name: **Oaks Integrated Care**

Primary problem being addressed by this program: **Treatment**

Brief program description: **Youth referred by schools for mental health and substance abuse concerns are diverted from ERs and evaluated by licensed clinicians in OPT settings.**

Program target population: **Youth in schools**

Date this program was funded (please use M/D/Y): **2/1/2023**

Amount of funding for this program: **\$125,000.00**

Program launch date: **2/1/2023**

If program has started, how many clients have been seen as of 6/30/2023: **0**

What key performance indicators are you tracking to ensure success of the program? **The number of individuals referred for clearance, the number admitted vs. cleared for return to school, with overall goal to decrease clearances in crisis and hospitals. Additionally, for those who are not admitted, the number of referrals and assisted hands-on linkages for those individuals (warm-hand offs), in addition to fewer number of referrals to crisis and/or return of individuals.**

Please state this program's statement of impact: **This program reduces wait times, ER visits, and turn-around time for return to school.**

How do you plan to measure or track success and impact of this program? **Number of program participants**

20. Primary Category (Please select the category that fits the primary focus of this program). **Treatment**

21. The following are other categories that may apply (include all categories with the exception of the Primary category you chose above). **Prevention and Education**

22. Please choose the length of time of this program's duration: **5+ years**

Other (please specify):

23. How often are you disbursing funds to this program? **Annually**

Other (please specify):

24. Rationale for Program

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What is the reason for this program spending choice? **This program reduces the number of students presenting to acute settings for subacute behavioral health issues, to reduce the amount of traffic into Camden County's emergency rooms.**

What outcomes or impact does the program aim to achieve? **This program aims to avoid the higher costs associated with emergency room care and provide treatment that is more responsive to the needs of the students, schools, and families.**

What is the anticipated number of unduplicated clients this program will reach annually? **1000**

25. Do you have other programs you are funding and/or operating with opioid abatement funds? **Yes**

Program 4

19. Program name/title: **Crisis Case Management**

Agency/funding recipient name: **Oaks Integrated Care**

Primary problem being addressed by this program: **Recovery Support**

Brief program description: **Individuals seen by Crisis who are not admitted are followed up by case managers.**

Program target population: **All County residents not admitted by Crisis**

Date this program was funded (please use M/D/Y): **2/1/2023**

Amount of funding for this program: **\$195,000.00**

Program launch date: **2/1/2023**

If program has started, how many clients have been seen as of 6/30/2023: **0**

What key performance indicators are you tracking to ensure success of the program? **The number of individuals referred and followed up with by a case manager, the number of referrals and assisted hands-on linkages for those individuals (number of warm-hand offs), and fewer referrals to crisis and/or return of individuals.**

Please state this program's statement of impact: **This program provides additional support, linkage, and referrals to desired care.**

How do you plan to measure or track success and impact of this program? **Number of program participants**

20. Primary Category (Please select the category that fits the primary focus of this program). **Treatment**

21. The following are other categories that may apply (include all categories with the exception of the Primary category you chose above). **Long-Term Resiliency**

22. Please choose the length of time of this program's duration: **5+ years**

Other (please specify):

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23. How often are you disbursing funds to this program? **Annually**

Other (please specify):

24. Rationale for Program

What is the reason for this program spending choice? **This program provides more appropriate outreach, post-evaluation, to secure a warm hand-off into the LOCI (level of care indicated), thus achieving better outcomes.**

What outcomes or impact does the program aim to achieve? **Better linkage to care, reduced overdoses, and fatalities in the County**

What is the anticipated number of unduplicated clients this program will reach annually? **1000**

25. Do you have other programs you are funding and/or operating with opioid abatement funds? **Yes**

Program 5

19. Program name/title: **Project SAVE (Substance Abuse Visionary Effort) – Mental Health Navigator**

Agency/funding recipient name: **Genesis Counseling Center**

Primary problem being addressed by this program: **Diversion from incarceration**

Brief program description: **Persons with co-occurring mental health and Substance Use Disorder who are encountered by law enforcement are intervened in municipal court and provided linkage to appropriate care with follow-up.**

Program target population: **Adults with co-occurring mental health and substance abuse disorders referred to municipal court**

Date this program was funded (please use M/D/Y): **2/1/2023**

Amount of funding for this program: **\$150,000.00**

Program launch date: **2/1/2023**

If program has started, how many clients have been seen as of 6/30/2023: **56 enrolled from referrals through Court Staff (31), Police (13), and Self (12). Outreaches are phone calls and updates to Advocates for court (1,753). These numbers do not include the additional mental health participants who were enrolled prior to the start of the MH Navigator, which now they also assist.**

What key performance indicators are you tracking to ensure success of the program? **The number of referrals, the number of individuals contacted for initial greeting/program introduction, the number enrolled, the number who attend a mental health assessment, the number admitted in mental health treatment services, the number of follow-ups, and the number who complete number treatment services. Qualitative data that reflects the enhancement of participants' well-being is also tracked, which may include additional referrals for wrap-around services such as employment, identification documents, schooling, support groups, among other measures.**

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Please state this program's statement of impact: **Project SAVE is a gateway to treatment program that provides early intervention at point of arrest for those individuals who have co-occurring Substance Use Disorder and mental health disorders. This program provides additional support, linkage, and referrals to desired care.**

How do you plan to measure or track success and impact of this program? **Number of program participants**

20. Primary Category (Please select the category that fits the primary focus of this program). **Diversion from Incarceration**

21. The following are other categories that may apply (include all categories with the exception of the Primary category you chose above). **Harm Reduction**

22. Please choose the length of time of this program's duration: **5+ years**

Other (please specify):

23. How often are you disbursing funds to this program? **Annually**

Other (please specify):

24. Rationale for Program

What is the reason for this program spending choice? **This program is suited to provide the most appropriate outreach, post-evaluation, to secure a warm hand-off into the LOCI (level of care indicated), thus achieving better outcomes for those with mental health and substance abuse issues.**

What outcomes or impact does the program aim to achieve? **Better linkage to care, reduction in stigma**

What is the anticipated number of unduplicated clients this program will reach annually? **250**

25. Do you have other programs you are funding and/or operating with opioid abatement funds? **Yes**

Program 6

19. Program name/title: **Narcotics Overdose Prevention Education**

Agency/funding recipient name: **The Workgroup**

Primary problem being addressed by this program: **Overdose Prevention**

Brief program description: **Prevention education provided inside school settings with a presentation format**

Program target population: **Youth in schools with behavioral health issues**

Date this program was funded (please use M/D/Y): **3/1/2023**

Amount of funding for this program: **\$97,740.00**

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Program launch date: **3/1/2023**

If program has started, how many clients have been seen as of 6/30/2023: **195 youth and young adults**

What key performance indicators are you tracking to ensure success of the program? **The number of presentations conducted as compared with the number of individuals served, as well as the quality of the presentations as assessed through participant surveys. Surveys are shaped to the appropriate age group in which the presentation is conducted.**

Please state this program's statement of impact: **This program provides experiential substance abuse prevention education in school settings to at risk youth and aims to reduce the possibility of first use.**

How do you plan to measure or track success and impact of this program? **Number of program participants**

20. Primary Category (Please select the category that fits the primary focus of this program). **Prevention and Education**

21. The following are other categories that may apply (include all categories with the exception of the Primary category you chose above). **Overdose Prevention**

22. Please choose the length of time of this program's duration: **5+ years**

Other (please specify):

23. How often are you disbursing funds to this program? **Annually**

Other (please specify):

24. Rationale for Program

What is the reason for this program spending choice? **This program reduces the first use of opioids and other dangerous substances by youth.**

What outcomes or impact does the program aim to achieve? **Increased awareness, decreased use, decreased overdoses and fatalities**

What is the anticipated number of unduplicated clients this program will reach annually? **1000**

25. Do you have other programs you are funding and/or operating with opioid abatement funds? **Yes**

Program 7

19. Program name/title: **HIE Enrollment for 2 In-patient Treatment Programs**

Agency/funding recipient name: **Camden Coalition**

Primary problem being addressed by this program: **Treatment**

Brief program description: **Maryville, Inc. and New Hope IBHC have access to the HIE for all Camden County residents, improving care.**

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Program target population: **Adults with treatment referred at courts**

Date this program was funded (please use M/D/Y): **6/1/2023**

Amount of funding for this program: **\$23,000.00**

Program launch date: **6/1/2023**

If program has started, how many clients have been seen as of 6/30/2023: **TBD**

What key performance indicators are you tracking to ensure success of the program? **Success will be measured through the Camden Coalition submitting reports to OMHA, illustrating the HIE use amongst each provider. This will help demonstrate the provider's amount of use and allow for assessment of the provider's need for the HIE to further assist clients.**

Please state this program's statement of impact: **This program provides increased effectiveness of care by Substance Use Disorder providers by identifying who is enrolled in other treatment facilities.**

How do you plan to measure or track success and impact of this program? **Number of encounters with the HIE**

20. Primary Category (Please select the category that fits the primary focus of this program). **Treatment**

21. The following are other categories that may apply (include all categories with the exception of the Primary category you chose above). **Long-Term Resiliency**

22. Please choose the length of time of this program's duration: **5+ years**

Other (please specify):

23. How often are you disbursing funds to this program? **Annually**

Other (please specify):

24. Rationale for Program

What is the reason for this program spending choice? **Better treatment outcomes**

What outcomes or impact does the program aim to achieve? **Reduction in rates of relapse, better coordination of care**

What is the anticipated number of unduplicated clients this program will reach annually? **200**

25. Do you have other programs you are funding and/or operating with opioid abatement funds? **Yes**

Program 8

19. Program name/title: **Suboxone Induction Mobile Outreach**

Agency/funding recipient name: **Cooper Health**

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Primary problem being addressed by this program: **Treatment**

Brief program description: **Mobile van providing outreach in Camden City and around Camden County with Suboxone Induction to persons with Opioid Use Disorder.**

Program target population: **Adults with Opioid Use Disorder**

Date this program was funded (please use M/D/Y): **3/1/2023**

Amount of funding for this program: **\$450,000.00**

Program launch date: **3/1/2023**

If program has started, how many clients have been seen as of 6/30/2023: **0**

What key performance indicators are you tracking to ensure success of the program? **The number of outreaches engaged by Mobile unit, the number of individuals served, the services delivered, and outcomes of connections to MAT services.**

Please state this program's statement of impact: **This program will induct individuals with Opioid Use Disorder to Suboxone as willing and engage them into treatment, reducing overdoses and fatalities.**

How do you plan to measure or track success and impact of this program? **Number of program participants**

20. Primary Category (Please select the category that fits the primary focus of this program). **Treatment**

21. The following are other categories that may apply (include all categories with the exception of the Primary category you chose above). **Harm Reduction**

22. Please choose the length of time of this program's duration: **5+ years**

Other (please specify):

23. How often are you disbursing funds to this program? **Annually**

Other (please specify):

24. Rationale for Program

What is the reason for this program spending choice? **This program addresses the need to engage more individuals into the most evidenced-based treatment for Opioid Use Disorder, as well as bring treatment to the clients where they are during street outreach.**

What outcomes or impact does the program aim to achieve? **Increased access to treatment, reduction of overdoses, and overdose fatalities**

What is the anticipated number of unduplicated clients this program will reach annually? **45**

25. Do you have other programs you are funding and/or operating with opioid abatement funds? **Yes**

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Program 9

19. Program name/title: **REACH - Naloxone Post Overdose Distribution**

Agency/funding recipient name: **Cooper Health**

Primary problem being addressed by this program: **Recovery Support**

Brief program description: **Post-overdose patients are provided brief opioid response instruction and offered Narcan.**

Program target population: **Adults with opioid overdose referred to ER**

Date this program was funded (please use M/D/Y): **3/1/2023**

Amount of funding for this program: **\$50,000.00**

Program launch date: **3/1/2023**

If program has started, how many clients have been seen as of 6/30/2023: **0**

What key performance indicators are you tracking to ensure success of the program? **The number of Narcan distributed, with reporting as back-up. Qualitative and quantitative.**

Please state this program's statement of impact: **This program will provide persons in Camden County who have Opioid Use Disorder with Narcan as willing and engage them into treatment, thereby reducing overdoses and fatalities.**

How do you plan to measure or track success and impact of this program? **Number of program participants**

20. Primary Category (Please select the category that fits the primary focus of this program). **Recovery and Support**

21. The following are other categories that may apply (include all categories with the exception of the Primary category you chose above). **Overdose Prevention**

22. Please choose the length of time of this program's duration: **5+ years**

Other (please specify):

23. How often are you disbursing funds to this program? **Annually**

Other (please specify):

24. Rationale for Program

What is the reason for this program spending choice? **This program provides patients, post-overdose, with Narcan as well as education about responding to opioid emergencies.**

What outcomes or impact does the program aim to achieve? **Reduction of overdoses and fatalities**

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What is the anticipated number of unduplicated clients this program will reach annually? **500**

25. Do you have other programs you are funding and/or operating with opioid abatement funds? **Yes**

Program 10

19. Program name/title: **Certified Peers in Shelters**

Agency/funding recipient name: **Maryville, Inc.**

Primary problem being addressed by this program: **Treatment**

Brief program description: **Shelter guests with Substance Use Disorder/Opioid Use Disorder are provided services by Certified Peer Recovery Specialists, linkage to care, linkage to harm reduction, transportation, and stigmatization reduction.**

Program target population: **Adults with Substance Use Disorder/Opioid Use Disorder**

Date this program was funded (please use M/D/Y): **3/1/2023**

Amount of funding for this program: **\$63,000.00**

Program launch date: **3/2/2023**

If program has started, how many clients have been seen as of 6/30/2023: **Certified Peer Recovery Specialists engaged with 113 residents, and met with 26 of whom 15 accepted services.**

What key performance indicators are you tracking to ensure success of the program? **Certified Peer Recovery Specialists working full-time at the shelter, engaging with shelter guests to enroll with a Certified Peer Recovery Specialist to help connect them to services in need. Tracking number enrolled, admitted into treatment services, and type of LOC, including treatment engagement outcomes and linkages to recovery.**

Please state this program's statement of impact: **This program will provide persons in Camden County shelters who have SUD/OD with CPRS services as willing and engage them into treatment, thereby reducing overdoses and fatalities.**

How do you plan to measure or track success and impact of this program? **Number of program participants**

20. Primary Category (Please select the category that fits the primary focus of this program). **Treatment**

21. The following are other categories that may apply (include all categories with the exception of the Primary category you chose above). **Harm Reduction**

22. Please choose the length of time of this program's duration: **5+ years**

Other (please specify):

23. How often are you disbursing funds to this program? **Annually**

Other (please specify):

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24. Rationale for Program

What is the reason for this program spending choice? **This program provides a peer support system to shelter guests and stronger linkage to care. Shelter guests have higher than average rates of overdose and are responsive to peers.**

What outcomes or impact does the program aim to achieve? **Reduction of overdoses and fatalities. Better coordination of care for those with high overdose rates.**

What is the anticipated number of unduplicated clients this program will reach annually? **300**

25. Do you have other programs you are funding and/or operating with opioid abatement funds? **Yes**

Program 11

19. Program name/title: **Certified Peers in Shelters**

Agency/funding recipient name: **Volunteers of America, DV**

Primary problem being addressed by this program: **Treatment**

Brief program description: **Certified Peer Recovery Specialists are provided with workspace to offer shelter guests assistance.**

Program target population: **Adults with Substance Use Disorder/Opioid Use Disorder**

Date this program was funded (please use M/D/Y): **3/1/2023**

Amount of funding for this program: **\$12,000.00**

Program launch date: **3/1/2023**

If program has started, how many clients have been seen as of 6/30/2023: **50**

What key performance indicators are you tracking to ensure success of the program? **More shelter guests accepting services and being connected to appropriate services, as well as a decrease in return of shelter guests due to stabilization from service assistance.**

Please state this program's statement of impact: **This program engages the shelter system with Certified Peer Recovery Specialists, thereby reducing barriers to treatment and increasing the probability of successful referrals.**

How do you plan to measure or track success and impact of this program? **Number of program participants**

20. Primary Category (Please select the category that fits the primary focus of this program). **Treatment**

21. The following are other categories that may apply (include all categories with the exception of the Primary category you chose above). **Recovery and Support**

22. Please choose the length of time of this program's duration: **5+ years**

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Other (please specify):

23. How often are you disbursing funds to this program? **Annually**

Other (please specify):

24. Rationale for Program

What is the reason for this program spending choice? **This program provides a peer support system to shelter guests and stronger linkage to care. Shelter guests have higher than average rates of overdose and are responsive to peers.**

What outcomes or impact does the program aim to achieve? **Reduction of overdoses and fatalities. Better coordination of care for those with high overdose rates.**

What is the anticipated number of unduplicated clients this program will reach annually? **300**

25. Do you have other programs you are funding and/or operating with opioid abatement funds? **Yes**

Program 12

19. Program name/title: **Strengthening Families**

Agency/funding recipient name: **Catholic Charities**

Primary problem being addressed by this program: **Substance Abuse Prevention**

Brief program description: **This program provides parents and youth with practical skills to reduce substance abuse, mental health problems, and delinquency.**

Program target population: **Family members at risk for Substance Use Disorder/Opioid Use Disorder**

Date this program was funded (please use M/D/Y): **6/1/2023**

Amount of funding for this program: **\$9,500.00**

Program launch date: **6/1/2023**

If program has started, how many clients have been seen as of 6/30/2023: **0**

What key performance indicators are you tracking to ensure success of the program? **The number of groups conducted as compared with the number of families who engage and complete the program, in addition to qualitative feedback and follow-up outcomes.**

Please state this program's statement of impact: **The Strengthening Families framework is a research-informed approach to increase family strengths, enhance child development, and reduce the likelihood of child abuse and neglect.**

How do you plan to measure or track success and impact of this program? **Number of program participants**

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20. Primary Category (Please select the category that fits the primary focus of this program). **Prevention and Education**

21. The following are other categories that may apply (include all categories with the exception of the Primary category you chose above). **Harm Reduction**

22. Please choose the length of time of this program's duration: **5+ years**

Other (please specify):

23. How often are you disbursing funds to this program? **Annually**

Other (please specify):

24. Rationale for Program

What is the reason for this program spending choice? **This program services families at high-risk, to increase overdose awareness and prevent substance abuse and misuse.**

What outcomes or impact does the program aim to achieve? **Reduced overdoses and fatalities, better linkage to care**

What is the anticipated number of unduplicated clients this program will reach annually? **50**

25. Do you have other programs you are funding and/or operating with opioid abatement funds? **Yes**

Program 13

19. Program name/title: **Older Adult Substance Abuse Prevention**

Agency/funding recipient name: **Catholic Charities**

Primary problem being addressed by this program: **Substance Abuse Prevention**

Brief program description: **This program increases knowledge about prescription pain medications and provides participants with a better understanding of substances that can have harmful effects, with the goal of reducing the risk of substance misuse and changing problematic behavior.**

Program target population: **Adults with substance abuse referred through courts**

Date this program was funded (please use M/D/Y): **6/1/2023**

Amount of funding for this program: **\$8,000.00**

Program launch date: **6/1/2023**

If program has started, how many clients have been seen as of 6/30/2023: **18**

What key performance indicators are you tracking to ensure success of the program? **The number of groups conducted as compared with the number of older adults who engage and complete the program, in addition to qualitative feedback and follow-up outcomes.**

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Please state this program's statement of impact: **Substance Use Disorder education and prevention by increasing linkages to care, in turn reducing substance abuse among older adults in Camden County.**

How do you plan to measure or track success and impact of this program? **Number of program participants**

20. Primary Category (Please select the category that fits the primary focus of this program). **Prevention and Education**

21. The following are other categories that may apply (include all categories with the exception of the Primary category you chose above). **Harm Reduction**

22. Please choose the length of time of this program's duration: **5+ years**

Other (please specify):

23. How often are you disbursing funds to this program? **Annually**

Other (please specify):

24. Rationale for Program

What is the reason for this program spending choice? **Increased awareness and understanding of substance misuse**

What outcomes or impact does the program aim to achieve? **Decreased stigma, reduced number of overdoses and fatalities**

What is the anticipated number of unduplicated clients this program will reach annually? **50**

25. Do you have other programs you are funding and/or operating with opioid abatement funds? **Yes**

Program 14

19. Program name/title: **Camden County Harm Reduction**

Agency/funding recipient name: **Lochness Medical Supplies Inc.**

Primary problem being addressed by this program: **Overdose Prevention**

Brief program description: **Provide Xylazine tests strips**

Program target population: **Adults with Substance Use Disorder/Opioid Use Disorder**

Date this program was funded (please use M/D/Y): **6/1/2023**

Amount of funding for this program: **\$4,017.67**

Program launch date: **TBD**

If program has started, how many clients have been seen as of 6/30/2023: **n/a**

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What key performance indicators are you tracking to ensure success of the program? **TBD**

Please state this program's statement of impact: **This program aims to reduce overdose and fatalities as well as the risk of Xylazine complications and sores.**

How do you plan to measure or track success and impact of this program? **Number of distributions**

20. Primary Category (Please select the category that fits the primary focus of this program). **Overdose Prevention**

21. The following are other categories that may apply (include all categories with the exception of the Primary category you chose above). **Harm Reduction**

22. Please choose the length of time of this program's duration: **Less than 1 year**

Other (please specify):

23. How often are you disbursing funds to this program? **One time only**

Other (please specify):

24. Rationale for Program

What is the reason for this program spending choice? **Educate about Xylazine**

What outcomes or impact does the program aim to achieve? **Reduction of individuals using Xylazine with fentanyl (program is on hold)**

What is the anticipated number of unduplicated clients this program will reach annually? **1333**

25. Do you have other programs you are funding and/or operating with opioid abatement funds? **Yes**

Program 15

19. Program name/title: **NJAC Annual Meeting Workshop – “How Camden County is Leveraging Settlement Funds to Combat the Opioid Epidemic”**

Agency/funding recipient name: **Camden County Addiction Awareness Task Force**

Primary problem being addressed by this program: **Opioid Use Disorder abatement**

Brief program description: **Panel discussion regarding successful strategies to combat the opioid epidemic, featuring guest speaker, Tanya Niederman.**

Program target population: **NJ county government stakeholders**

Date this program was funded (please use M/D/Y): **5/4/2023**

Amount of funding for this program: **\$2,100.00**

Program launch date: **5/4/2023**

If program has started, how many clients have been seen as of 6/30/2023: **50+ attendees**

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What key performance indicators are you tracking to ensure success of the program? **Attendance and Engagement**

Please state this program's statement of impact: **Educate stakeholders from other counties about Camden County's efforts to tackle the opioid crisis through education, partnerships, civic engagement, and outreach, and successful strategies to prevent opioid abuse and reduce overdose and fatalities.**

How do you plan to measure or track success and impact of this program? **Feedback**

20. Primary Category (Please select the category that fits the primary focus of this program). **Prevention and Education**

21. The following are other categories that may apply (include all categories with the exception of the Primary category you chose above). **Overdose Prevention**

22. Please choose the length of time of this program's duration: **Less than 1 year**

Other (please specify):

23. How often are you disbursing funds to this program? **One time only**

Other (please specify):

24. Rationale for Program

What is the reason for this program spending choice? **Engagement with other county stakeholders to brainstorm effective opioid abatement programs for which opioid settlement funds can be used.**

What outcomes or impact does the program aim to achieve? **Information and awareness regarding the opioid settlements, the Camden County Opioid Advisory Council, and the successful opioid treatment and prevention strategies employed in Camden County.**

What is the anticipated number of unduplicated clients this program will reach annually? **50**

25. Do you have other programs you are funding and/or operating with opioid abatement funds? **Yes**

Program 16

19. Program name/title: **"Fentanyl is Fatal" Fentanyl Awareness Campaign**

Agency/funding recipient name: **Camden County Addiction Awareness Task Force**

Primary problem being addressed by this program: **Public awareness around the dangers of fentanyl**

Brief program description: **Comprehensive public education and media campaign aimed at discouraging opioid abuse, preventing overdose, and reducing stigma associated with Opioid Use Disorder**

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Program target population: **All County residents**

Date this program was funded (please use M/D/Y): **2023**

Amount of funding for this program: **\$ 336,163.25**

Program launch date: **2023**

If program has started, how many clients have been seen as of 6/30/2023: **N/A**

What key performance indicators are you tracking to ensure success of the program? **Market research data**

Please state this program's statement of impact: **Camden County's Fentanyl Awareness Campaign was created to lower the rates of overdoses and deaths caused by the fentanyl epidemic in our communities through education and awareness. The campaign is built to educate youth, current and potential recreational users on the dangers of fentanyl-laced street drugs and prescription pharmaceuticals. Advertisements are placed in a variety of media outlets including outdoor billboards, digital and social media, print publications, and more. Campaign materials are sent out to local municipalities, schools, and other organizations, and a 30-second PSA aired on network television and social platforms to broaden the reach and expand the impact of the campaign's message.**

How do you plan to measure or track success and impact of this program? **Market research data**

20. Primary Category (Please select the category that fits the primary focus of this program). **Prevention and Education**

21. The following are other categories that may apply (include all categories with the exception of the Primary category you chose above). **Overdose Prevention**

22. Please choose the length of time of this program's duration: **1 year**

Other (please specify):

23. How often are you disbursing funds to this program? **Other**

Other (please specify): **Fee for services**

24. Rationale for Program

What is the reason for this program spending choice? **In the last two years of the COVID-19 pandemic, opioid overdose and death rates have soared nationally. Nearly two-thirds of more than 100,000 drug overdose deaths in the country have been tied to illicitly manufactured Fentanyl. Fentanyl is an extremely potent drug, commonly mixed with heroin, cocaine, methamphetamine, and prescription drugs. This campaign aims to educate the public on the serious dangers of fentanyl poisoning from fake pills and other illicit drugs.**

What outcomes or impact does the program aim to achieve? **Reduction of fentanyl misuse and associated overdose**

What is the anticipated number of unduplicated clients this program will reach annually? **N/A**

25. Do you have other programs you are funding and/or operating with opioid abatement funds? **No**

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1. In what county are you located? **Camden County**
2. For which eligible subdivision (county or municipality) are you reporting? **Cherry Hill Township**
3. What is your subdivision's State ID? **NJ30**
4. As an eligible subdivision (county or municipality) receiving opioid abatement funds, please tell us the following:
Full name of individual in your subdivision authorized to report on the settlement funds your subdivision received ("administrator " managing/overseeing these funds): **Michelle Samalonis**

Name of Administering Agency: **Cherry Hill Township**

Business Address: **820 Mercer Street**

City/Town: **Cherry Hill**

Lead Contact Phone Number: **856-432-8738**
5. As an eligible subdivision receiving abatement funds, which of the following applies to your current status regarding those funds? **We are a municipality and did not transfer our funds.**
6. What amount of your opioid abatement funds did you transfer to the county?
7. Please tell us the full amount of opioid abatement funds you received as of 6/30/23. **\$144,644.20**
8. Please tell us the amount of opioid abatement funds you have expended (as of 6/30/23). **\$0.00**
9. Of the total opioid abatement funds, what amount was spent on program administrative expenses?
\$0.00
10. Please share brief information on your subdivision's overarching goals and priorities to provide context for this program year's spending decisions. **N/A**
11. (This question is for counties only) Have you established an Advisory Committee to inform allocation of funds?
12. Did your subdivision engage the public (e.g., town hall meeting, online survey, convened stakeholders) prior to deciding how to use the opioid abatement funds you received? **No, but plan to in the future.**
13. Please describe your public engagement/input efforts?
14. Does your county/subdivision have a strategic plan? **No, but plan to develop one in the future.**
15. Can we post your strategic plan online?
16. Have you completed a risk assessment profile for demographic or geographic impact? **No, but we plan to in the future.**

New Jersey 2023 Opioid Abatement Report

17. Can we post your risk assessment online?

18. Please tell us your overall rationale for prioritizing the use of the opioid abatement funds that you received (e.g., are you using a needs assessment, a strategic or other plan, or an epidemiological analysis)? **N/A**

New Jersey 2023 Opioid Abatement Report

1. In what county are you located? **Camden County**
2. For which eligible subdivision (county or municipality) are you reporting? **Collingswood Borough**
3. What is your subdivision's State ID? **NJ37**
4. As an eligible subdivision (county or municipality) receiving opioid abatement funds, please tell us the following:
 - Full name of individual in your subdivision authorized to report on the settlement funds your subdivision received ("administrator " managing/overseeing these funds): **Cassandra Duffey**
 - Name of Administering Agency: **Borough of Collingswood**
 - Business Address: **678 Haddon Avenue**
 - City/Town: **Collingswood**
 - Lead Contact Phone Number: **856-854-0720 ext. 124**
5. As an eligible subdivision receiving abatement funds, which of the following applies to your current status regarding those funds? **We are a municipality and did not transfer our funds.**
6. What amount of your opioid abatement funds did you transfer to the county?
7. Please tell us the full amount of opioid abatement funds you received as of 6/30/23. **\$47,468.39**
8. Please tell us the amount of opioid abatement funds you have expended (as of 6/30/23). **\$6,600.00**
9. Of the total opioid abatement funds, what amount was spent on program administrative expenses?
\$0.00
10. Please share brief information on your subdivision's overarching goals and priorities to provide context for this program year's spending decisions. **Supporting First Responders, Providing educational materials and resources for employees and residents of the Borough.**
11. (This question is for counties only) Have you established an Advisory Committee to inform allocation of funds?
12. Did your subdivision engage the public (e.g., town hall meeting, online survey, convened stakeholders) prior to deciding how to use the opioid abatement funds you received? **No, but plan to in the future.**
13. Please describe your public engagement/input efforts?
14. Does your county/subdivision have a strategic plan? **No**
15. Can we post your strategic plan online?
16. Have you completed a risk assessment profile for demographic or geographic impact? **No**

New Jersey 2023 Opioid Abatement Report

17. Can we post your risk assessment online?

18. Please tell us your overall rationale for prioritizing the use of the opioid abatement funds that you received (e.g., are you using a needs assessment, a strategic or other plan, or an epidemiological analysis)?

Supporting First Responders, Providing educational materials in partnership with Camden County about the Opioid Crisis & Resources.

Program 1

19. Program name/title: **Employee Assistance Program**

Agency/funding recipient name: **Employees and Dependents of the Borough of Collingswood**

Primary problem being addressed by this program: **Mental Health**

Brief program description: **Short Term Solution Focused confidential counseling**

Program target population: **130**

Date this program was funded (please use M/D/Y): **06/05/2023**

Amount of funding for this program: **\$5,600.00**

Program launch date: **05/09/2022**

If program has started, how many clients have been seen as of 6/30/2023: **8**

What key performance indicators are you tracking to ensure success of the program? **Utilization reports and providing monthly newsletters to employees to remind them of the program.**

Please state this program's statement of impact: **Access to a mental health professional is available 24/7 for clinical emergencies free to employees and their dependents**

How do you plan to measure or track success and impact of this program? **Program provides utilization reports quarterly**

20. Primary Category (Please select the category that fits the primary focus of this program). **Recovery and Support**

21. The following are other categories that may apply (include all categories with the exception of the Primary category you chose above). **Harm Reduction, Long-Term Resiliency, Treatment**

22. Please choose the length of time of this program's duration: **Other (please specify)**

Other (please specify): **Annually renews, as long employees are continuing to utilize the program, the Borough will financially support the program.**

23. How often are you disbursing funds to this program? **Annually**

Other (please specify):

24. Rationale for Program

New Jersey 2023 Opioid Abatement Report

What is the reason for this program spending choice? **Support First Responders**

What outcomes or impact does the program aim to achieve? **Provide resources to employees navigating and addressing the opioid crisis firsthand**

What is the anticipated number of unduplicated clients this program will reach annually? **50**

25. Do you have other programs you are funding and/or operating with opioid abatement funds? **Yes**

Program 2

19. Program name/title: **Education/Communication**

Agency/funding recipient name: **Residents of the Borough of Collingswood**

Primary problem being addressed by this program: **Communication**

Brief program description: **Providing information on the Opioid Crisis to make resources regarding prevention widely available to the region**

Program target population: **14,186**

Date this program was funded (please use M/D/Y): **6/13/2023**

Amount of funding for this program: **\$1,000.00**

Program launch date: **Summer 2023**

If program has started, how many clients have been seen as of 6/30/2023: **11,100**

What key performance indicators are you tracking to ensure success of the program? **Circulation & readership of publication**

Please state this program's statement of impact: **Increase awareness of resources & reduce addition through education campaign**

How do you plan to measure or track success and impact of this program? **N/A**

20. Primary Category (Please select the category that fits the primary focus of this program).
Prevention and Education

21. The following are other categories that may apply (include all categories with the exception of the Primary category you chose above). **Overdose Prevention, Treatment**

22. Please choose the length of time of this program's duration: **Less than 1 year**

Other (please specify):

23. How often are you disbursing funds to this program? **One time only**

Other (please specify):

24. Rationale for Program

New Jersey 2023 Opioid Abatement Report

What is the reason for this program spending choice? **Partnership with County to provide opioid addiction resources and information**

What outcomes or impact does the program aim to achieve? **Public education, awareness and reduce addiction**

What is the anticipated number of unduplicated clients this program will reach annually? **14,186**

25. Do you have other programs you are funding and/or operating with opioid abatement funds? **No**

New Jersey 2023 Opioid Abatement Report

1. In what county are you located? **Camden County**
2. For which eligible subdivision (county or municipality) are you reporting? **Gloucester City**
3. What is your subdivision's State ID? **NJ74**
4. As an eligible subdivision (county or municipality) receiving opioid abatement funds, please tell us the following:
Full name of individual in your subdivision authorized to report on the settlement funds your subdivision received ("administrator " managing/overseeing these funds): **Brenda L Sprigman**

Name of Administering Agency: **City of Gloucester City**

Business Address: **512 Monmouth Street**

City/Town: **Gloucester City**

Lead Contact Phone Number: **856-456-0205**
5. As an eligible subdivision receiving abatement funds, which of the following applies to your current status regarding those funds? **We are a municipality and did not transfer our funds.**
6. What amount of your opioid abatement funds did you transfer to the county?
7. Please tell us the full amount of opioid abatement funds you received as of 6/30/23. **\$65,831.48**
8. Please tell us the amount of opioid abatement funds you have expended (as of 6/30/23). **\$0.00**
9. Of the total opioid abatement funds, what amount was spent on program administrative expenses?
\$0.00
10. Please share brief information on your subdivision's overarching goals and priorities to provide context for this program year's spending decisions.
11. (This question is for counties only) Have you established an Advisory Committee to inform allocation of funds?
12. Did your subdivision engage the public (e.g., town hall meeting, online survey, convened stakeholders) prior to deciding how to use the opioid abatement funds you received? **No, but plan to in the future.**
13. Please describe your public engagement/input efforts?
14. Does your county/subdivision have a strategic plan? **No, but plan to develop one in the future.**
15. Can we post your strategic plan online?
16. Have you completed a risk assessment profile for demographic or geographic impact? **No, but we plan to in the future.**

Opioid Abatement Report

17. Can we post your risk assessment online?

18. Please tell us your overall rationale for prioritizing the use of the opioid abatement funds that you received (e.g., are you using a needs assessment, a strategic or other plan, or an epidemiological analysis)? **Needs Assessment to develop strategy for effective use**

New Jersey 2023 Opioid Abatement Report

1. In what county are you located? **Camden County**
2. For which eligible subdivision (county or municipality) are you reporting? **Gloucester Township**
3. What is your subdivision's State ID? **NJ76**
4. As an eligible subdivision (county or municipality) receiving opioid abatement funds, please tell us the following:
Full name of individual in your subdivision authorized to report on the settlement funds your subdivision received ("administrator " managing/overseeing these funds): **Thomas Cardis**

Name of Administering Agency: **Township of Gloucester**

Business Address: **1261 Chews Landing Road**

City/Town: **Blackwood**

Lead Contact Phone Number: **856-374-3537**
5. As an eligible subdivision receiving abatement funds, which of the following applies to your current status regarding those funds? **We are a municipality and did not transfer our funds.**
6. What amount of your opioid abatement funds did you transfer to the county?
7. Please tell us the full amount of opioid abatement funds you received as of 6/30/23. **\$130,183.01**
8. Please tell us the amount of opioid abatement funds you have expended (as of 6/30/23). **\$0.00**
9. Of the total opioid abatement funds, what amount was spent on program administrative expenses?
\$0.00
10. Please share brief information on your subdivision's overarching goals and priorities to provide context for this program year's spending decisions. **N/A**
11. (This question is for counties only) Have you established an Advisory Committee to inform allocation of funds?
12. Did your subdivision engage the public (e.g., town hall meeting, online survey, convened stakeholders) prior to deciding how to use the opioid abatement funds you received? **No, but plan to in the future.**
13. Please describe your public engagement/input efforts?
14. Does your county/subdivision have a strategic plan? **No, but plan to develop one in the future.**
15. Can we post your strategic plan online?
16. Have you completed a risk assessment profile for demographic or geographic impact? **No, but we plan to in the future.**

New Jersey 2023 Opioid Abatement Report

17. Can we post your risk assessment online?

18. Please tell us your overall rationale for prioritizing the use of the opioid abatement funds that you received (e.g., are you using a needs assessment, a strategic or other plan, or an epidemiological analysis)? **Needs assessment**

New Jersey 2023 Opioid Abatement Report

1. In what county are you located? **Camden County**
2. For which eligible subdivision (county or municipality) are you reporting? **Haddon Township**
3. What is your subdivision's State ID? **NJ79**
4. As an eligible subdivision (county or municipality) receiving opioid abatement funds, please tell us the following:
Full name of individual in your subdivision authorized to report on the settlement funds your subdivision received ("administrator " managing/overseeing these funds): **Randall W. Teague**

Name of Administering Agency: **Township of Haddon**

Business Address: **135 Haddon Avenue**

City/Town: **Westmont**

Lead Contact Phone Number: **856-833-6277**
5. As an eligible subdivision receiving abatement funds, which of the following applies to your current status regarding those funds? **We are a municipality and did not transfer our funds.**
6. What amount of your opioid abatement funds did you transfer to the county?
7. Please tell us the full amount of opioid abatement funds you received as of 6/30/23. **\$17,077.00**
8. Please tell us the amount of opioid abatement funds you have expended (as of 6/30/23). **\$0.00**
9. Of the total opioid abatement funds, what amount was spent on program administrative expenses? **\$0.00**
10. Please share brief information on your subdivision's overarching goals and priorities to provide context for this program year's spending decisions. **N/A**
11. (This question is for counties only) Have you established an Advisory Committee to inform allocation of funds? **N/A**
12. Did your subdivision engage the public (e.g., town hall meeting, online survey, convened stakeholders) prior to deciding how to use the opioid abatement funds you received? **No**
13. Please describe your public engagement/input efforts?
14. Does your county/subdivision have a strategic plan? **No**
15. Can we post your strategic plan online?
16. Have you completed a risk assessment profile for demographic or geographic impact? **No**
17. Can we post your risk assessment online?

New Jersey 2023 Opioid Abatement Report

18. Please tell us your overall rationale for prioritizing the use of the opioid abatement funds that you received (e.g., are you using a needs assessment, a strategic or other plan, or an epidemiological analysis)? **N/A**

New Jersey 2023 Opioid Abatement Report

1. In what county are you located? **Camden County**
2. For which eligible subdivision (county or municipality) are you reporting? **Haddonfield Borough**
3. What is your subdivision's State ID? **NJ80**
4. As an eligible subdivision (county or municipality) receiving opioid abatement funds, please tell us the following:
Full name of individual in your subdivision authorized to report on the settlement funds your subdivision received ("administrator " managing/overseeing these funds): **Sharon McCullough, Borough Administrator**

Name of Administering Agency: **Haddonfield Borough**

Business Address: **242 Kings Highway East**

City/Town: **Haddonfield**

Lead Contact Phone Number: **856-429-4700**
5. As an eligible subdivision receiving abatement funds, which of the following applies to your current status regarding those funds? **We are a municipality and did not transfer our funds.**
6. What amount of your opioid abatement funds did you transfer to the county?
7. Please tell us the full amount of opioid abatement funds you received as of 6/30/23. **\$23,503.50**
8. Please tell us the amount of opioid abatement funds you have expended (as of 6/30/23). **\$0.00**
9. Of the total opioid abatement funds, what amount was spent on program administrative expenses?
\$0.00
10. Please share brief information on your subdivision's overarching goals and priorities to provide context for this program year's spending decisions. **N/A**
11. (This question is for counties only) Have you established an Advisory Committee to inform allocation of funds?
12. Did your subdivision engage the public (e.g., town hall meeting, online survey, convened stakeholders) prior to deciding how to use the opioid abatement funds you received? **No, but plan to in the future.**
13. Please describe your public engagement/input efforts?
14. Does your county/subdivision have a strategic plan? **No**
15. Can we post your strategic plan online?
16. Have you completed a risk assessment profile for demographic or geographic impact? **No**
17. Can we post your risk assessment online?

New Jersey 2023 Opioid Abatement Report

18. Please tell us your overall rationale for prioritizing the use of the opioid abatement funds that you received (e.g., are you using a needs assessment, a strategic or other plan, or an epidemiological analysis)? **N/A**

New Jersey 2023 Opioid Abatement Report

1. In what county are you located? **Camden County**
2. For which eligible subdivision (county or municipality) are you reporting? **Lindenwold Borough**
3. What is your subdivision's State ID? **NJ111**
4. As an eligible subdivision (county or municipality) receiving opioid abatement funds, please tell us the following:
Full name of individual in your subdivision authorized to report on the settlement funds your subdivision received ("administrator " managing/overseeing these funds): **Dawn S. Thompson**

Name of Administering Agency: **Lindenwold Borough**

Business Address: **15 N. White Horse Pike**

City/Town: **Lindenwold**

Lead Contact Phone Number: **856-783-2121**
5. As an eligible subdivision receiving abatement funds, which of the following applies to your current status regarding those funds? **We are a municipality and did not transfer our funds.**
6. What amount of your opioid abatement funds did you transfer to the county?
7. Please tell us the full amount of opioid abatement funds you received as of 6/30/23. **\$42,234.57**
8. Please tell us the amount of opioid abatement funds you have expended (as of 6/30/23). **\$0.00**
9. Of the total opioid abatement funds, what amount was spent on program administrative expenses?
\$0.00
10. Please share brief information on your subdivision's overarching goals and priorities to provide context for this program year's spending decisions.
11. (This question is for counties only) Have you established an Advisory Committee to inform allocation of funds?
12. Did your subdivision engage the public (e.g., town hall meeting, online survey, convened stakeholders) prior to deciding how to use the opioid abatement funds you received? **No**
13. Please describe your public engagement/input efforts?
14. Does your county/subdivision have a strategic plan? **No**
15. Can we post your strategic plan online?
16. Have you completed a risk assessment profile for demographic or geographic impact? **No**
17. Can we post your risk assessment online?

New Jersey 2023 Opioid Abatement Report

18. Please tell us your overall rationale for prioritizing the use of the opioid abatement funds that you received (e.g., are you using a needs assessment, a strategic or other plan, or an epidemiological analysis)?

New Jersey 2023 Opioid Abatement Report

1. In what county are you located? **Camden County**
2. For which eligible subdivision (county or municipality) are you reporting? **Pennsauken Township**
3. What is your subdivision's State ID? **NJ175**
4. As an eligible subdivision (county or municipality) receiving opioid abatement funds, please tell us the following:
Full name of individual in your subdivision authorized to report on the settlement funds your subdivision received ("administrator " managing/overseeing these funds): **CFO**

Name of Administering Agency: **Pennsauken Township**

Business Address: **5605 North Crescent Blvd**

City/Town: **Pennsauken**

Lead Contact Phone Number: **856-675-7152**
5. As an eligible subdivision receiving abatement funds, which of the following applies to your current status regarding those funds? **We are a municipality and did not transfer our funds.**
6. What amount of your opioid abatement funds did you transfer to the county?
7. Please tell us the full amount of opioid abatement funds you received as of 6/30/23. **\$69,249.04**
8. Please tell us the amount of opioid abatement funds you have expended (as of 6/30/23). **\$0.00**
9. Of the total opioid abatement funds, what amount was spent on program administrative expenses?
\$0.00
10. Please share brief information on your subdivision's overarching goals and priorities to provide context for this program year's spending decisions. **To create programs that will benefit residents with drug-related problems**
11. (This question is for counties only) Have you established an Advisory Committee to inform allocation of funds?
12. Did your subdivision engage the public (e.g., town hall meeting, online survey, convened stakeholders) prior to deciding how to use the opioid abatement funds you received? **No, but plan to in the future.**
13. Please describe your public engagement/input efforts?
14. Does your county/subdivision have a strategic plan? **No, but plan to develop one in the future.**
15. Can we post your strategic plan online?
16. Have you completed a risk assessment profile for demographic or geographic impact? **No, but we plan to in the future.**

New Jersey 2023 Opioid Abatement Report

17. Can we post your risk assessment online?

18. Please tell us your overall rationale for prioritizing the use of the opioid abatement funds that you received (e.g., are you using a needs assessment, a strategic or other plan, or an epidemiological analysis)? **Still deciding our strategic plan**

New Jersey 2023 Opioid Abatement Report

1. In what county are you located? **Camden County**
2. For which eligible subdivision (county or municipality) are you reporting? **Pine Hill Borough**
3. What is your subdivision's State ID? **NJ180**
4. As an eligible subdivision (county or municipality) receiving opioid abatement funds, please tell us the following:
Full name of individual in your subdivision authorized to report on the settlement funds your subdivision received ("administrator " managing/overseeing these funds): **Thomas Cardis**

Name of Administering Agency: **Borough of Pine Hill**

Business Address: **45 West 7th Ave**

City/Town: **Pine Hill**

Lead Contact Phone Number: **856-783-7400**
5. As an eligible subdivision receiving abatement funds, which of the following applies to your current status regarding those funds? **We are a municipality and did not transfer our funds.**
6. What amount of your opioid abatement funds did you transfer to the county?
7. Please tell us the full amount of opioid abatement funds you received as of 6/30/23. **\$19,271.31**
8. Please tell us the amount of opioid abatement funds you have expended (as of 6/30/23). **\$0.00**
9. Of the total opioid abatement funds, what amount was spent on program administrative expenses?
\$0.00
10. Please share brief information on your subdivision's overarching goals and priorities to provide context for this program year's spending decisions. **N/A**
11. (This question is for counties only) Have you established an Advisory Committee to inform allocation of funds?
12. Did your subdivision engage the public (e.g., town hall meeting, online survey, convened stakeholders) prior to deciding how to use the opioid abatement funds you received? **No, but plan to in the future.**
13. Please describe your public engagement/input efforts?
14. Does your county/subdivision have a strategic plan? **No, but plan to develop one in the future.**
15. Can we post your strategic plan online?
16. Have you completed a risk assessment profile for demographic or geographic impact? **No, but we plan to in the future.**

New Jersey 2023 Opioid Abatement Report

17. Can we post your risk assessment online?

18. Please tell us your overall rationale for prioritizing the use of the opioid abatement funds that you received (e.g., are you using a needs assessment, a strategic or other plan, or an epidemiological analysis)? **Needs assessment**

New Jersey 2023 Opioid Abatement Report

1. In what county are you located? **Camden County**
2. For which eligible subdivision (county or municipality) are you reporting? **Voorhees Township**
3. What is your subdivision's State ID? **NJ236**
4. As an eligible subdivision (county or municipality) receiving opioid abatement funds, please tell us the following:
Full name of individual in your subdivision authorized to report on the settlement funds your subdivision received ("administrator " managing/overseeing these funds): **Alexander Davidson**

Name of Administering Agency: **Voorhees Township**

Business Address: **2400 Voorhees Town Center**

City/Town: **Voorhees**

Lead Contact Phone Number: **8564297026**
5. As an eligible subdivision receiving abatement funds, which of the following applies to your current status regarding those funds? **We are a municipality and did not transfer our funds.**
6. What amount of your opioid abatement funds did you transfer to the county?
7. Please tell us the full amount of opioid abatement funds you received as of 6/30/23. **\$49,476.32**
8. Please tell us the amount of opioid abatement funds you have expended (as of 6/30/23). **\$0.00**
9. Of the total opioid abatement funds, what amount was spent on program administrative expenses?
\$0.00
10. Please share brief information on your subdivision's overarching goals and priorities to provide context for this program year's spending decisions.
11. (This question is for counties only) Have you established an Advisory Committee to inform allocation of funds?
12. Did your subdivision engage the public (e.g., town hall meeting, online survey, convened stakeholders) prior to deciding how to use the opioid abatement funds you received? **No, but plan to in the future.**
13. Please describe your public engagement/input efforts?
14. Does your county/subdivision have a strategic plan? **No, but plan to develop one in the future.**
15. Can we post your strategic plan online?
16. Have you completed a risk assessment profile for demographic or geographic impact? **No, but we plan to in the future.**

New Jersey 2023 Opioid Abatement Report

17. Can we post your risk assessment online?

18. Please tell us your overall rationale for prioritizing the use of the opioid abatement funds that you received (e.g., are you using a needs assessment, a strategic or other plan, or an epidemiological analysis)?

Program 1

19. Program name/title: **Program planning is ongoing to successfully best use settlement funds**

Agency/funding recipient name: **Voorhees Township**

Primary problem being addressed by this program: **Recovery and prevention**

Brief program description: **Educate at risk communities about Opioid addiction and equip the public with resources needed to reduce addiction**

Program target population: **At-risk youth**

Date this program was funded (please use M/D/Y): **TBD**

Amount of funding for this program: **\$49,476.32**

Program launch date: **2024**

If program has started, how many clients have been seen as of 6/30/2023: **NA**

What key performance indicators are you tracking to ensure success of the program? **NA**

Please state this program's statement of impact: **To reduce and prevent opioid addiction and aid in prevention and reduction**

How do you plan to measure or track success and impact of this program? **Number of people**

20. Primary Category (Please select the category that fits the primary focus of this program). **Harm Reduction**

21. The following are other categories that may apply (include all categories with the exception of the Primary category you chose above). **Harm Reduction, Overdose Prevention, Recovery and Support**

22. Please choose the length of time of this program's duration: **Less than 1 year**

Other (please specify):

23. How often are you disbursing funds to this program? **Other (please specify)**

Other (please specify): **None to date**

24. Rationale for Program

What is the reason for this program spending choice?

What outcomes or impact does the program aim to achieve?

New Jersey 2023 Opioid Abatement Report

What is the anticipated number of unduplicated clients this program will reach annually?

25. Do you have other programs you are funding and/or operating with opioid abatement funds? **No**

New Jersey 2023 Opioid Abatement Report

1. In what county are you located? **Camden County**
2. For which eligible subdivision (county or municipality) are you reporting? **Waterford Township**
3. What is your subdivision's State ID? **NJ246**
4. As an eligible subdivision (county or municipality) receiving opioid abatement funds, please tell us the following:
Full name of individual in your subdivision authorized to report on the settlement funds your subdivision received ("administrator " managing/overseeing these funds): **Donna Condo Ms. Condo**

Name of Administering Agency: **Waterford Township**

Business Address: **2131 Auburn Ave**

City/Town: **Atco**

Lead Contact Phone Number: **856-768-2300**
5. As an eligible subdivision receiving abatement funds, which of the following applies to your current status regarding those funds? **We are a municipality and did not transfer our funds.**
6. What amount of your opioid abatement funds did you transfer to the county?
7. Please tell us the full amount of opioid abatement funds you received as of 6/30/23. **\$27,270.43**
8. Please tell us the amount of opioid abatement funds you have expended (as of 6/30/23). **\$0.00**
9. Of the total opioid abatement funds, what amount was spent on program administrative expenses?
\$0.00
10. Please share brief information on your subdivision's overarching goals and priorities to provide context for this program year's spending decisions.
11. (This question is for counties only) Have you established an Advisory Committee to inform allocation of funds?
12. Did your subdivision engage the public (e.g., town hall meeting, online survey, convened stakeholders) prior to deciding how to use the opioid abatement funds you received? **No, but plan to in the future.**
13. Please describe your public engagement/input efforts?
14. Does your county/subdivision have a strategic plan? **No**
15. Can we post your strategic plan online?
16. Have you completed a risk assessment profile for demographic or geographic impact? **No, but we plan to in the future.**

New Jersey 2023 Opioid Abatement Report

17. Can we post your risk assessment online?

18. Please tell us your overall rationale for prioritizing the use of the opioid abatement funds that you received (e.g., are you using a needs assessment, a strategic or other plan, or an epidemiological analysis)? **No Idea**

New Jersey 2023 Opioid Abatement Report

1. In what county are you located? **Camden County**
2. For which eligible subdivision (county or municipality) are you reporting? **Winslow Township**
3. What is your subdivision's State ID? **NJ258**
4. As an eligible subdivision (county or municipality) receiving opioid abatement funds, please tell us the following:
Full name of individual in your subdivision authorized to report on the settlement funds your subdivision received ("administrator " managing/overseeing these funds): **Joseph Gallagher**

Name of Administering Agency: **Winslow Township**

Business Address: **125 South Route 73**

City/Town: **Braddock, NJ 08037**

Lead Contact Phone Number: **609-567-0700**
5. As an eligible subdivision receiving abatement funds, which of the following applies to your current status regarding those funds? **We are a municipality and did not transfer our funds.**
6. What amount of your opioid abatement funds did you transfer to the county?
7. Please tell us the full amount of opioid abatement funds you received as of 6/30/23. **\$81,669.28**
8. Please tell us the amount of opioid abatement funds you have expended (as of 6/30/23). **\$0.00**
9. Of the total opioid abatement funds, what amount was spent on program administrative expenses?
\$0.00
10. Please share brief information on your subdivision's overarching goals and priorities to provide context for this program year's spending decisions.
11. (This question is for counties only) Have you established an Advisory Committee to inform allocation of funds?
12. Did your subdivision engage the public (e.g., town hall meeting, online survey, convened stakeholders) prior to deciding how to use the opioid abatement funds you received? **No, but plan to in the future.**
13. Please describe your public engagement/input efforts?
14. Does your county/subdivision have a strategic plan? **No, but plan to develop one in the future.**
15. Can we post your strategic plan online?
16. Have you completed a risk assessment profile for demographic or geographic impact? **No, but we plan to in the future.**

New Jersey 2023 Opioid Abatement Report

17. Can we post your risk assessment online?

18. Please tell us your overall rationale for prioritizing the use of the opioid abatement funds that you received (e.g., are you using a needs assessment, a strategic or other plan, or an epidemiological analysis)? **N/A**

New Jersey 2023 Opioid Abatement Report

1. In what county are you located? **Cape May County**
2. For which eligible subdivision (county or municipality) are you reporting? **Cape May County**
3. What is your subdivision's State ID? **NJ26**
4. As an eligible subdivision (county or municipality) receiving opioid abatement funds, please tell us the following:
 - Full name of individual in your subdivision authorized to report on the settlement funds your subdivision received ("administrator " managing/overseeing these funds): **Patricia Devaney**
 - Name of Administering Agency: **The County of Cape May**
 - Business Address: **4 Moore Rd - DN 907**
 - City/Town: **CMCH**
 - Lead Contact Phone Number: **609-465-1058**
5. As an eligible subdivision receiving abatement funds, which of the following applies to your current status regarding those funds? **We are a county and did not transfer our funds.**
6. What amount of your opioid abatement funds did you transfer to the county?
7. Please tell us the full amount of opioid abatement funds you received as of 6/30/23. **\$665,018.02**
8. Please tell us the amount of opioid abatement funds you have expended (as of 6/30/23). **\$0.00**
9. Of the total opioid abatement funds, what amount was spent on program administrative expenses? **\$0.00**
10. Please share brief information on your subdivision's overarching goals and priorities to provide context for this program year's spending decisions. **N/A - not developed yet.**
11. (This question is for counties only) Have you established an Advisory Committee to inform allocation of funds? **No**
12. Did your subdivision engage the public (e.g., town hall meeting, online survey, convened stakeholders) prior to deciding how to use the opioid abatement funds you received? **No, but plan to in the future.**
13. Please describe your public engagement/input efforts?
14. Does your county/subdivision have a strategic plan? **No, but plan to develop one in the future.**
15. Can we post your strategic plan online?
16. Have you completed a risk assessment profile for demographic or geographic impact? **No, but we plan to in the future.**

New Jersey 2023 Opioid Abatement Report

17. Can we post your risk assessment online?

18. Please tell us your overall rationale for prioritizing the use of the opioid abatement funds that you received (e.g., are you using a needs assessment, a strategic or other plan, or an epidemiological analysis)? **Stakeholder Input, Strategic Plan, and Gap Analysis**

New Jersey 2023 Opioid Abatement Report

1. In what county are you located? **Cape May County**
2. For which eligible subdivision (county or municipality) are you reporting? **Lower Township**
3. What is your subdivision's State ID? **NJ118**
4. As an eligible subdivision (county or municipality) receiving opioid abatement funds, please tell us the following:
Full name of individual in your subdivision authorized to report on the settlement funds your subdivision received ("administrator " managing/overseeing these funds): **Michael Laffey**

Name of Administering Agency: **Lower Township**

Business Address: **2600 Bayshore Road**

City/Town: **Villas org**

Lead Contact Phone Number: **609-886-2005**
5. As an eligible subdivision receiving abatement funds, which of the following applies to your current status regarding those funds? **We are a municipality and did not transfer our funds.**
6. What amount of your opioid abatement funds did you transfer to the county?
7. Please tell us the full amount of opioid abatement funds you received as of 6/30/23. **\$24,995.69**
8. Please tell us the amount of opioid abatement funds you have expended (as of 6/30/23). **\$0.00**
9. Of the total opioid abatement funds, what amount was spent on program administrative expenses?
\$0.00
10. Please share brief information on your subdivision's overarching goals and priorities to provide context for this program year's spending decisions.
We are working with a local coalition to prioritize our goals and how we can use the funds to achieve such.
11. (This question is for counties only) Have you established an Advisory Committee to inform allocation of funds?
12. Did your subdivision engage the public (e.g., town hall meeting, online survey, convened stakeholders) prior to deciding how to use the opioid abatement funds you received? **No, but plan to in the future.**
13. Please describe your public engagement/input efforts?
14. Does your county/subdivision have a strategic plan? **No, but plan to develop one in the future.**
15. Can we post your strategic plan online?
16. Have you completed a risk assessment profile for demographic or geographic impact? **No, but we plan to in the future.**

New Jersey 2023 Opioid Abatement Report

17. Can we post your risk assessment online?

18. Please tell us your overall rationale for prioritizing the use of the opioid abatement funds that you received (e.g., are you using a needs assessment, a strategic or other plan, or an epidemiological analysis)? **Needs assessment**

Program 1

19. Program name/title: **Lower Township Healthy Youth Coalition**

Agency/funding recipient name: **Cape Assist**

Primary problem being addressed by this program: **Prevention and Education**

Brief program description: **Offer program to educate the Township youth population.**

Program target population: **Youth**

Date this program was funded (please use M/D/Y): **Not yet started.**

Amount of funding for this program: **Not yet started.**

Program launch date: **Not yet started.**

If program has started, how many clients have been seen as of 6/30/2023: **n/a**

What key performance indicators are you tracking to ensure success of the program? **In planning stage.**

Please state this program's statement of impact: **In planning stage.**

How do you plan to measure or track success and impact of this program? **In planning stage.**

20. Primary Category (Please select the category that fits the primary focus of this program).
Prevention and Education

21. The following are other categories that may apply (include all categories with the exception of the Primary category you chose above). **Prevention and Education**

22. Please choose the length of time of this program's duration: **Other (please specify)**

Other (please specify): **We haven't started the program.**

23. How often are you disbursing funds to this program? **Other (please specify)**

Other (please specify): **We haven't started the program.**

24. Rationale for Program

What is the reason for this program spending choice? **Still in planning stage.**

What outcomes or impact does the program aim to achieve? **Still in planning stage.**

New Jersey 2023 Opioid Abatement Report

What is the anticipated number of unduplicated clients this program will reach annually? **Still in planning stage.**

25. Do you have other programs you are funding and/or operating with opioid abatement funds? **No**

New Jersey 2023 Opioid Abatement Report

1. In what county are you located? **Cape May County**
2. For which eligible subdivision (county or municipality) are you reporting? **Middle Township**
3. What is your subdivision's State ID? **NJ133**
4. As an eligible subdivision (county or municipality) receiving opioid abatement funds, please tell us the following:
Full name of individual in your subdivision authorized to report on the settlement funds your subdivision received ("administrator " managing/overseeing these funds): **Kimberly Osmundsen**

Name of Administering Agency: **Middle Township**

Business Address: **33 Mechanic Street**

City/Town: **Cape May Court House**

Lead Contact Phone Number: **609-465-8732**
5. As an eligible subdivision receiving abatement funds, which of the following applies to your current status regarding those funds? **We are a municipality and did not transfer our funds.**
6. What amount of your opioid abatement funds did you transfer to the county?
7. Please tell us the full amount of opioid abatement funds you received as of 6/30/23. **\$27,764.39**
8. Please tell us the amount of opioid abatement funds you have expended (as of 6/30/23). **\$0.00**
9. Of the total opioid abatement funds, what amount was spent on program administrative expenses?
\$0.00
10. Please share brief information on your subdivision's overarching goals and priorities to provide context for this program year's spending decisions.
The Township will begin to create a strategic plan.
11. (This question is for counties only) Have you established an Advisory Committee to inform allocation of funds? **N/A**
12. Did your subdivision engage the public (e.g., town hall meeting, online survey, convened stakeholders) prior to deciding how to use the opioid abatement funds you received? **No, but plan to in the future.**
13. Please describe your public engagement/input efforts?
14. Does your county/subdivision have a strategic plan? **No, but plan to develop one in the future.**
15. Can we post your strategic plan online?
16. Have you completed a risk assessment profile for demographic or geographic impact? **No**
17. Can we post your risk assessment online?

New Jersey 2023 Opioid Abatement Report

18. Please tell us your overall rationale for prioritizing the use of the opioid abatement funds that you received (e.g., are you using a needs assessment, a strategic or other plan, or an epidemiological analysis)? **The Township plans to develop a strategic plan.**

New Jersey 2023 Opioid Abatement Report

1. In what county are you located? **Cape May County**
2. For which eligible subdivision (county or municipality) are you reporting? **Ocean City**
3. What is your subdivision's State ID? **NJ163**
4. As an eligible subdivision (county or municipality) receiving opioid abatement funds, please tell us the following:
Full name of individual in your subdivision authorized to report on the settlement funds your subdivision received("administrator " managing/overseeing these funds): **Doris M. Hartman**

Name of Administering Agency: **City of Ocean City**

Business Address: **861 Asbury Avenue**

City/Town: **Ocean City**

Lead Contact Phone Number: **609-525-9347**
5. As an eligible subdivision receiving abatement funds, which of the following applies to your current status regarding those funds? **We are a municipality and transferred some of our funds to the county.**
6. What amount of your opioid abatement funds did you transfer to the county? **0**
7. Please tell us the full amount of opioid abatement funds you received as of 6/30/23. **\$85,821.62**
8. Please tell us the amount of opioid abatement funds you have expended (as of 6/30/23). **\$14,505.00**
9. Of the total opioid abatement funds, what amount was spent on program administrative expenses? **\$0.00**
10. Please share brief information on your subdivision's overarching goals and priorities to provide context for this program year's spending decisions. **N/A**
11. (This question is for counties only) Have you established an Advisory Committee to inform allocation of funds? **N/A**
12. Did your subdivision engage the public (e.g., town hall meeting, online survey, convened stakeholders) prior to deciding how to use the opioid abatement funds you received? **No**
13. Please describe your public engagement/input efforts?
14. Does your county/subdivision have a strategic plan? **No**
15. Can we post your strategic plan online?
16. Have you completed a risk assessment profile for demographic or geographic impact? **No**
17. Can we post your risk assessment online?

New Jersey 2023 Opioid Abatement Report

18. Please tell us your overall rationale for prioritizing the use of the opioid abatement funds that you received (e.g., are you using a needs assessment, a strategic or other plan, or an epidemiological analysis)? **N/A**

Program 1

19. Program name/title: **L.E.A.D PROGRAM FOR 5TH GRADE STUDENTS**

Agency/funding recipient name: **MR. ICE CREAM MAN/SOUTH JERESY ELECTRIC VEHICLES**

Primary problem being addressed by this program: **DRUGS AND ALCOHOL ABUSE**

Brief program description: **PROVIDED LEADERSHIP, RESOURCES AND MANAGEMENT TO DETER THESE 5TH GRADERS FROM DRUG AND ALCOHOL RELATED CRIMES.**

Program target population: **5TH GRADERS**

Date this program was funded (please use M/D/Y): **May 5, 2023**

Amount of funding for this program: **\$9,505.00**

Program launch date: **MARCH 7, 2023**

If program has started, how many clients have been seen as of 6/30/2023: **75**

What key performance indicators are you tracking to ensure success of the program?

- **L.E.A.D. creates true partnerships with schools by training police officers and teachers in the L.E.A.D. authorized curriculum.**
- **L.E.A.D. instructors are the community leaders in addressing the opioid epidemic in local cities and towns.**
- **L.E.A.D. Agencies and Instructors create safer, healthier communities through schools, businesses and community leaders.**
- **L.E.A.D. Agencies are the major source of distribution in providing Naloxone on the street in communities throughout the United States.**

Please state this program's statement of impact:

L.E.A.D. has a prestigious organizational structure with national leaders from its board of directors to its advisory boards and working groups. The various boards include the past president and the current president of the International Association of Chiefs of Police (IACP), as well as internationally recognized business, financial, and prevention experts- with over 90 leaders from these fields to serve local communities. L.E.A.D. also maintains ON THE STREET Officer and Educator Certification Programs. These trainings are designed to certify all Law Enforcement Officers and Teachers in detailed curricula that addresses the Missions of L.E.A.D. The curricula will be presented in (4) four modules to address Drug Abuse, Drug Related Crimes, Bullying and Violence while Promoting Law Enforcement Services.

How do you plan to measure or track success and impact of this program? **Pre-test/post-test, 20-week post-test, and a follow-up)**

20. Primary Category (Please select the category that fits the primary focus of this program). **Harm Reduction**

21. The following are other categories that may apply (include all categories with the exception of the Primary category you chose above). **Overdose Prevention, Prevention and Education**

22. Please choose the length of time of this program's duration:

Other (please specify): **ONE DAY EVENT**

23. How often are you disbursing funds to this program?

Other (please specify): **ONE DAY EVENT**

24. Rationale for Program

What is the reason for this program spending choice? **EDUCATE STUDENTS**

What outcomes or impact does the program aim to achieve? **DETERENCE**

What is the anticipated number of unduplicated clients this program will reach annually? **N/A**

25. Do you have other programs you are funding and/or operating with opioid abatement funds? **YES**

Program 2

19. Program name/title: **JUNETEENTH 2023**

Agency/funding recipient name: **COUNT ON COMEDY**

Primary problem being addressed by this program: **PREVENTION & EDUCATION**

Brief program description:

Program target population: **ALL ATTENDEES**

Date this program was funded (please use M/D/Y): **MAY 22, 2023**

Amount of funding for this program: **\$5,000.00**

Program launch date: **JUNE 19, 2023**

If program has started, how many clients have been seen as of 6/30/2023:

What key performance indicators are you tracking to ensure success of the program?

Please state this program's statement of impact:

How do you plan to measure or track success and impact of this program?

20. Primary Category (Please select the category that fits the primary focus of this program).
PREVENTION & EDUCATION

21. The following are other categories that may apply (include all categories with the exception of the Primary category you chose above).

22. Please choose the length of time of this program's duration:

Other (please specify): **ONE DAY EVENT**

23. How often are you disbursing funds to this program?

Other (please specify): **ONE DAY EVENT**

24. Rationale for Program

What is the reason for this program spending choice? **EDUCATE THE ATTENDEES**

What outcomes or impact does the program aim to achieve? **DETERENCE AND KNOWLEDGE**

What is the anticipated number of unduplicated clients this program will reach annually? **N/A**

25. Do you have other programs you are funding and/or operating with opioid abatement funds? **No**

New Jersey 2023 Opioid Abatement Report

1. In what county are you located? **Cape May County**
2. For which eligible subdivision (county or municipality) are you reporting? **Upper Township**
3. What is your subdivision's State ID? **NJ232**
4. As an eligible subdivision (county or municipality) receiving opioid abatement funds, please tell us the following:
Full name of individual in your subdivision authorized to report on the settlement funds your subdivision received ("administrator " managing/overseeing these funds): **Barbara A. Ludy**

Name of Administering Agency: **Upper Township**

Business Address: **P.O. Box 205**

City/Town: **Tuckahoe, NJ 08250**

Lead Contact Phone Number: **609-628-2806**
5. As an eligible subdivision receiving abatement funds, which of the following applies to your current status regarding those funds? **We are a municipality and did not transfer our funds.**
6. What amount of your opioid abatement funds did you transfer to the county?
7. Please tell us the full amount of opioid abatement funds you received as of 6/30/23. **\$7,313.31**
8. Please tell us the amount of opioid abatement funds you have expended (as of 6/30/23). **\$0.00**
9. Of the total opioid abatement funds, what amount was spent on program administrative expenses?
\$0.00
10. Please share brief information on your subdivision's overarching goals and priorities to provide context for this program year's spending decisions. **Not yet determined**
11. (This question is for counties only) Have you established an Advisory Committee to inform allocation of funds?
12. Did your subdivision engage the public (e.g., town hall meeting, online survey, convened stakeholders) prior to deciding how to use the opioid abatement funds you received? **No**
13. Please describe your public engagement/input efforts?
14. Does your county/subdivision have a strategic plan? **No**
15. Can we post your strategic plan online?
16. Have you completed a risk assessment profile for demographic or geographic impact? **No**
17. Can we post your risk assessment online?

New Jersey 2023 Opioid Abatement Report

18. Please tell us your overall rationale for prioritizing the use of the opioid abatement funds that you received (e.g., are you using a needs assessment, a strategic or other plan, or an epidemiological analysis)? **Not yet determined**

New Jersey 2023 Opioid Abatement Report

1. In what county are you located? **Cumberland County**
2. For which eligible subdivision (county or municipality) are you reporting? **Bridgeton City**
3. What is your subdivision's State ID? **NJ20**
4. As an eligible subdivision (county or municipality) receiving opioid abatement funds, please tell us the following:
Full name of individual in your subdivision authorized to report on the settlement funds your subdivision received ("administrator " managing/overseeing these funds): **Trisha McGahhey**

Name of Administering Agency: **Bridgeton City**

Business Address: **181 E Commerce Street**

City/Town: **Bridgeton**

Lead Contact Phone Number: **856-455-3230 ext. 214**
5. As an eligible subdivision receiving abatement funds, which of the following applies to your current status regarding those funds? **We are a municipality and did not transfer our funds.**
6. What amount of your opioid abatement funds did you transfer to the county?
7. Please tell us the full amount of opioid abatement funds you received as of 6/30/23. **\$87,441.97**
8. Please tell us the amount of opioid abatement funds you have expended (as of 6/30/23). **\$0.00**
9. Of the total opioid abatement funds, what amount was spent on program administrative expenses?
\$0.00
10. Please share brief information on your subdivision's overarching goals and priorities to provide context for this program year's spending decisions.
Our subdivision has started an internal committee to review community outreach programs, our first meeting was June 29th 2023. We met to discuss where the funds can be used to benefit the direct community with regards to substance and mental health issues. We discussed trying to find programs that we weren't directly apart of already or already get for free such as Naloxone. Our main focus is how we can benefit the community of Bridgeton directly to ensure our citizens get the benefit of the funds.
11. (This question is for counties only) Have you established an Advisory Committee to inform allocation of funds?
12. Did your subdivision engage the public (e.g., town hall meeting, online survey, convened stakeholders) prior to deciding how to use the opioid abatement funds you received? **No**
13. Please describe your public engagement/input efforts?
14. Does your county/subdivision have a strategic plan? **No, but plan to develop one in the future.**
15. Can we post your strategic plan online?

New Jersey 2023 Opioid Abatement Report

16. Have you completed a risk assessment profile for demographic or geographic impact? **No**

17. Can we post your risk assessment online?

18. Please tell us your overall rationale for prioritizing the use of the opioid abatement funds that you received (e.g., are you using a needs assessment, a strategic or other plan, or an epidemiological analysis)?

The city is still reviewing program options, some will be on a needs assessment basis and others would strategic/other plan with existing services available to the community. Overall, we are reviewing options that will best benefit the direct community and fit within the guidelines of the settlement.

New Jersey 2023 Opioid Abatement Report

1. In what county are you located? **Cumberland County**
2. For which eligible subdivision (county or municipality) are you reporting? **Cumberland County**
3. What is your subdivision's State ID? **NJ39**
4. As an eligible subdivision (county or municipality) receiving opioid abatement funds, please tell us the following:
 - Full name of individual in your subdivision authorized to report on the settlement funds your subdivision received ("administrator " managing/overseeing these funds): **Jeffrey Ridgway**
 - Name of Administering Agency: **County of Cumberland**
 - Business Address: **164 W Broad St**
 - City/Town: **Bridgeton**
 - Lead Contact Phone Number: **856-453-2136**
5. As an eligible subdivision receiving abatement funds, which of the following applies to your current status regarding those funds? **We are a county and did not transfer our funds.**
6. What amount of your opioid abatement funds did you transfer to the county?
7. Please tell us the full amount of opioid abatement funds you received as of 6/30/23. **\$414,704.40**
8. Please tell us the amount of opioid abatement funds you have expended (as of 6/30/23). **\$0.00**
9. Of the total opioid abatement funds, what amount was spent on program administrative expenses? **\$0.00**
10. Please share brief information on your subdivision's overarching goals and priorities to provide context for this program year's spending decisions. **In progress**
11. (This question is for counties only) Have you established an Advisory Committee to inform allocation of funds? **Yes**
12. Did your subdivision engage the public (e.g., town hall meeting, online survey, convened stakeholders) prior to deciding how to use the opioid abatement funds you received? **No, but plan to in the future.**
13. Please describe your public engagement/input efforts?
14. Does your county/subdivision have a strategic plan? **No, but plan to develop one in the future.**
15. Can we post your strategic plan online?
16. Have you completed a risk assessment profile for demographic or geographic impact? **No, but we plan to in the future.**

New Jersey 2023 Opioid Abatement Report

17. Can we post your risk assessment online?

18. Please tell us your overall rationale for prioritizing the use of the opioid abatement funds that you received (e.g., are you using a needs assessment, a strategic or other plan, or an epidemiological analysis)? **In progress; no funds expended or plan in place yet**

New Jersey 2023 Opioid Abatement Report

1. In what county are you located? **Cumberland County**
2. For which eligible subdivision (county or municipality) are you reporting? **Millville City**
3. What is your subdivision's State ID? **NJ139**
4. As an eligible subdivision (county or municipality) receiving opioid abatement funds, please tell us the following:
Full name of individual in your subdivision authorized to report on the settlement funds your subdivision received ("administrator " managing/overseeing these funds): **Marcella Shepard**

Name of Administering Agency: **Marcella Shepard**

Business Address: **12 S High Street**

City/Town: **Millville**

Lead Contact Phone Number: **856-825-7000**
5. As an eligible subdivision receiving abatement funds, which of the following applies to your current status regarding those funds? **We are a municipality and did not transfer our funds.**
6. What amount of your opioid abatement funds did you transfer to the county?
7. Please tell us the full amount of opioid abatement funds you received as of 6/30/23. **\$84,382.24**
8. Please tell us the amount of opioid abatement funds you have expended (as of 6/30/23). **\$0.00**
9. Of the total opioid abatement funds, what amount was spent on program administrative expenses?
\$0.00
10. Please share brief information on your subdivision's overarching goals and priorities to provide context for this program year's spending decisions. **In the planning stage.**
11. (This question is for counties only) Have you established an Advisory Committee to inform allocation of funds?
12. Did your subdivision engage the public (e.g., town hall meeting, online survey, convened stakeholders) prior to deciding how to use the opioid abatement funds you received? **No, but plan to in the future.**
13. Please describe your public engagement/input efforts?
14. Does your county/subdivision have a strategic plan? **No**
15. Can we post your strategic plan online?
16. Have you completed a risk assessment profile for demographic or geographic impact? **No**
17. Can we post your risk assessment online?

New Jersey 2023 Opioid Abatement Report

18. Please tell us your overall rationale for prioritizing the use of the opioid abatement funds that you received (e.g., are you using a needs assessment, a strategic or other plan, or an epidemiological analysis)? **Not sure yet**

New Jersey 2023 Opioid Abatement Report

1. In what county are you located? **Cumberland County**
2. For which eligible subdivision (county or municipality) are you reporting? **Vineland City**
3. What is your subdivision's State ID? **NJ235**
4. As an eligible subdivision (county or municipality) receiving opioid abatement funds, please tell us the following:
Full name of individual in your subdivision authorized to report on the settlement funds your subdivision received ("administrator " managing/overseeing these funds): **Emma Lopez**

Name of Administering Agency: **City of Vineland Department of Health**

Business Address: **640 E. Wood Street**

City/Town: **Vineland**

Lead Contact Phone Number: **856-794-4000 *4709**
5. As an eligible subdivision receiving abatement funds, which of the following applies to your current status regarding those funds? **We are a municipality and did not transfer our funds.**
6. What amount of your opioid abatement funds did you transfer to the county?
7. Please tell us the full amount of opioid abatement funds you received as of 6/30/23. **\$210,243.20**
8. Please tell us the amount of opioid abatement funds you have expended (as of 6/30/23). **\$0.00**
9. Of the total opioid abatement funds, what amount was spent on program administrative expenses?
\$0.00
10. Please share brief information on your subdivision's overarching goals and priorities to provide context for this program year's spending decisions.
Our overarching goal will be to supplement the mission of our community coalition by improving our prevention programs, reducing recidivism rate for treatment centers, supporting recovery programs efforts by providing social services support upon patient discharge and create a "warm hand-off" initiative.
11. (This question is for counties only) Have you established an Advisory Committee to inform allocation of funds?
12. Did your subdivision engage the public (e.g., town hall meeting, online survey, convened stakeholders) prior to deciding how to use the opioid abatement funds you received? **No, but plan to in the future.**
13. Please describe your public engagement/input efforts?
14. Does your county/subdivision have a strategic plan? **No**
15. Can we post your strategic plan online?

New Jersey 2023 Opioid Abatement Report

16. Have you completed a risk assessment profile for demographic or geographic impact? **No**

17. Can we post your risk assessment online?

18. Please tell us your overall rationale for prioritizing the use of the opioid abatement funds that you received (e.g., are you using a needs assessment, a strategic or other plan, or an epidemiological analysis)?

We have not funded any programs as of yet. However, we are aware of gaps in services in our municipality however will be utilizing needs assessments to prioritize community coalition activities.

New Jersey 2023 Opioid Abatement Report

1. In what county are you located? **Essex County**
2. For which eligible subdivision (county or municipality) are you reporting? **Belleville Township**
3. What is your subdivision's State ID? **NJ8**

NO REPORT RECEIVED

New Jersey 2023 Opioid Abatement Report

1. In what county are you located? **Essex County**
2. For which eligible subdivision (county or municipality) are you reporting? **Bloomfield Township**
3. What is your subdivision's State ID? **NJ15**
4. As an eligible subdivision (county or municipality) receiving opioid abatement funds, please tell us the following:
Full name of individual in your subdivision authorized to report on the settlement funds your subdivision received ("administrator " managing/overseeing these funds): **Jennifer Semler**

Name of Administering Agency: **Township of Bloomfield**

Business Address: **1 Municipal Plaza**

City/Town: **Bloomfield**

Lead Contact Phone Number: **973-680-4041**
5. As an eligible subdivision receiving abatement funds, which of the following applies to your current status regarding those funds? **We are a municipality and did not transfer our funds.**
6. What amount of your opioid abatement funds did you transfer to the county?
7. Please tell us the full amount of opioid abatement funds you received as of 6/30/23. **\$49,358.16**
8. Please tell us the amount of opioid abatement funds you have expended (as of 6/30/23). **\$0.00**
9. Of the total opioid abatement funds, what amount was spent on program administrative expenses?
\$0.00
10. Please share brief information on your subdivision's overarching goals and priorities to provide context for this program year's spending decisions.
Goals and priorities are still being determined by the Township of Bloomfield.
11. (This question is for counties only) Have you established an Advisory Committee to inform allocation of funds?
12. Did your subdivision engage the public (e.g., town hall meeting, online survey, convened stakeholders) prior to deciding how to use the opioid abatement funds you received? **No, but plan to in the future.**
13. Please describe your public engagement/input efforts?
14. Does your county/subdivision have a strategic plan? **No, but plan to develop one in the future.**
15. Can we post your strategic plan online?
16. Have you completed a risk assessment profile for demographic or geographic impact? **No, but we plan to in the future.**

New Jersey 2023 Opioid Abatement Report

17. Can we post your risk assessment online?

18. Please tell us your overall rationale for prioritizing the use of the opioid abatement funds that you received (e.g., are you using a needs assessment, a strategic or other plan, or an epidemiological analysis)?

This is to be determined in participation with the Health Department and Human Services Department.

New Jersey 2023 Opioid Abatement Report

1. In what county are you located? **Essex County**
2. For which eligible subdivision (county or municipality) are you reporting? **Cedar Grove Township**
3. What is your subdivision's State ID? **NJ28**
4. As an eligible subdivision (county or municipality) receiving opioid abatement funds, please tell us the following:
 - Full name of individual in your subdivision authorized to report on the settlement funds your subdivision received ("administrator " managing/overseeing these funds): **Joseph Zichelli**
 - Name of Administering Agency: **Twp of Cedar Grove**
 - Business Address: **525 Pompton Avenue**
 - City/Town: **Cedar Grove**
 - Lead Contact Phone Number: **973-239-1410 ext. 202**
5. As an eligible subdivision receiving abatement funds, which of the following applies to your current status regarding those funds? **We are a municipality and did not transfer our funds.**
6. What amount of your opioid abatement funds did you transfer to the county?
7. Please tell us the full amount of opioid abatement funds you received as of 6/30/23. **\$2,354.90**
8. Please tell us the amount of opioid abatement funds you have expended (as of 6/30/23). **\$0.00**
9. Of the total opioid abatement funds, what amount was spent on program administrative expenses? **\$0.00**
10. Please share brief information on your subdivision's overarching goals and priorities to provide context for this program year's spending decisions. **N/A**
11. (This question is for counties only) Have you established an Advisory Committee to inform allocation of funds? **N/A**
12. Did your subdivision engage the public (e.g., town hall meeting, online survey, convened stakeholders) prior to deciding how to use the opioid abatement funds you received? **No, but plan to in the future.**
13. Please describe your public engagement/input efforts?
14. Does your county/subdivision have a strategic plan? **No, but plan to develop one in the future.**
15. Can we post your strategic plan online?
16. Have you completed a risk assessment profile for demographic or geographic impact? **No, but we plan to in the future.**

New Jersey 2023 Opioid Abatement Report

17. Can we post your risk assessment online?

18. Please tell us your overall rationale for prioritizing the use of the opioid abatement funds that you received (e.g., are you using a needs assessment, a strategic or other plan, or an epidemiological analysis)? **A strategic or other plan**

New Jersey 2023 Opioid Abatement Report

1. In what county are you located? **Essex County**
2. For which eligible subdivision (county or municipality) are you reporting? **East Orange City**
3. What is your subdivision's State ID? **NJ48**
4. As an eligible subdivision (county or municipality) receiving opioid abatement funds, please tell us the following:
Full name of individual in your subdivision authorized to report on the settlement funds your subdivision received ("administrator " managing/overseeing these funds): **Dorothy Gallagher**

Name of Administering Agency: **Dorothy Gallagher**

Business Address: **44 City Hall Plaza**

City/Town: **East Orange**

Lead Contact Phone Number: **1-973-266-5155**
5. As an eligible subdivision receiving abatement funds, which of the following applies to your current status regarding those funds? **We are a municipality and did not transfer our funds.**
6. What amount of your opioid abatement funds did you transfer to the county?
7. Please tell us the full amount of opioid abatement funds you received as of 6/30/23. **\$540,098.88**
8. Please tell us the amount of opioid abatement funds you have expended (as of 6/30/23). **\$0.00**
9. Of the total opioid abatement funds, what amount was spent on program administrative expenses?
\$0.00
10. Please share brief information on your subdivision's overarching goals and priorities to provide context for this program year's spending decisions.
To provide opioid awareness to the community including the effects of the addiction and the impact on the lives of those who are addicted and the people who care about them.
11. (This question is for counties only) Have you established an Advisory Committee to inform allocation of funds?
12. Did your subdivision engage the public (e.g., town hall meeting, online survey, convened stakeholders) prior to deciding how to use the opioid abatement funds you received? **No**
13. Please describe your public engagement/input efforts?
14. Does your county/subdivision have a strategic plan? **No, but plan to develop one in the future.**
15. Can we post your strategic plan online?
16. Have you completed a risk assessment profile for demographic or geographic impact? **No**

New Jersey 2023 Opioid Abatement Report

17. Can we post your risk assessment online?

18. Please tell us your overall rationale for prioritizing the use of the opioid abatement funds that you received (e.g., are you using a needs assessment, a strategic or other plan, or an epidemiological analysis)? **Needs assessment**

Program 1

19. Program name/title: **Opioid Awareness**

Agency/funding recipient name: **Various vendors**

Primary problem being addressed by this program: **Education of the population regarding the assistance available to people in need**

Brief program description: **The City plans to use funds to have an opioid awareness event, including pamphlets with information, music and food**

Program target population: **All residents of the City of East Orange as well residents from other towns**

Date this program was funded (please use M/D/Y): **To be determined**

Amount of funding for this program: **\$40,000.00**

Program launch date: **To be determined**

If program has started, how many clients have been seen as of 6/30/2023: **Not Applicable**

What key performance indicators are you tracking to ensure success of the program? **Number of persons that attend the event**

Please state this program's statement of impact: **Educate the people about the dangers of opioid addiction and how and where to get help**

How do you plan to measure or track success and impact of this program? **An analysis may be prepared to compare the number emergency calls from one year to the next**

20. Primary Category (Please select the category that fits the primary focus of this program).
Prevention and Education

21. The following are other categories that may apply (include all categories with the exception of the Primary category you chose above). **Harm Reduction, Recovery and Support**

22. Please choose the length of time of this program's duration: **Less than 1 year**

Other (please specify):

23. How often are you disbursing funds to this program? **One time only**

Other (please specify):

24. Rationale for Program

New Jersey 2023 Opioid Abatement Report

What is the reason for this program spending choice? **To reach a large number of people**

What outcomes or impact does the program aim to achieve? **Promote awareness**

What is the anticipated number of unduplicated clients this program will reach annually? **500 people**

25. Do you have other programs you are funding and/or operating with opioid abatement funds? **No**

New Jersey 2023 Opioid Abatement Report

1. In what county are you located? **Essex County**
2. For which eligible subdivision (county or municipality) are you reporting? **Essex County**
3. What is your subdivision's State ID? **NJ57**
4. As an eligible subdivision (county or municipality) receiving opioid abatement funds, please tell us the following:
Full name of individual in your subdivision authorized to report on the settlement funds your subdivision received ("administrator " managing/overseeing these funds): **Colette DeGrezia**

Name of Administering Agency: **Colette DeGrezia**

Business Address: **465 Dr. Martin Luther King Jr. Blvd, Room 413**

City/Town: **Newark**

Lead Contact Phone Number: **973-395-8174**
5. As an eligible subdivision receiving abatement funds, which of the following applies to your current status regarding those funds? **We are a county and did not transfer our funds.**
6. What amount of your opioid abatement funds did you transfer to the county?
7. Please tell us the full amount of opioid abatement funds you received as of 6/30/23. **\$771,466.30**
8. Please tell us the amount of opioid abatement funds you have expended (as of 6/30/23). **\$0.00**
9. Of the total opioid abatement funds, what amount was spent on program administrative expenses?
\$0.00
10. Please share brief information on your subdivision's overarching goals and priorities to provide context for this program year's spending decisions. **A Request for Proposal document was drafted and e-mailed out to the County Advisory Council. The primary purpose of the RFP is for an opioid use disorder needs assessment to identify the most pressing needs in our community related to the harms of substance use, preventing overdose deaths, and enhancing/expanding opioid use disorder prevention, treatment, recovery support and related services.**
11. (This question is for counties only) Have you established an Advisory Committee to inform allocation of funds? **Yes.**
12. Did your subdivision engage the public (e.g., town hall meeting, online survey, convened stakeholders) prior to deciding how to use the opioid abatement funds you received? **No, but plan to in the future.**
13. Please describe your public engagement/input efforts?
14. Does your county/subdivision have a strategic plan? **No, but plan to develop one in the future.**
15. Can we post your strategic plan online?

New Jersey 2023 Opioid Abatement Report

16. Have you completed a risk assessment profile for demographic or geographic impact? **No**

17. Can we post your risk assessment online?

18. Please tell us your overall rationale for prioritizing the use of the opioid abatement funds that you received (e.g., are you using a needs assessment, a strategic or other plan, or an epidemiological analysis)? **Needs assessment/strategic plan**

New Jersey 2023 Opioid Abatement Report

1. In what county are you located? **Essex County**
2. For which eligible subdivision (county or municipality) are you reporting? **Irvington Township**
3. What is your subdivision's State ID? **NJ101**

NO REPORT RECEIVED

New Jersey 2023 Opioid Abatement Report

1. In what county are you located? **Essex County**
2. For which eligible subdivision (county or municipality) are you reporting? **Livingston Township**
3. What is your subdivision's State ID? **NJ115**

NO REPORT RECEIVED

New Jersey 2023 Opioid Abatement Report

1. In what county are you located? **Essex County**
2. For which eligible subdivision (county or municipality) are you reporting? **Maplewood Township**
3. What is your subdivision's State ID? **NJ128**
4. As an eligible subdivision (county or municipality) receiving opioid abatement funds, please tell us the following:
Full name of individual in your subdivision authorized to report on the settlement funds your subdivision received ("administrator " managing/overseeing these funds): **Candice Davenport**

Name of Administering Agency: **Maplewood Health Department**

Business Address: **574 Valley St.**

City/Town: **Maplewood**

Lead Contact Phone Number: **973-762-8120 ext. 4400**
5. As an eligible subdivision receiving abatement funds, which of the following applies to your current status regarding those funds? **We are a municipality and did not transfer our funds.**
6. What amount of your opioid abatement funds did you transfer to the county?
7. Please tell us the full amount of opioid abatement funds you received as of 6/30/23. **\$29,273.12**
8. Please tell us the amount of opioid abatement funds you have expended (as of 6/30/23). **\$0.00**
9. Of the total opioid abatement funds, what amount was spent on program administrative expenses? **\$0.00**
10. Please share brief information on your subdivision's overarching goals and priorities to provide context for this program year's spending decisions. **• Maplewood plans to hire a part- time Crisis Intervention Social Worker (CISW) and support the development of a CISW co-responder program for the following services o Schedule B: Approved Use-Treatment: "C: CISW will CONNECT PEOPLE WHO NEED HELP TO THE HELP THEY NEED (CONNECTIONS TO CARE), and D: ADDRESS THE NEEDS OF CRIMINAL JUSTICE-INVOLVED PERSONSE, #6: Co-Responder and/ or alternative responder models to address opioid use disorder (OUD)-related 911 calls with greater substance use disorder (SUD) expertise". o Schedule B: Approved Use- Prevention: "G: PREVENT MISUSE OF OPIOIDS, # 10: Create or support community-based education or intervention services for families, youth, and adolescents at risk for OUD and any co-occurring SUD/ mental health (MH) conditions". • Maplewood plans to support the Municipal Alliance in their efforts to o Schedule A: Core Strategies "G. PREVENTION PROGRAMS, #4: Funding for community drug disposal programs". o Schedule B: Approved Use-Prevention: "G. PREVENT MISUSE OF OPIOIDS, #3: Public education relating to drug disposal, #4: Drug take back disposal or destruction programs, #5: Funding community anti-drug coalitions that engage in drug prevention efforts, and #11: Support evidence-informed programs or curricula to address mental health needs of young people who may be at risk of misusing opioids or other drugs, including emotional modulation and resilience skills".**

New Jersey 2023 Opioid Abatement Report

11. (This question is for counties only) Have you established an Advisory Committee to inform allocation of funds?
12. Did your subdivision engage the public (e.g., town hall meeting, online survey, convened stakeholders) prior to deciding how to use the opioid abatement funds you received? **Yes**
13. Please describe your public engagement/input efforts?
Discussed opioid funding with township Municipal Alliance and with township committee members and administration on how to use the funding.
14. Does your county/subdivision have a strategic plan? **No, but plan to develop one in the future.**
15. Can we post your strategic plan online?
16. Have you completed a risk assessment profile for demographic or geographic impact? **No, but we plan to in the future.**
17. Can we post your risk assessment online?
18. Please tell us your overall rationale for prioritizing the use of the opioid abatement funds that you received (e.g., are you using a needs assessment, a strategic or other plan, or an epidemiological analysis)?
Based on police report data, Narcan administration by police and fire dept (EMS), opioid fatalities report from Essex County Regional Health Commission, feedback and objectives of the Municipal Alliance.

Program 1

19. Program name/title: **Part Time Crisis Intervention Social Worker**
- Agency/funding recipient name: **Township of Maplewood**
- Primary problem being addressed by this program: **Mental Health, substance use, including opioids, homelessness**
- Brief program description: **The Crisis Intervention Social Worker (CISW) follows the Co-responder Team Model, which is a model for crisis response that pairs trained officers with mental health professionals to respond to incidents involving individuals experiencing a behavioral health crisis. The Crisis Intervention Social Worker responds to both mental health crises and mental health emergencies. A mental health crisis is defined as an individual's inability to cope with or adjust to everyday life stressors and is typically non-life threatening. A mental health emergency is defined as a life-threatening situation in which an individual is threatening immediate harm to themselves or others and is severely disoriented or out of touch with reality.**
- Program target population: **All ages, those in crisis, families, elderly, neurodivergent, homeless.**
- Date this program was funded (please use M/D/Y): **TBD**
- Amount of funding for this program: **TBD**
- Program launch date: **June 2023**
- If program has started, how many clients have been seen as of 6/30/2023: **20**

New Jersey 2023 Opioid Abatement Report

What key performance indicators are you tracking to ensure success of the program? **# of cases co-responded, # of cases referred to mental health resources or social services, # of cases closed, decrease in chronic callers who overburden the first responder system.**

Please state this program's statement of impact: **To improve the services provided to residents with a focus on mental health and wellness during a crisis, through a co-response model with first responders.**

How do you plan to measure or track success and impact of this program? **# of cases co-responded, # of cases referred to mental health resources or social services, # of cases closed, decrease in chronic callers who overburden the first responder system.**

20. Primary Category (Please select the category that fits the primary focus of this program). **Long-Term Resiliency**

21. The following are other categories that may apply (include all categories with the exception of the Primary category you chose above). **Harm Reduction, Overdose Prevention, Diversion from Incarceration, Prevention and Education, Recovery and Support, Treatment, Workforce Development**

22. Please choose the length of time of this program's duration: **Other (please specify)**

Other (please specify): **ongoing program, throughout the year.**

23. How often are you disbursing funds to this program? **Quarterly**

Other (please specify):

24. Rationale for Program

What is the reason for this program spending choice? **To address mental health needs and provide resources to prevent or treat substance use when associated with a crisis situation.**

What outcomes or impact does the program aim to achieve? **To improve the services provided to residents with a focus on mental health and wellness during a crisis, through a co-response model with first responders.**

What is the anticipated number of unduplicated clients this program will reach annually? **100**

25. Do you have other programs you are funding and/or operating with opioid abatement funds? **Yes**

Program 2

19. Program name/title: **Municipal Alliance**

Agency/funding recipient name: **Township of Maplewood**

Primary problem being addressed by this program: **Education and community outreach programs to prevent substance use, esp. among vulnerable populations: youth, elderly, etc.**

New Jersey 2023 Opioid Abatement Report

Brief program description: **The purpose of the Maplewood/South Orange Municipal Alliance is to Prevent Alcoholism and Drug Abuse. Municipal Alliances are funded by state of New Jersey under the Governor's Council on Alcoholism and Drug Abuse. The Municipal Alliance local ordinance was issued in 1990 in Maplewood (Chapter 10, Ord. #1832). The Maplewood/South Orange Municipal Alliance promotes the mental, social and physical health of its community members by fostering an environment that is free of misuse and abuse of alcohol, marijuana, vaping and other illicit drugs.**

Program target population: **Families, middle and high school aged youth, young adults, LGBTQ+, elderly**

Date this program was funded (please use M/D/Y): **TBD**

Amount of funding for this program: **TBD**

Program launch date: **ongoing annual programs**

If program has started, how many clients have been seen as of 6/30/2023: **not started.**

What key performance indicators are you tracking to ensure success of the program? **# of students attending social after-school programs, # of students attending drug free sponsored community programming, # of educational information distributed, weight of monthly/ quarterly medications dropped off at police dept.**

Please state this program's statement of impact: **The Maplewood/South Orange Municipal Alliance promotes the mental, social and physical health of its community members by fostering an environment that is free of misuse and abuse of alcohol, marijuana, vaping and other illicit drugs.**

How do you plan to measure or track success and impact of this program? **# of students attending social after-school programs, # of students attending drug free sponsored community programming, # of educational information distributed, weight of monthly/ quarterly medications dropped off at police dept.**

20. Primary Category (Please select the category that fits the primary focus of this program).
Prevention and Education

21. The following are other categories that may apply (include all categories with the exception of the Primary category you chose above). **Harm Reduction, Overdose Prevention, Long-Term Resiliency**

22. Please choose the length of time of this program's duration: **1 year**

Other (please specify):

23. How often are you disbursing funds to this program? **One time only**

Other (please specify):

24. Rationale for Program

What is the reason for this program spending choice? **Funding would support additional community programming through The Maplewood/South Orange Municipal Alliance which promotes the mental, social and physical health of its community members by fostering an environment that is free of misuse and abuse of alcohol, marijuana, vaping and other illicit drugs.**

New Jersey 2023 Opioid Abatement Report

What outcomes or impact does the program aim to achieve? **To increase in the number of innovative programs that students and community members are engaged in that promote drug prevention and safe drug disposal and an increased positive outlook, confidence and community attachment among the youth.**

What is the anticipated number of unduplicated clients this program will reach annually? **>2000**

25. Do you have other programs you are funding and/or operating with opioid abatement funds? **No**

New Jersey 2023 Opioid Abatement Report

1. In what county are you located? **Essex County**
2. For which eligible subdivision (county or municipality) are you reporting? **Millburn Township**
3. What is your subdivision's State ID? **NJ137**

NO REPORT RECEIVED

New Jersey 2023 Opioid Abatement Report

1. In what county are you located? **Essex County**
2. For which eligible subdivision (county or municipality) are you reporting? **Montclair Township**
3. What is your subdivision's State ID? **NJ143**
4. As an eligible subdivision (county or municipality) receiving opioid abatement funds, please tell us the following:
Full name of individual in your subdivision authorized to report on the settlement funds your subdivision received("administrator " managing/overseeing these funds): **Padmaja Rao**

Name of Administering Agency: **Township of Montclair**

Business Address: **205 Claremont Avenue**

City/Town: **Montclair**

Lead Contact Phone Number: **973-509-4964**
5. As an eligible subdivision receiving abatement funds, which of the following applies to your current status regarding those funds? **We are a municipality and did not transfer our funds.**
6. What amount of your opioid abatement funds did you transfer to the county?
7. Please tell us the full amount of opioid abatement funds you received as of 6/30/23. **\$245,709.88**
8. Please tell us the amount of opioid abatement funds you have expended (as of 6/30/23). **\$0.00**
9. Of the total opioid abatement funds, what amount was spent on program administrative expenses?
\$0.00
10. Please share brief information on your subdivision's overarching goals and priorities to provide context for this program year's spending decisions. **We are planning to get an MOU with an outside agency that provides opioid treatment services. We also started the purchasing process for fentanyl and xylazine test strips to distribute to interested residents and at special events.**
11. (This question is for counties only) Have you established an Advisory Committee to inform allocation of funds?
12. Did your subdivision engage the public (e.g., town hall meeting, online survey, convened stakeholders) prior to deciding how to use the opioid abatement funds you received? **No, but plan to in the future.**
13. Please describe your public engagement/input efforts?
14. Does your county/subdivision have a strategic plan? **No**
15. Can we post your strategic plan online?
16. Have you completed a risk assessment profile for demographic or geographic impact? **No**

New Jersey 2023 Opioid Abatement Report

17. Can we post your risk assessment online?

18. Please tell us your overall rationale for prioritizing the use of the opioid abatement funds that you received (e.g., are you using a needs assessment, a strategic or other plan, or an epidemiological analysis)? ---

New Jersey 2023 Opioid Abatement Report

1. In what county are you located? **Essex County**
2. For which eligible subdivision (county or municipality) are you reporting? **Newark City**
3. What is your subdivision's State ID? **NJ156**
4. As an eligible subdivision (county or municipality) receiving opioid abatement funds, please tell us the following:
Full name of individual in your subdivision authorized to report on the settlement funds your subdivision received("administrator " managing/overseeing these funds): **Emilia Perez**

Name of Administering Agency: **Emilia Perez**

Business Address: **920 Broad Street**

City/Town: **Newark**

Lead Contact Phone Number: **732-501-2468**
5. As an eligible subdivision receiving abatement funds, which of the following applies to your current status regarding those funds? **We are a municipality and did not transfer our funds.**

REPORT INCOMPLETE

New Jersey 2023 Opioid Abatement Report

1. In what county are you located? **Essex County**
2. For which eligible subdivision (county or municipality) are you reporting? **Nutley Township**
3. What is your subdivision's State ID? **NJ161**
4. As an eligible subdivision (county or municipality) receiving opioid abatement funds, please tell us the following:
Full name of individual in your subdivision authorized to report on the settlement funds your subdivision received("administrator " managing/overseeing these funds): **John Ditinyak**

Name of Administering Agency: **Township of Nutley**

Business Address: **1 Kennedy Drive**

City/Town: **Nutley**

Lead Contact Phone Number: **973-284-4961**
5. As an eligible subdivision receiving abatement funds, which of the following applies to your current status regarding those funds? **We are a municipality and did not transfer our funds.**
6. What amount of your opioid abatement funds did you transfer to the county?
7. Please tell us the full amount of opioid abatement funds you received as of 6/30/23. **\$24,137.67**
8. Please tell us the amount of opioid abatement funds you have expended (as of 6/30/23). **\$0.00**
9. Of the total opioid abatement funds, what amount was spent on program administrative expenses?
\$0.00
10. Please share brief information on your subdivision's overarching goals and priorities to provide context for this program year's spending decisions. **The Township of Nutley's goal is to educate the residents on the dangers of opioid use.**
11. (This question is for counties only) Have you established an Advisory Committee to inform allocation of funds?
12. Did your subdivision engage the public (e.g., town hall meeting, online survey, convened stakeholders) prior to deciding how to use the opioid abatement funds you received? **No, but plan to in the future.**
13. Please describe your public engagement/input efforts?
14. Does your county/subdivision have a strategic plan? **No, but plan to develop one in the future.**
15. Can we post your strategic plan online?
16. Have you completed a risk assessment profile for demographic or geographic impact? **No, but we plan to in the future.**

New Jersey 2023 Opioid Abatement Report

17. Can we post your risk assessment online?

18. Please tell us your overall rationale for prioritizing the use of the opioid abatement funds that you received (e.g., are you using a needs assessment, a strategic or other plan, or an epidemiological analysis)? **The Health Department in cooperation with the Department of Public Safety are developing a strategic education plan to maximize the impact of the funds received.**

Program 1

19. Program name/title: **TBD Education Program**

Agency/funding recipient name: **TBD**

Primary problem being addressed by this program: **Education and Prevention**

Brief program description: **Details TBD**

Program target population: **All Residents**

Date this program was funded (please use M/D/Y): **TBD**

Amount of funding for this program: **\$24,137.00**

Program launch date: **TBD**

If program has started, how many clients have been seen as of 6/30/2023:

What key performance indicators are you tracking to ensure success of the program? **TBD**

Please state this program's statement of impact: **Education and Prevention**

How do you plan to measure or track success and impact of this program? **TBD**

20. Primary Category (Please select the category that fits the primary focus of this program).
Prevention and Education

21. The following are other categories that may apply (include all categories with the exception of the Primary category you chose above). **Prevention and Education**

22. Please choose the length of time of this program's duration: **1 year**

Other (please specify):

23. How often are you disbursing funds to this program? **Other (please specify)**

Other (please specify): **TBD**

24. Rationale for Program

What is the reason for this program spending choice? **Education Program - Details TBD**

What outcomes or impact does the program aim to achieve? **TBD**

New Jersey 2023 Opioid Abatement Report

What is the anticipated number of unduplicated clients this program will reach annually? **TBD**

25. Do you have other programs you are funding and/or operating with opioid abatement funds? **No**

New Jersey 2023 Opioid Abatement Report

1. In what county are you located? **Essex County**
2. For which eligible subdivision (county or municipality) are you reporting? **Orange City Township**
3. What is your subdivision's State ID? **NJ167**
4. As an eligible subdivision (county or municipality) receiving opioid abatement funds, please tell us the following:
Full name of individual in your subdivision authorized to report on the settlement funds your subdivision received ("administrator " managing/overseeing these funds): **Nile Clements**

Name of Administering Agency: **City of Orange**

Business Address: **29 North Day Street**

City/Town: **Orange**

Lead Contact Phone Number: **973-885-2103**
5. As an eligible subdivision receiving abatement funds, which of the following applies to your current status regarding those funds? **We are a municipality and did not transfer our funds.**
6. What amount of your opioid abatement funds did you transfer to the county?
7. Please tell us the full amount of opioid abatement funds you received as of 6/30/23. **\$58,341.52**
8. Please tell us the amount of opioid abatement funds you have expended (as of 6/30/23). **\$0.00**
9. Of the total opioid abatement funds, what amount was spent on program administrative expenses?
\$0.00
10. Please share brief information on your subdivision's overarching goals and priorities to provide context for this program year's spending decisions. **n/a**
11. (This question is for counties only) Have you established an Advisory Committee to inform allocation of funds?
12. Did your subdivision engage the public (e.g., town hall meeting, online survey, convened stakeholders) prior to deciding how to use the opioid abatement funds you received? **No**
13. Please describe your public engagement/input efforts?
14. Does your county/subdivision have a strategic plan? **No, but plan to develop one in the future.**
15. Can we post your strategic plan online?
16. Have you completed a risk assessment profile for demographic or geographic impact? **No**
17. Can we post your risk assessment online?

New Jersey 2023 Opioid Abatement Report

18. Please tell us your overall rationale for prioritizing the use of the opioid abatement funds that you received (e.g., are you using a needs assessment, a strategic or other plan, or an epidemiological analysis)?

New Jersey 2023 Opioid Abatement Report

1. In what county are you located? **Essex County**
2. For which eligible subdivision (county or municipality) are you reporting? **South Orange Village Township**
3. What is your subdivision's State ID? **NJ214**
4. As an eligible subdivision (county or municipality) receiving opioid abatement funds, please tell us the following:
 - Full name of individual in your subdivision authorized to report on the settlement funds your subdivision received ("administrator " managing/overseeing these funds): **Candice Davenport**
 - Name of Administering Agency: **Township of South Orange**
 - Business Address: **76 South Orange Ave, 3rd floor**
 - City/Town: **South Orange**
 - Lead Contact Phone Number: **201-704-6800**
5. As an eligible subdivision receiving abatement funds, which of the following applies to your current status regarding those funds? **We are a municipality and did not transfer our funds.**
6. What amount of your opioid abatement funds did you transfer to the county?
7. Please tell us the full amount of opioid abatement funds you received as of 6/30/23. **\$24,285.08**
8. Please tell us the amount of opioid abatement funds you have expended (as of 6/30/23). **\$0.00**
9. Of the total opioid abatement funds, what amount was spent on program administrative expenses?
\$0.00
10. Please share brief information on your subdivision's overarching goals and priorities to provide context for this program year's spending decisions.
 1. **South Orange plans to hire a full- time Crisis Intervention Social Worker (CISW) and support the development of a CISW co-responder program for the following services 1. Schedule B: Approved Use-Treatment: "C: CISW will CONNECT PEOPLE WHO NEED HELP TO THE HELP THEY NEED (CONNECTIONS TO CARE), and D: ADDRESS THE NEEDS OF CRIMINAL JUSTICE-INVOLVED PERSONSE, #6: Co-Responder and/ or alternative responder models to address opioid use disorder (OUD)-related 911 calls with greater substance use disorder (SUD) expertise". 2. Schedule B: Approved Use- Prevention: "G: PREVENT MISUSE OF OPIOIDS, # 10: Create or support community-based education or intervention services for families, youth, and adolescents at risk for OUD and any co-occurring SUD/ mental health (MH) conditions". 2. South Orange plans to support the Municipal Alliance in their efforts to 1. Schedule A: Core Strategies "G. PREVENTION PROGRAMS, #4: Funding for community drug disposal programs". 2. Schedule B: Approved Use- Prevention: "G. PREVENT MISUSE OF OPIOIDS, #3: Public education relating to drug disposal, #4: Drug take back disposal or destruction programs, #5: Funding community anti-drug coalitions that engage in drug prevention efforts, and #11: Support evidence-informed programs or curricula to address mental health needs of young people who may be at risk of misusing opioids or other drugs, including emotional modulation and resilience skills".**

New Jersey 2023 Opioid Abatement Report

11. (This question is for counties only) Have you established an Advisory Committee to inform allocation of funds?

12. Did your subdivision engage the public (e.g., town hall meeting, online survey, convened stakeholders) prior to deciding how to use the opioid abatement funds you received? **Yes**

13. Please describe your public engagement/input efforts?

Discussed with township administration and township municipal alliance.

14. Does your county/subdivision have a strategic plan? **No, but plan to develop one in the future.**

15. Can we post your strategic plan online?

16. Have you completed a risk assessment profile for demographic or geographic impact? **No, but we plan to in the future.**

17. Can we post your risk assessment online?

18. Please tell us your overall rationale for prioritizing the use of the opioid abatement funds that you received (e.g., are you using a needs assessment, a strategic or other plan, or an epidemiological analysis)?

Based on police report data, Narcan administration by police and fire dept (EMS), opioid fatalities report from Essex County Regional Health Commission, feedback and objectives of the Municipal Alliance.

Program 1

19. Program name/title: **Full Time Crisis Intervention Social Worker**

Agency/funding recipient name: **Township of South Orange**

Primary problem being addressed by this program: **Mental health, substance use, lack of connection or access to social and mental health services and proper follow up**

Brief program description: **The Crisis Intervention Social Worker (CISW) follows the Co-responder Team Model, which is a model for crisis response that pairs trained officers with mental health professionals to respond to incidents involving individuals experiencing a behavioral health crisis. The Crisis Intervention Social Worker responds to incidents involving individuals experiencing a behavioral health crisis. The Crisis Intervention Social Worker responds to both mental health crises and mental health emergencies. A mental health crisis is defined as an individual's inability to cope with or adjust to everyday life stressors and is typically non-life threatening. A mental health emergency is defined as a life-threatening situation in which an individual is threatening immediate harm to themselves or others and is severely disoriented or out of touch with reality.**

Program target population: **Families, homeless, youth, elderly, neurodivergent, etc**

Date this program was funded (please use M/D/Y): **TBD**

Amount of funding for this program: **\$60,000.00**

Program launch date: **TBD**

If program has started, how many clients have been seen as of 6/30/2023: **Not started**

New Jersey 2023 Opioid Abatement Report

What key performance indicators are you tracking to ensure success of the program? **# of cases co-responded, # of cases referred to mental health resources or social services, # of cases closed, decrease in chronic callers who overburden the first responder system.**

Please state this program's statement of impact: **To improve the services provided to residents with a focus on mental health and wellness during a crisis, through a co-response model with first responders.**

How do you plan to measure or track success and impact of this program? **# of cases co-responded, # of cases referred to mental health resources or social services, # of cases closed, decrease in chronic callers who overburden the first responder system.**

20. Primary Category (Please select the category that fits the primary focus of this program). **Long-Term Resiliency**

21. The following are other categories that may apply (include all categories with the exception of the Primary category you chose above). **Harm Reduction, Overdose Prevention, Long-Term Resiliency, Diversion from Incarceration, Prevention and Education, Recovery and Support**

22. Please choose the length of time of this program's duration: **Other (please specify)**

Other (please specify): **annually, ongoing**

23. How often are you disbursing funds to this program? **Quarterly**

Other (please specify):

24. Rationale for Program

What is the reason for this program spending choice? **To address mental health needs and provide resources to prevent or treat substance use when associated with a crisis situation.**

What outcomes or impact does the program aim to achieve? **# of cases co-responded, # of cases referred to mental health resources or social services, # of cases closed, decrease in chronic callers who overburden the first responder system.**

What is the anticipated number of unduplicated clients this program will reach annually? **50**

25. Do you have other programs you are funding and/or operating with opioid abatement funds? **Yes**

Program 2

19. Program name/title: **Municipal Alliance**

Agency/funding recipient name: **Township of South Orange**

Primary problem being addressed by this program: **Substance use among youth, elderly, and other vulnerable populations**

Brief program description: **The Maplewood/South Orange Municipal Alliance promotes the mental, social and physical health of its community members by fostering an environment that is free of misuse and abuse of alcohol, marijuana, vaping and other illicit drugs**

New Jersey 2023 Opioid Abatement Report

Program target population: **Families, youth- middle school and high school aged, young adults, elderly, neurodivergent, LGBTQ+**

Date this program was funded (please use M/D/Y): **TBD**

Amount of funding for this program: **TBD**

Program launch date: **TBD**

If program has started, how many clients have been seen as of 6/30/2023: **Not started**

What key performance indicators are you tracking to ensure success of the program? **# of students attending social after-school programs, # of students attending drug free sponsored community programming, # of educational information distributed, weight of monthly/ quarterly medications dropped off at police dept.**

Please state this program's statement of impact: **The Maplewood/South Orange Municipal Alliance promotes the mental, social and physical health of its community members by fostering an environment that is free of misuse and abuse of alcohol, marijuana, vaping and other illicit drugs**

How do you plan to measure or track success and impact of this program? **# of students attending social after-school programs, # of students attending drug free sponsored community programming, # of educational information distributed, weight of monthly/ quarterly medications dropped off at police dept.**

20. Primary Category (Please select the category that fits the primary focus of this program).
Prevention and Education

21. The following are other categories that may apply (include all categories with the exception of the Primary category you chose above). **Harm Reduction, Overdose Prevention, Long-Term Resiliency**

22. Please choose the length of time of this program's duration: **1 year**

Other (please specify):

23. How often are you disbursing funds to this program? **One time only**

Other (please specify):

24. Rationale for Program

What is the reason for this program spending choice? **Funding would support additional community programming through The Maplewood/South Orange Municipal Alliance which promotes the mental, social and physical health of its community members by fostering an environment that is free of misuse and abuse of alcohol, marijuana, vaping and other illicit drugs.**

What outcomes or impact does the program aim to achieve? **# of students attending social after-school programs, # of students attending drug free sponsored community programming, # of educational information distributed, weight of monthly/ quarterly medications dropped off at police dept.**

New Jersey 2023 Opioid Abatement Report

What is the anticipated number of unduplicated clients this program will reach annually? **>2000**

25. Do you have other programs you are funding and/or operating with opioid abatement funds? **No**

New Jersey 2023 Opioid Abatement Report

1. In what county are you located? **Essex County**
2. For which eligible subdivision (county or municipality) are you reporting? **Verona Township**
3. What is your subdivision's State ID? **NJ234**
4. As an eligible subdivision (county or municipality) receiving opioid abatement funds, please tell us the following:
Full name of individual in your subdivision authorized to report on the settlement funds your subdivision received ("administrator " managing/overseeing these funds): **Jennifer Muscara**

Name of Administering Agency: **Township of Verona**

Business Address: **600 Bloomfield Avenue**

City/Town: **Verona**

Lead Contact Phone Number: **973-857-4801**
5. As an eligible subdivision receiving abatement funds, which of the following applies to your current status regarding those funds? **We are a municipality and did not transfer our funds.**
6. What amount of your opioid abatement funds did you transfer to the county?
7. Please tell us the full amount of opioid abatement funds you received as of 6/30/23. **\$11,181.90**
8. Please tell us the amount of opioid abatement funds you have expended (as of 6/30/23). **\$0.00**
9. Of the total opioid abatement funds, what amount was spent on program administrative expenses?
\$0.00
10. Please share brief information on your subdivision's overarching goals and priorities to provide context for this program year's spending decisions.
On August 1st, 2023, National Night Out there will be future expenses to hand out educational and referral information.
11. (This question is for counties only) Have you established an Advisory Committee to inform allocation of funds?
12. Did your subdivision engage the public (e.g., town hall meeting, online survey, convened stakeholders) prior to deciding how to use the opioid abatement funds you received? **No**
13. Please describe your public engagement/input efforts?
14. Does your county/subdivision have a strategic plan? **No, but plan to develop one in the future.**
15. Can we post your strategic plan online?
16. Have you completed a risk assessment profile for demographic or geographic impact? **No**
17. Can we post your risk assessment online?

New Jersey 2023 Opioid Abatement Report

18. Please tell us your overall rationale for prioritizing the use of the opioid abatement funds that you received (e.g., are you using a needs assessment, a strategic or other plan, or an epidemiological analysis)?

We intend to use monies for educational awareness at all age levels and establish partnerships with counseling centers.

Program 1

19. Program name/title: **National Night Out**

Agency/funding recipient name: **Verona Police**

Primary problem being addressed by this program: **Awareness and access to services**

Brief program description: **Tables set up with literature on education awareness and local resources available to the residents in need**

Program target population: **No limit on age**

Date this program was funded (please use M/D/Y): **08/01/2023**

Amount of funding for this program: **\$1,370.00**

Program launch date: **08/01/2023**

If program has started, how many clients have been seen as of 6/30/2023:

What key performance indicators are you tracking to ensure success of the program? **To continue police community outreach program**

Please state this program's statement of impact: **To ensure the information reaches our at-risk population**

How do you plan to measure or track success and impact of this program? **By number of interactions**

20. Primary Category (Please select the category that fits the primary focus of this program).

Prevention and Education

21. The following are other categories that may apply (include all categories with the exception of the Primary category you chose above). **Harm Reduction, Overdose Prevention, Long-Term Resiliency, Recovery and Support, Treatment**

22. Please choose the length of time of this program's duration: **2-3 years**

Other (please specify):

23. How often are you disbursing funds to this program? **Annually**

Other (please specify):

24. Rationale for Program

New Jersey 2023 Opioid Abatement Report

What is the reason for this program spending choice? **Targeting large events to reach the most amount of people.**

What outcomes or impact does the program aim to achieve? **Education, assistance and prevention**

What is the anticipated number of unduplicated clients this program will reach annually? **25 plus**

25. Do you have other programs you are funding and/or operating with opioid abatement funds? **No**

New Jersey 2023 Opioid Abatement Report

1. In what county are you located? **Essex County**
2. For which eligible subdivision (county or municipality) are you reporting? **West Caldwell Township**
3. What is your subdivision's State ID? **NJ249**

NO REPORT RECEIVED

New Jersey 2023 Opioid Abatement Report

1. In what county are you located? **Essex County**
2. For which eligible subdivision (county or municipality) are you reporting? **West Orange Township**
3. What is your subdivision's State ID? **NJ253**

NO REPORT RECEIVED

New Jersey 2023 Opioid Abatement Report

1. In what county are you located? **Gloucester County**
2. For which eligible subdivision (county or municipality) are you reporting? **Deptford Township**
3. What is your subdivision's State ID? **NJ42**
4. As an eligible subdivision (county or municipality) receiving opioid abatement funds, please tell us the following:
Full name of individual in your subdivision authorized to report on the settlement funds your subdivision received ("administrator " managing/overseeing these funds): **Thomas Newman Jr**

Name of Administering Agency: **Deptford Township**

Business Address: **1011 Cooper St.**

City/Town: **Deptford**

Lead Contact Phone Number: **856-686-2220**
5. As an eligible subdivision receiving abatement funds, which of the following applies to your current status regarding those funds? **We are a municipality and did not transfer our funds.**
6. What amount of your opioid abatement funds did you transfer to the county?
7. Please tell us the full amount of opioid abatement funds you received as of 6/30/23. **\$92,507.88**
8. Please tell us the amount of opioid abatement funds you have expended (as of 6/30/23). **\$0.00**
9. Of the total opioid abatement funds, what amount was spent on program administrative expenses?
\$0.00
10. Please share brief information on your subdivision's overarching goals and priorities to provide context for this program year's spending decisions.
11. (This question is for counties only) Have you established an Advisory Committee to inform allocation of funds?
12. Did your subdivision engage the public (e.g., town hall meeting, online survey, convened stakeholders) prior to deciding how to use the opioid abatement funds you received? **No**
13. Please describe your public engagement/input efforts?
14. Does your county/subdivision have a strategic plan? **No**
15. Can we post your strategic plan online?
16. Have you completed a risk assessment profile for demographic or geographic impact? **No**
17. Can we post your risk assessment online?

New Jersey 2023 Opioid Abatement Report

18. Please tell us your overall rationale for prioritizing the use of the opioid abatement funds that you received (e.g., are you using a needs assessment, a strategic or other plan, or an epidemiological analysis)? **We have not yet initiated the use of funds but plan to in the near future.**

New Jersey 2023 Opioid Abatement Report

1. In what county are you located? **Gloucester County**
2. For which eligible subdivision (county or municipality) are you reporting? **East Greenwich Township**
3. What is your subdivision's State ID? **NJ46**
4. As an eligible subdivision (county or municipality) receiving opioid abatement funds, please tell us the following:
 - Full name of individual in your subdivision authorized to report on the settlement funds your subdivision received ("administrator " managing/overseeing these funds): **Chief Matthew Brenner**
 - Name of Administering Agency: **East Greenwich Twp Police Dept.**
 - Business Address: **159 Democrat Road**
 - City/Town: **Mickleton**
 - Lead Contact Phone Number: **856-423-4322**
5. As an eligible subdivision receiving abatement funds, which of the following applies to your current status regarding those funds? **We are a municipality and did not transfer our funds.**
6. What amount of your opioid abatement funds did you transfer to the county?
7. Please tell us the full amount of opioid abatement funds you received as of 6/30/23. **\$8,918.39**
8. Please tell us the amount of opioid abatement funds you have expended (as of 6/30/23). **\$2,097.64**
9. Of the total opioid abatement funds, what amount was spent on program administrative expenses? **\$0.00**
10. Please share brief information on your subdivision's overarching goals and priorities to provide context for this program year's spending decisions. **Community Engagement/Information/Outreach**
11. (This question is for counties only) Have you established an Advisory Committee to inform allocation of funds?
12. Did your subdivision engage the public (e.g., town hall meeting, online survey, convened stakeholders) prior to deciding how to use the opioid abatement funds you received? **No**
13. Please describe your public engagement/input efforts?
14. Does your county/subdivision have a strategic plan? **No**
15. Can we post your strategic plan online?
16. Have you completed a risk assessment profile for demographic or geographic impact? **No**
17. Can we post your risk assessment online?

New Jersey 2023 Opioid Abatement Report

18. Please tell us your overall rationale for prioritizing the use of the opioid abatement funds that you received (e.g., are you using a needs assessment, a strategic or other plan, or an epidemiological analysis)?

Solely spending funds on items that assist our Public Safety Officers to engage with our community and stakeholders in a positive, impactful way. Provided methods and space to have conversations, provide pamphlets and giveaways, and to set up mobile medicine drop and safety areas during events.

Program 1

19. Program name/title: **Straight to Treatment**

Agency/funding recipient name: **EGPD**

Primary problem being addressed by this program: **Addiction/substance abuse**

Brief program description: **Allowing community members and residents to be connected through the Police Department with Professional substance abuse counselors and programs, without delay.**

Program target population: **Entire Township and those that walk in**

Date this program was funded (please use M/D/Y): **05/26/2022**

Amount of funding for this program: **\$0.00**

Program launch date: **05/26/2022**

If program has started, how many clients have been seen as of 6/30/2023: **2**

What key performance indicators are you tracking to ensure success of the program? **Walk in referral- Potential follow up by program/GCPO**

Please state this program's statement of impact: **Helping the impact of opiate abuse here in NJ, without stigma or questions, to those in need**

How do you plan to measure or track success and impact of this program? **Follow up with those willing**

20. Primary Category (Please select the category that fits the primary focus of this program). **Treatment**

21. The following are other categories that may apply (include all categories with the exception of the Primary category you chose above). **Harm Reduction, Overdose Prevention, Long-Term Resiliency, Recovery and Support**

22. Please choose the length of time of this program's duration: **1 year**

Other (please specify):

23. How often are you disbursing funds to this program? **Other (please specify)**

Other (please specify): **No funds have been necessary to date, post launch**

24. Rationale for Program

New Jersey 2023 Opioid Abatement Report

What is the reason for this program spending choice? **If we need additional launches, education or outreach.**

What outcomes or impact does the program aim to achieve? **Treatment.**

What is the anticipated number of unduplicated clients this program will reach annually? **5**

25. Do you have other programs you are funding and/or operating with opioid abatement funds? **Yes**

Program 2

19. Program name/title: **Project Medicine Drop and Detera medication destruction pouches**

Agency/funding recipient name: **EGPD**

Primary problem being addressed by this program: **Eliminating, safely, unused and unsafe prescription medications from the reach of those that should not have access.**

Brief program description: **Permanently and mobile medicine drop collection box at headquarters, for residents to drop unused medications.**

Program target population: **Entire Township-Residents**

Date this program was funded (please use M/D/Y): **2020**

Amount of funding for this program: **\$0.00**

Program launch date: **10/20/2020**

If program has started, how many clients have been seen as of 6/30/2023: **Multiple.**

What key performance indicators are you tracking to ensure success of the program? **Measurement and destruction weights of medications.**

Please state this program's statement of impact: **Prevention of overdose, environmental damage, and abuse of illicit medications by safe disposal methods.**

How do you plan to measure or track success and impact of this program? **Community events, conversations with those partaking and continued measuring of turned over medications/drugs.**

20. Primary Category (Please select the category that fits the primary focus of this program). **Harm Reduction**

21. The following are other categories that may apply (include all categories with the exception of the Primary category you chose above). **Overdose Prevention, Prevention and Education**

22. Please choose the length of time of this program's duration: **2-3 years**

Other (please specify):

23. How often are you disbursing funds to this program? **One time only**

Other (please specify):

New Jersey 2023 Opioid Abatement Report

24. Rationale for Program

What is the reason for this program spending choice? **Providing education and information to our public.**

What outcomes or impact does the program aim to achieve? **Safe medication disposals and prevention of abuse/overdose.**

What is the anticipated number of unduplicated clients this program will reach annually? **100's**

25. Do you have other programs you are funding and/or operating with opioid abatement funds? **No**

New Jersey 2023 Opioid Abatement Report

1. In what county are you located? **Gloucester County**
2. For which eligible subdivision (county or municipality) are you reporting? **Franklin Township**
3. What is your subdivision's State ID? **NJ66**
4. As an eligible subdivision (county or municipality) receiving opioid abatement funds, please tell us the following:
 - Full name of individual in your subdivision authorized to report on the settlement funds your subdivision received ("administrator " managing/overseeing these funds): **Barbara Freijomil**
 - Name of Administering Agency: **Barbara Freijomil**
 - Business Address: **1571 Delsea Drive**
 - City/Town: **Franklinville**
 - Lead Contact Phone Number: **856-694-1234**
5. As an eligible subdivision receiving abatement funds, which of the following applies to your current status regarding those funds? **We are a municipality and did not transfer our funds.**
6. What amount of your opioid abatement funds did you transfer to the county?
7. Please tell us the full amount of opioid abatement funds you received as of 6/30/23. **\$36,621.60**
8. Please tell us the amount of opioid abatement funds you have expended (as of 6/30/23). **\$689.98**
9. Of the total opioid abatement funds, what amount was spent on program administrative expenses? **\$0.00**
10. Please share brief information on your subdivision's overarching goals and priorities to provide context for this program year's spending decisions.
Our goal is to educate and help the individuals and families with addiction.
11. (This question is for counties only) Have you established an Advisory Committee to inform allocation of funds?
12. Did your subdivision engage the public (e.g., town hall meeting, online survey, convened stakeholders) prior to deciding how to use the opioid abatement funds you received? **No**
13. Please describe your public engagement/input efforts?
14. Does your county/subdivision have a strategic plan? **No**
15. Can we post your strategic plan online?
16. Have you completed a risk assessment profile for demographic or geographic impact? **No**
17. Can we post your risk assessment online?

New Jersey 2023 Opioid Abatement Report

18. Please tell us your overall rationale for prioritizing the use of the opioid abatement funds that you received (e.g., are you using a needs assessment, a strategic or other plan, or an epidemiological analysis)? **needs assessment**

Program 1

19. Program name/title: **Laptop for Drug Testing for Impaired Drivers**

Agency/funding recipient name: **Franklin Township Police Department**

Primary problem being addressed by this program: **Getting impaired drivers off the road and possibly into treatment**

Brief program description: **The funds were spent to buy a laptop onboard a police vehicle to run the Drug Testing for Impaired Drivers program**

Program target population: **Township Residents**

Date this program was funded (please use M/D/Y): **November 2022**

Amount of funding for this program: **\$689.98**

Program launch date: **November 2022**

If program has started, how many clients have been seen as of 6/30/2023: **25**

What key performance indicators are you tracking to ensure success of the program? **Working with Police to ensure the success and other resources.**

Please state this program's statement of impact: **Education and resources will help address addiction.**

How do you plan to measure or track success and impact of this program?

20. Primary Category (Please select the category that fits the primary focus of this program). **Treatment**

21. The following are other categories that may apply (include all categories with the exception of the Primary category you chose above). **Harm Reduction, Overdose Prevention, Long-Term Resiliency, Diversion from Incarceration, Recovery and Support, Workforce Development.**

22. Please choose the length of time of this program's duration: **5+ years**

Other (please specify):

23. How often are you disbursing funds to this program? **One time only**

Other (please specify):

24. Rationale for Program

What is the reason for this program spending choice? **The addiction problems our township sees.**

New Jersey 2023 Opioid Abatement Report

What outcomes or impact does the program aim to achieve? **Reduction in deaths and addiction issues.**

What is the anticipated number of unduplicated clients this program will reach annually?
Thousands.

25. Do you have other programs you are funding and/or operating with opioid abatement funds? **No**

New Jersey 2023 Opioid Abatement Report

1. In what county are you located? **Gloucester County**
2. For which eligible subdivision (county or municipality) are you reporting? **Glassboro Borough**
3. What is your subdivision's State ID? **NJ72**
4. As an eligible subdivision (county or municipality) receiving opioid abatement funds, please tell us the following:
 - Full name of individual in your subdivision authorized to report on the settlement funds your subdivision received ("administrator " managing/overseeing these funds): **Chief Financial Officer**
 - Name of Administering Agency: **Borough of Glassboro**
 - Business Address: **1 South Main Street**
 - City/Town: **Glassboro**
 - Lead Contact Phone Number: **1-856-881-9230 ext 88255**
5. As an eligible subdivision receiving abatement funds, which of the following applies to your current status regarding those funds? **We are a municipality and did not transfer our funds.**
6. What amount of your opioid abatement funds did you transfer to the county?
7. Please tell us the full amount of opioid abatement funds you received as of 6/30/23. **\$81,915.81**
8. Please tell us the amount of opioid abatement funds you have expended (as of 6/30/23). **\$68,554.47**
9. Of the total opioid abatement funds, what amount was spent on program administrative expenses? **\$0.00**
10. Please share brief information on your subdivision's overarching goals and priorities to provide context for this program year's spending decisions.
Funds are used to offset Police salaries because they are in contact with opioid related calls. Glassboro also has a "Straight to Treatment" program our Police Officers maintain.
11. (This question is for counties only) Have you established an Advisory Committee to inform allocation of funds?
12. Did your subdivision engage the public (e.g., town hall meeting, online survey, convened stakeholders) prior to deciding how to use the opioid abatement funds you received? **No**
13. Please describe your public engagement/input efforts?
14. Does your county/subdivision have a strategic plan? **No**
15. Can we post your strategic plan online?
16. Have you completed a risk assessment profile for demographic or geographic impact? **No**

New Jersey 2023 Opioid Abatement Report

17. Can we post your risk assessment online?

18. Please tell us your overall rationale for prioritizing the use of the opioid abatement funds that you received (e.g., are you using a needs assessment, a strategic or other plan, or an epidemiological analysis)?

Glassboro is prioritizing funds to maintain our Police Force for the Straight to Treatment program and Opioid related calls.

Program 1

19. Program name/title: **Glassboro Police Straight to Treatment**

Agency/funding recipient name: **Borough of Glassboro**

Primary problem being addressed by this program: **Addiction issues.**

Brief program description: **Site at Police Dept to help walk-ins with addiction issues and to provide support.**

Program target population: **All Glassboro residents**

Date this program was funded (please use M/D/Y): **1/1/2023**

Amount of funding for this program: **\$68,554.47**

Program launch date: **1/1/2022**

If program has started, how many clients have been seen as of 6/30/2023: **10**

What key performance indicators are you tracking to ensure success of the program? **Building trust with individuals who are dealing with addiction.**

Please state this program's statement of impact: **Aid a person with addiction problem to receive help.**

How do you plan to measure or track success and impact of this program? **Less repeat overdose calls.**

20. Primary Category (Please select the category that fits the primary focus of this program). **Overdose Prevention**

21. The following are other categories that may apply (include all categories with the exception of the Primary category you chose above). **Harm Reduction, Long-Term Resiliency, Recovery and Support, Treatment.**

22. Please choose the length of time of this program's duration: **4-5 years**

Other (please specify):

23. How often are you disbursing funds to this program? **Annually**

Other (please specify):

24. Rationale for Program

New Jersey 2023 Opioid Abatement Report

What is the reason for this program spending choice? **To support Police budget.**

What outcomes or impact does the program aim to achieve? **Less repeat overdose calls.**

What is the anticipated number of unduplicated clients this program will reach annually? **N/A**

25. Do you have other programs you are funding and/or operating with opioid abatement funds? **No**

New Jersey 2023 Opioid Abatement Report

1. In what county are you located? **Gloucester County**
2. For which eligible subdivision (county or municipality) are you reporting? **Gloucester County**
3. What is your subdivision's State ID? **NJ75**
4. As an eligible subdivision (county or municipality) receiving opioid abatement funds, please tell us the following:
 - Full name of individual in your subdivision authorized to report on the settlement funds your subdivision received ("administrator " managing/overseeing these funds): **Lisa Cerny**
 - Name of Administering Agency: **GC Division of Human & Special Services**
 - Business Address: **115 Budd Blvd**
 - City/Town: **West Deptford**
 - Lead Contact Phone Number: **1-856-384-6874**
5. As an eligible subdivision receiving abatement funds, which of the following applies to your current status regarding those funds? **We are a county and did not transfer our funds.**
6. What amount of your opioid abatement funds did you transfer to the county?
7. Please tell us the full amount of opioid abatement funds you received as of 6/30/23. **\$1,654,651.00**
8. Please tell us the amount of opioid abatement funds you have expended (as of 6/30/23). **\$0.00**
9. Of the total opioid abatement funds, what amount was spent on program administrative expenses? **\$0.00**
10. Please share brief information on your subdivision's overarching goals and priorities to provide context for this program year's spending decisions. **N/A**
11. (This question is for counties only) Have you established an Advisory Committee to inform allocation of funds? **Not yet**
12. Did your subdivision engage the public (e.g., town hall meeting, online survey, convened stakeholders) prior to deciding how to use the opioid abatement funds you received? **No, but plan to in the future.**
13. Please describe your public engagement/input efforts?
14. Does your county/subdivision have a strategic plan? **No, but plan to develop one in the future.**
15. Can we post your strategic plan online?
16. Have you completed a risk assessment profile for demographic or geographic impact? **No, but we plan to in the future.**

New Jersey 2023 Opioid Abatement Report

17. Can we post your risk assessment online?

18. Please tell us your overall rationale for prioritizing the use of the opioid abatement funds that you received (e.g., are you using a needs assessment, a strategic or other plan, or an epidemiological analysis)? **N/A**

New Jersey 2023 Opioid Abatement Report

1. In what county are you located? **Gloucester County**
2. For which eligible subdivision (county or municipality) are you reporting? **Harrison Township**
3. What is your subdivision's State ID? **NJ86**

NO REPORT RECEIVED

New Jersey 2023 Opioid Abatement Report

1. In what county are you located? **Gloucester County**
2. For which eligible subdivision (county or municipality) are you reporting? **Mantua Township**
3. What is your subdivision's State ID? **NJ125**
4. As an eligible subdivision (county or municipality) receiving opioid abatement funds, please tell us the following:
Full name of individual in your subdivision authorized to report on the settlement funds your subdivision received ("administrator " managing/overseeing these funds): **Jennica Bileci**

Name of Administering Agency: **Mantua Township**

Business Address: **401 Main Street**

City/Town: **Mantua**

Lead Contact Phone Number: **856-468-1500 x 120**
5. As an eligible subdivision receiving abatement funds, which of the following applies to your current status regarding those funds? **We are a municipality and did not transfer our funds.**
6. What amount of your opioid abatement funds did you transfer to the county?
7. Please tell us the full amount of opioid abatement funds you received as of 6/30/23. **\$14,169.83**
8. Please tell us the amount of opioid abatement funds you have expended (as of 6/30/23). **\$0.00**
9. Of the total opioid abatement funds, what amount was spent on program administrative expenses?
\$0.00
10. Please share brief information on your subdivision's overarching goals and priorities to provide context for this program year's spending decisions.
11. (This question is for counties only) Have you established an Advisory Committee to inform allocation of funds?
12. Did your subdivision engage the public (e.g., town hall meeting, online survey, convened stakeholders) prior to deciding how to use the opioid abatement funds you received? **No**
13. Please describe your public engagement/input efforts?
14. Does your county/subdivision have a strategic plan? **No, but plan to develop one in the future.**
15. Can we post your strategic plan online?
16. Have you completed a risk assessment profile for demographic or geographic impact? **No**
17. Can we post your risk assessment online?

New Jersey 2023 Opioid Abatement Report

18. Please tell us your overall rationale for prioritizing the use of the opioid abatement funds that you received (e.g., are you using a needs assessment, a strategic or other plan, or an epidemiological analysis)?

Program 1

19. Program name/title: **Increase Police Department Staff**

Agency/funding recipient name: **Police Department**

Primary problem being addressed by this program: **Opioid Overdose**

Brief program description: **Increase the number of police officers to assist with the opioid crisis and the day to day response in combatting the number of overdose calls and intervention to save lives.**

Program target population: **Teenagers and young adults**

Date this program was funded (please use M/D/Y): **N/A**

Amount of funding for this program: **Unsure**

Program launch date: **N/A**

If program has started, how many clients have been seen as of 6/30/2023: **No data**

What key performance indicators are you tracking to ensure success of the program? **Still determining**

Please state this program's statement of impact: **Still determining**

How do you plan to measure or track success and impact of this program? **Still determining**

20. Primary Category (Please select the category that fits the primary focus of this program). **Overdose Prevention**

21. The following are other categories that may apply (include all categories with the exception of the Primary category you chose above). **Overdose Prevention**

22. Please choose the length of time of this program's duration: **5+ years**

Other (please specify):

23. How often are you disbursing funds to this program? **Annually**

Other (please specify):

24. Rationale for Program

What is the reason for this program spending choice? **N/A**

What outcomes or impact does the program aim to achieve? **N/A**

What is the anticipated number of unduplicated clients this program will reach annually? **N/A**

New Jersey 2023 Opioid Abatement Report

25. Do you have other programs you are funding and/or operating with opioid abatement funds? **No**

New Jersey 2023 Opioid Abatement Report

1. In what county are you located? **Gloucester County**
2. For which eligible subdivision (county or municipality) are you reporting? **Monroe Township**
3. What is your subdivision's State ID? **NJ141**

NO REPORT RECEIVED

New Jersey 2023 Opioid Abatement Report

1. In what county are you located? **Gloucester County**
2. For which eligible subdivision (county or municipality) are you reporting? **Washington Township**
3. What is your subdivision's State ID? **NJ244**
4. As an eligible subdivision (county or municipality) receiving opioid abatement funds, please tell us the following:
Full name of individual in your subdivision authorized to report on the settlement funds your subdivision received ("administrator " managing/overseeing these funds): **Colette Bachich**

Name of Administering Agency: **Washington Township**

Business Address: **523 Egg Harbor Road**

City/Town: **Sewell**

Lead Contact Phone Number: **856-589-0520**
5. As an eligible subdivision receiving abatement funds, which of the following applies to your current status regarding those funds? **We are a municipality and did not transfer our funds.**
6. What amount of your opioid abatement funds did you transfer to the county?
7. Please tell us the full amount of opioid abatement funds you received as of 6/30/23. **\$103,872.38**
8. Please tell us the amount of opioid abatement funds you have expended (as of 6/30/23). **NA**
9. Of the total opioid abatement funds, what amount was spent on program administrative expenses?
NA
10. Please share brief information on your subdivision's overarching goals and priorities to provide context for this program year's spending decisions.
The goals and priorities for the spending decisions are to provide access to our existing programs in order for officers to facilitate assistance to those who are in need.
11. (This question is for counties only) Have you established an Advisory Committee to inform allocation of funds?
12. Did your subdivision engage the public (e.g., town hall meeting, online survey, convened stakeholders) prior to deciding how to use the opioid abatement funds you received? **No**
13. Please describe your public engagement/input efforts?
14. Does your county/subdivision have a strategic plan? **No, but plan to develop one in the future.**
15. Can we post your strategic plan online?
16. Have you completed a risk assessment profile for demographic or geographic impact? **No**

New Jersey 2023 Opioid Abatement Report

17. Can we post your risk assessment online?

18. Please tell us your overall rationale for prioritizing the use of the opioid abatement funds that you received (e.g., are you using a needs assessment, a strategic or other plan, or an epidemiological analysis)?

The opioid abatement funds are being utilized on as needed assessment.

New Jersey 2023 Opioid Abatement Report

1. In what county are you located? **Gloucester County**
2. For which eligible subdivision (county or municipality) are you reporting? **West Deptford Township**
3. What is your subdivision's State ID? **NJ250**
4. As an eligible subdivision (county or municipality) receiving opioid abatement funds, please tell us the following:
 - Full name of individual in your subdivision authorized to report on the settlement funds your subdivision received ("administrator " managing/overseeing these funds): **Michael Thomas Kwasizur**
 - Name of Administering Agency: **Michael Thomas Kwasizur**
 - Business Address: **400 Crown Point Road**
 - City/Town: **West Deptford**
 - Lead Contact Phone Number: **856-371-1339**
5. As an eligible subdivision receiving abatement funds, which of the following applies to your current status regarding those funds? **We are a municipality and did not transfer our funds.**
6. What amount of your opioid abatement funds did you transfer to the county?
7. Please tell us the full amount of opioid abatement funds you received as of 6/30/23. **\$58,952.70**
8. Please tell us the amount of opioid abatement funds you have expended (as of 6/30/23). **\$0.00**
9. Of the total opioid abatement funds, what amount was spent on program administrative expenses? **\$0.00**
10. Please share brief information on your subdivision's overarching goals and priorities to provide context for this program year's spending decisions. **Probably use on Narcan - We'll let our police decide.**
11. (This question is for counties only) Have you established an Advisory Committee to inform allocation of funds? **n/a**
12. Did your subdivision engage the public (e.g., town hall meeting, online survey, convened stakeholders) prior to deciding how to use the opioid abatement funds you received? **No**
13. Please describe your public engagement/input efforts?
14. Does your county/subdivision have a strategic plan? **No**
15. Can we post your strategic plan online?
16. Have you completed a risk assessment profile for demographic or geographic impact? **No**
17. Can we post your risk assessment online?

New Jersey 2023 Opioid Abatement Report

18. Please tell us your overall rationale for prioritizing the use of the opioid abatement funds that you received (e.g., are you using a needs assessment, a strategic or other plan, or an epidemiological analysis)?

Our police use Narcan a lot and will be able to purchase more.

Program 1

19. Program name/title: **Narcan**

Agency/funding recipient name: **n/a**

Primary problem being addressed by this program: **n/a**

Brief program description: **n/a**

Program target population: **n/a**

Date this program was funded (please use M/D/Y): **n/a**

Amount of funding for this program: **n/a**

Program launch date: **n/a**

If program has started, how many clients have been seen as of 6/30/2023: **n/a**

What key performance indicators are you tracking to ensure success of the program? **n/a**

Please state this program's statement of impact: **n/a**

How do you plan to measure or track success and impact of this program? **n/a**

20. Primary Category (Please select the category that fits the primary focus of this program). **Overdose Prevention**

21. The following are other categories that may apply (include all categories with the exception of the Primary category you chose above). **Overdose Prevention**

22. Please choose the length of time of this program's duration: **Other (please specify)**

Other (please specify): **n/a**

23. How often are you disbursing funds to this program? **Other (please specify)**

Other (please specify): **n/a**

24. Rationale for Program

What is the reason for this program spending choice? **Police use a lot of Narcan**

What outcomes or impact does the program aim to achieve? **Saves lives from overdoses.**

What is the anticipated number of unduplicated clients this program will reach annually? **Unknown**

25. Do you have other programs you are funding and/or operating with opioid abatement funds? **No**

New Jersey 2023 Opioid Abatement Report

1. In what county are you located? **Gloucester County**
2. For which eligible subdivision (county or municipality) are you reporting? **Woolwich Township**
3. What is your subdivision's State ID? **NJ261**
4. As an eligible subdivision (county or municipality) receiving opioid abatement funds, please tell us the following:
Full name of individual in your subdivision authorized to report on the settlement funds your subdivision received ("administrator " managing/overseeing these funds): **Lois Yarrington**

Name of Administering Agency: **Woolwich Township**

Business Address: **120 VILLAGE GREEN DRIVE**

City/Town: **WOOLWICH TWP**

Lead Contact Phone Number: **856-467-2666**
5. As an eligible subdivision receiving abatement funds, which of the following applies to your current status regarding those funds? **We are a municipality and did not transfer our funds.**
6. What amount of your opioid abatement funds did you transfer to the county?
7. Please tell us the full amount of opioid abatement funds you received as of 6/30/23. **\$23,935.44**
8. Please tell us the amount of opioid abatement funds you have expended (as of 6/30/23). **NA**
9. Of the total opioid abatement funds, what amount was spent on program administrative expenses?
NA
10. Please share brief information on your subdivision's overarching goals and priorities to provide context for this program year's spending decisions.
We are still in the process of creating a plan to best utilize the funding.
11. (This question is for counties only) Have you established an Advisory Committee to inform allocation of funds?
12. Did your subdivision engage the public (e.g., town hall meeting, online survey, convened stakeholders) prior to deciding how to use the opioid abatement funds you received? **No, but plan to in the future.**
13. Please describe your public engagement/input efforts?
14. Does your county/subdivision have a strategic plan? **No, but plan to develop one in the future.**
15. Can we post your strategic plan online?
16. Have you completed a risk assessment profile for demographic or geographic impact? **No, but we plan to in the future.**

New Jersey 2023 Opioid Abatement Report

17. Can we post your risk assessment online?

18. Please tell us your overall rationale for prioritizing the use of the opioid abatement funds that you received (e.g., are you using a needs assessment, a strategic or other plan, or an epidemiological analysis)?

New Jersey 2023 Opioid Abatement Report

1. In what county are you located? **Hudson County**
2. For which eligible subdivision (county or municipality) are you reporting? **Bayonne City**
3. What is your subdivision's State ID? **NJ6**
4. As an eligible subdivision (county or municipality) receiving opioid abatement funds, please tell us the following:
 - Full name of individual in your subdivision authorized to report on the settlement funds your subdivision received ("administrator " managing/overseeing these funds): **Donna Russo**
 - Name of Administering Agency: **City of Bayonne**
 - Business Address: **630 Avenue C**
 - City/Town: **Bayonne**
 - Lead Contact Phone Number: **201-858-6095**
5. As an eligible subdivision receiving abatement funds, which of the following applies to your current status regarding those funds? **We are a municipality and did not transfer our funds.**
6. What amount of your opioid abatement funds did you transfer to the county?
7. Please tell us the full amount of opioid abatement funds you received as of 6/30/23. **\$422,343.55**
8. Please tell us the amount of opioid abatement funds you have expended (as of 6/30/23). **\$0.00**
9. Of the total opioid abatement funds, what amount was spent on program administrative expenses? **\$0.00**
10. Please share brief information on your subdivision's overarching goals and priorities to provide context for this program year's spending decisions.
The City of Bayonne needs to establish programs, protocols and practical applications to address the opioid problem in Bayonne. On an immediate basis, we need Fentanyl test strips and Narcan.
11. (This question is for counties only) Have you established an Advisory Committee to inform allocation of funds?
12. Did your subdivision engage the public (e.g., town hall meeting, online survey, convened stakeholders) prior to deciding how to use the opioid abatement funds you received? **No, but plan to in the future.**
13. Please describe your public engagement/input efforts?
14. Does your county/subdivision have a strategic plan? **No, but plan to develop one in the future.**
15. Can we post your strategic plan online?

New Jersey 2023 Opioid Abatement Report

16. Have you completed a risk assessment profile for demographic or geographic impact? **No, but we plan to in the future.**

17. Can we post your risk assessment online?

18. Please tell us your overall rationale for prioritizing the use of the opioid abatement funds that you received (e.g., are you using a needs assessment, a strategic or other plan, or an epidemiological analysis)? **We will be using a needs assessment along with a strategic plan.**

New Jersey 2023 Opioid Abatement Report

1. In what county are you located? **Hudson County**
2. For which eligible subdivision (county or municipality) are you reporting? **Guttenberg Town**
3. What is your subdivision's State ID? **NJ77**
4. As an eligible subdivision (county or municipality) receiving opioid abatement funds, please tell us the following:
Full name of individual in your subdivision authorized to report on the settlement funds your subdivision received ("administrator " managing/overseeing these funds): **Hiram Gonzalez**

Name of Administering Agency: **Town of Guttenberg**

Business Address: **6808 Park Ave**

City/Town: **Guttenberg**

Lead Contact Phone Number: **(201) 868-2315 x 197**
5. As an eligible subdivision receiving abatement funds, which of the following applies to your current status regarding those funds? **We are a municipality and did not transfer our funds.**
6. What amount of your opioid abatement funds did you transfer to the county?
7. Please tell us the full amount of opioid abatement funds you received as of 6/30/23. **\$10,474.81**
8. Please tell us the amount of opioid abatement funds you have expended (as of 6/30/23). **\$0.00**
9. Of the total opioid abatement funds, what amount was spent on program administrative expenses?
\$0.00
10. Please share brief information on your subdivision's overarching goals and priorities to provide context for this program year's spending decisions.
11. (This question is for counties only) Have you established an Advisory Committee to inform allocation of funds?
12. Did your subdivision engage the public (e.g., town hall meeting, online survey, convened stakeholders) prior to deciding how to use the opioid abatement funds you received? **No**
13. Please describe your public engagement/input efforts?
14. Does your county/subdivision have a strategic plan? **No**
15. Can we post your strategic plan online?
16. Have you completed a risk assessment profile for demographic or geographic impact? **No**
17. Can we post your risk assessment online?

New Jersey 2023 Opioid Abatement Report

18. Please tell us your overall rationale for prioritizing the use of the opioid abatement funds that you received (e.g., are you using a needs assessment, a strategic or other plan, or an epidemiological analysis)?

Program 1

19. Program name/title: **Town of Guttenberg - Opioid Overdose Prevention**

Agency/funding recipient name: **Town of Guttenberg - Opioid Overdose Prevention**

Primary problem being addressed by this program: **Opioid Overdose Prevention**

Brief program description: **Opioid Overdose Prevention**

Program target population: **15,000**

Date this program was funded (please use M/D/Y): **09/16/2021**

Amount of funding for this program: **\$20,000.00**

Program launch date: **09/01/2021**

If program has started, how many clients have been seen as of 6/30/2023: **0**

What key performance indicators are you tracking to ensure success of the program? **0**

Please state this program's statement of impact: **Opioid Overdose Prevention**

How do you plan to measure or track success and impact of this program? **Opioid Overdose**

Prevention

20. Primary Category (Please select the category that fits the primary focus of this program). **Overdose Prevention**

21. The following are other categories that may apply (include all categories with the exception of the Primary category you chose above). **Overdose Prevention**

22. Please choose the length of time of this program's duration: **2-3 years**

Other (please specify):

23. How often are you disbursing funds to this program? **Other (please specify)**

Other (please specify): **Disbursement will be to County**

24. Rationale for Program

What is the reason for this program spending choice? **County Collaboration**

What outcomes or impact does the program aim to achieve? **Opioid Overdose Prevention** What is the

anticipated number of unduplicated clients this program will reach annually? **100**

New Jersey 2023 Opioid Abatement Report

25. Do you have other programs you are funding and/or operating with opioid abatement funds? **No**

New Jersey 2023 Opioid Abatement Report

1. In what county are you located? **Hudson County**
2. For which eligible subdivision (county or municipality) are you reporting? **Harrison Town**
3. What is your subdivision's State ID? **NJ85**
4. As an eligible subdivision (county or municipality) receiving opioid abatement funds, please tell us the following:
Full name of individual in your subdivision authorized to report on the settlement funds your subdivision received ("administrator " managing/overseeing these funds): **Gregory Goode**

Name of Administering Agency: **Town of Harrison**

Business Address: **318 Harrison Ave**

City/Town: **Harrison**

Lead Contact Phone Number: **973-268-1062**
5. As an eligible subdivision receiving abatement funds, which of the following applies to your current status regarding those funds? **We are a municipality and did not transfer our funds.**
6. What amount of your opioid abatement funds did you transfer to the county?
7. Please tell us the full amount of opioid abatement funds you received as of 6/30/23. **\$86,583.22**
8. Please tell us the amount of opioid abatement funds you have expended (as of 6/30/23). **\$86,583.22**
9. Of the total opioid abatement funds, what amount was spent on program administrative expenses? **\$0.00**
10. Please share brief information on your subdivision's overarching goals and priorities to provide context for this program year's spending decisions.
Our goal is to provide treatment, training, education, and support to members of our community who are affected directly or indirectly by opioid use. The amounts listed in each program's expended funds is the encumbered amount for each program.
11. (This question is for counties only) Have you established an Advisory Committee to inform allocation of funds?
12. Did your subdivision engage the public (e.g., town hall meeting, online survey, convened stakeholders) prior to deciding how to use the opioid abatement funds you received? **No, but plan to in the future.**
13. Please describe your public engagement/input efforts?
14. Does your county/subdivision have a strategic plan? **Yes**
15. Can we post your strategic plan online? **No.**

New Jersey 2023 Opioid Abatement Report

16. Have you completed a risk assessment profile for demographic or geographic impact? **No, but we plan to in the future.**

17. Can we post your risk assessment online?

18. Please tell us your overall rationale for prioritizing the use of the opioid abatement funds that you received (e.g., are you using a needs assessment, a strategic or other plan, or an epidemiological analysis)? **Based on needs and strategic plans**

Program 1

19. Program name/title: **General Fund Treatment Services**

Agency/funding recipient name: **Town of Harrison**

Primary problem being addressed by this program: **Providing treatment**

Brief program description: **Funding will be used to facilitate treatment for residents in need of support services with the approval of the local committee. Funds will be paid directly to the contracted service provider.**

Program target population: **All residents**

Date this program was funded (please use M/D/Y): **04/01/2023**

Amount of funding for this program: **\$30,000.00**

Program launch date: **N/A**

If program has started, how many clients have been seen as of 6/30/2023: **N/A**

What key performance indicators are you tracking to ensure success of the program? **Number of residents that utilize the program**

Please state this program's statement of impact: **N/A**

How do you plan to measure or track success and impact of this program? **Number of residents that utilize the program**

20. Primary Category (Please select the category that fits the primary focus of this program).

Treatment

21. The following are other categories that may apply (include all categories with the exception of the Primary category you chose above). **Recovery and Support**

22. Please choose the length of time of this program's duration: **5+ years**

Other (please specify):

23. How often are you disbursing funds to this program? **Annually**

Other (please specify):

New Jersey 2023 Opioid Abatement Report

24. Rationale for Program

What is the reason for this program spending choice? **To provide treatment to all residents**

What outcomes or impact does the program aim to achieve? **Residents retaining the information and sharing it with those who need it**

What is the anticipated number of unduplicated clients this program will reach annually? **No anticipated number**

25. Do you have other programs you are funding and/or operating with opioid abatement funds? **Yes**

Program 2

19. Program name/title: **Red Cross Narcan Training Online**

Agency/funding recipient name: **Town of Harrison**

Primary problem being addressed by this program: **Lack of overdose recognition**

Brief program description: **American Red Cross provides online training to recognize the signs and symptoms of an opioid overdose, appropriate care to provide based on the person's breathing and level of responsiveness and how to give naloxone to reverse the effects of an opioid overdose**

Program target population: **All adult residents**

Date this program was funded (please use M/D/Y): **04/01/2023**

Amount of funding for this program: **\$2,500.00**

Program launch date: **N/A**

If program has started, how many clients have been seen as of 6/30/2023: **Unknown**

What key performance indicators are you tracking to ensure success of the program? **Number of sign-ups online**

Please state this program's statement of impact: **N/A**

How do you plan to measure or track success and impact of this program? **Number of sign-ups online**

20. Primary Category (Please select the category that fits the primary focus of this program). **Overdose Prevention**

21. The following are other categories that may apply (include all categories with the exception of the Primary category you chose above). **Prevention and Education**

22. Please choose the length of time of this program's duration: **5+ years**

Other (please specify):

23. How often are you disbursing funds to this program? **Annually**

New Jersey 2023 Opioid Abatement Report

Other (please specify):

24. Rationale for Program

What is the reason for this program spending choice? **To provide education to subject on hand**

What outcomes or impact does the program aim to achieve? **To improve recognition of overdoses**

What is the anticipated number of unduplicated clients this program will reach annually? **No anticipated number**

25. Do you have other programs you are funding and/or operating with opioid abatement funds? **Yes**

Program 3

19. Program name/title: **Training for first Responders and Training for School Personnel as Needed**

Agency/funding recipient name: **Town of Harrison**

Primary problem being addressed by this program: **Training for First Responders**

Brief program description: **Training for first responders to strengthen ability to recognize and intervene in calls that may have the potential to lead to escalating violence.**

Program target population: **Fire, EMT, emergency personnel**

Date this program was funded (please use M/D/Y): **04/01/2023**

Amount of funding for this program: **\$5,500.00**

Program launch date: **N/A**

If program has started, how many clients have been seen as of 6/30/2023: **unknown**

What key performance indicators are you tracking to ensure success of the program? **Number of emergency personnel that attend training**

Please state this program's statement of impact: **To educate first responders**

How do you plan to measure or track success and impact of this program? **The knowledge that first responders obtain**

20. Primary Category (Please select the category that fits the primary focus of this program).

Prevention and Education

21. The following are other categories that may apply (include all categories with the exception of the Primary category you chose above). **Workforce Development**

22. Please choose the length of time of this program's duration: **5+ years**

Other (please specify):

New Jersey 2023 Opioid Abatement Report

23. How often are you disbursing funds to this program? **Annually**

Other (please specify):

24. Rationale for Program

What is the reason for this program spending choice? **Increased training for first responders**

What outcomes or impact does the program aim to achieve? **For first responders to recognize emergency calls**

What is the anticipated number of unduplicated clients this program will reach annually? **No anticipated number**

25. Do you have other programs you are funding and/or operating with opioid abatement funds? **Yes**

Program 4

19. Program name/title: **Harrison East Newark Drop-In Center**

Agency/funding recipient name: **Town of Harrison**

Primary problem being addressed by this program: **Support people in treatment and recovery**

Brief program description: **4 hours per week, 48 weeks annually. Cost of site maintenance and utilities. Cost for security officers. Public Awareness Campaign to include online public service announcements and posted fliers.**

Program target population: **All residents**

Date this program was funded (please use M/D/Y): **04/01/2023**

Amount of funding for this program: **\$13,500.00**

Program launch date: **N/A**

If program has started, how many clients have been seen as of 6/30/2023: **Unknown**

What key performance indicators are you tracking to ensure success of the program? **Number of residents attending center**

Please state this program's statement of impact: **N/A**

How do you plan to measure or track success and impact of this program? **If residents continue to attend the center**

20. Primary Category (Please select the category that fits the primary focus of this program).

Treatment

21. The following are other categories that may apply (include all categories with the exception of the Primary category you chose above). **Harm Reduction, Recovery and Support**

22. Please choose the length of time of this program's duration: **5+ years**

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Other (please specify):

23. How often are you disbursing funds to this program? **Annually**

Other (please specify):

24. Rationale for Program

What is the reason for this program spending choice? **To support residents**

What outcomes or impact does the program aim to achieve? **Provide residents with someone to talk to**

What is the anticipated number of unduplicated clients this program will reach annually? **No anticipated number**

25. Do you have other programs you are funding and/or operating with opioid abatement funds? **Yes**

Program 5

19. Program name/title: **Law Enforcement Against Drugs**

Agency/funding recipient name: **Town of Harrison**

Primary problem being addressed by this program: **Educate youth on substance abuse prevention**

Brief program description: **Evidence based curriculum, delivered by Police Officers, addresses substance abuse prevention through emphasis upon goal setting, decision making, effective communication, anger management, media literacy, prosocial behavior, and conflict resolution. Graduation ceremony and trip.**

Program target population: **Youth Grades 4 to 8**

Date this program was funded (please use M/D/Y): **04/01/2023**

Amount of funding for this program: **\$9,500.00**

Program launch date: **N/A**

If program has started, how many clients have been seen as of 6/30/2023: **Unknown**

What key performance indicators are you tracking to ensure success of the program? **The information the youth take away from the classes**

Please state this program's statement of impact: **N/A**

How do you plan to measure or track success and impact of this program? **There is a graduation ceremony for the youth**

20. Primary Category (Please select the category that fits the primary focus of this program).

Prevention and Education

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21. The following are other categories that may apply (include all categories with the exception of the Primary category you chose above). **Long-Term Resiliency**

22. Please choose the length of time of this program's duration: **5+ years**

Other (please specify):

23. How often are you disbursing funds to this program? **Annually**

Other (please specify):

24. Rationale for Program

What is the reason for this program spending choice? **To provide the youth with education**

What outcomes or impact does the program aim to achieve? **To prevent overdoses through education**

What is the anticipated number of unduplicated clients this program will reach annually? **No anticipated number**

25. Do you have other programs you are funding and/or operating with opioid abatement funds? **Yes**

Program 6

19. Program name/title: **BABES (Basic Alcohol Beginning Education Services)**

Agency/funding recipient name: **Town of Harrison**

Primary problem being addressed by this program: **Educate young children visually**

Brief program description: **Structured curriculum presented through puppetry & storytelling. Lessons focus upon substance abuse prevention and address Self Esteem, Asking for Help, Peer Pressure, Effects of Alcohol & Substances, Child Abuse and Bullying. One session series of 8 sessions for Pre-K through 1. One session series of 8 sessions for Grades 2 through 3**

Program target population: **Youth Grades Pre-K to 3**

Date this program was funded (please use M/D/Y): **04/01/2023**

Amount of funding for this program: **\$9,000.00**

Program launch date: **N/A**

If program has started, how many clients have been seen as of 6/30/2023: **Unknown**

What key performance indicators are you tracking to ensure success of the program? **If the children are able to focus and learn**

Please state this program's statement of impact: **N/A**

How do you plan to measure or track success and impact of this program? **To educated the youth**

New Jersey 2023 Opioid Abatement Report

20. Primary Category (Please select the category that fits the primary focus of this program).

Prevention and Education

21. The following are other categories that may apply (include all categories with the exception of the Primary category you chose above). **Long-Term Resiliency**

22. Please choose the length of time of this program's duration: **5+ years**

Other (please specify):

23. How often are you disbursing funds to this program? **Annually**

Other (please specify):

24. Rationale for Program

What is the reason for this program spending choice? **Early education can lead to a good path**

What outcomes or impact does the program aim to achieve? **Awareness of problems**

What is the anticipated number of unduplicated clients this program will reach annually? **No anticipated number**

25. Do you have other programs you are funding and/or operating with opioid abatement funds? **Yes**

Program 7

19. Program name/title: **Strengthening Families Academy**

Agency/funding recipient name: **Town of Harrison**

Primary problem being addressed by this program: **Education of parents who have impressionable children**

Brief program description: **Funded in Part by Harrison Public School. 9 Sessions for parents and children to attend together. Research based curriculum addresses protective factors associated with substance abuse prevention. Topics include, communication skills, setting limits, stress management and recognizing symptoms of drug and alcohol abuse. Existing community resources available are reviewed. Sessions begin with a family meal. Children & parents attend groups separately. Sessions concludes with a structured family activity. Attendance per session limited to 10 families. Staff needs: 1 Program Coordinator, 3 Group Facilitators, and 2 Childcare Providers.**

Program target population: **Parents of youth Grades K to 12**

Date this program was funded (please use M/D/Y): **04/01/2023**

Amount of funding for this program: **\$7,500.00**

Program launch date: **N/A**

If program has started, how many clients have been seen as of 6/30/2023: **Unknown**

New Jersey 2023 Opioid Abatement Report

What key performance indicators are you tracking to ensure success of the program? **If families feel comfortable talking about these issues**

Please state this program's statement of impact: **N/A**

How do you plan to measure or track success and impact of this program? **The knowledge the families retain**

20. Primary Category (Please select the category that fits the primary focus of this program).

Prevention and Education

21. The following are other categories that may apply (include all categories with the exception of the Primary category you chose above). **Overdose Prevention, Long-Term Resiliency**

22. Please choose the length of time of this program's duration: **5+ years**

Other (please specify):

23. How often are you disbursing funds to this program? **Annually**

Other (please specify):

24. Rationale for Program

What is the reason for this program spending choice? **So parents can feel comfortable talking to their children**

What outcomes or impact does the program aim to achieve? **Education**

What is the anticipated number of unduplicated clients this program will reach annually? **No anticipated amount**

25. Do you have other programs you are funding and/or operating with opioid abatement funds? **Yes**

Program 8

19. Program name/title: **Older & Wiser**

Agency/funding recipient name: **Harrison Town**

Primary problem being addressed by this program: **Education and Support for senior citizens**

Brief program description: **9 Sessions focusing upon issues related to aging while drawing correlates to age related issues and the potential for substance abuse. Sessions will emphasize healthy coping strategies. Existing community resources are reviewed.**

Program target population: **Senior Citizens**

Date this program was funded (please use M/D/Y): **04/01/2023**

Amount of funding for this program: **\$5,500.00**

Program launch date: **N/A**

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If program has started, how many clients have been seen as of 6/30/2023: **Unknown**

What key performance indicators are you tracking to ensure success of the program? **Attendance of these sessions**

Please state this program's statement of impact: **N/A**

How do you plan to measure or track success and impact of this program? **To educate and support senior citizens**

20. Primary Category (Please select the category that fits the primary focus of this program).
Prevention and Education

21. The following are other categories that may apply (include all categories with the exception of the Primary category you chose above). **Recovery and Support, Treatment**

22. Please choose the length of time of this program's duration: **5+ years**

Other (please specify):

23. How often are you disbursing funds to this program? **Annually**

Other (please specify):

24. Rationale for Program

What is the reason for this program spending choice? **To provide everyone a chance to learn**

What outcomes or impact does the program aim to achieve? **To educate and support senior citizens**

What is the anticipated number of unduplicated clients this program will reach annually? **No anticipated number**

25. Do you have other programs you are funding and/or operating with opioid abatement funds? **Yes**

Program 9

19. Program name/title: **Elks Peer Leadership Paths to Leadership Conference**

Agency/funding recipient name: **Town of Harrison**

Primary problem being addressed by this program: **Decision making and healthy choices**

Brief program description: **The New Jersey Benevolent and Protective Order of Elks presents annual statewide conferences that offer teens workshops and speakers designed to strengthen refusal skills, resiliency, and decision making to support healthy choices. Registration for 7 students at a cost of \$385 per student.**

Program target population: **Youth Grades 7 to 12**

Date this program was funded (please use M/D/Y): **04/01/2023**

Amount of funding for this program: **\$3,500.00**

Program launch date: **N/A**

If program has started, how many clients have been seen as of 6/30/2023: **Unknown**

What key performance indicators are you tracking to ensure success of the program? **Attendance at conference**

Please state this program's statement of impact: **N/A**

How do you plan to measure or track success and impact of this program? **The impact the conferences have on the youth**

20. Primary Category (Please select the category that fits the primary focus of this program).
Prevention and Education

21. The following are other categories that may apply (include all categories with the exception of the Primary category you chose above). **Long-Term Resiliency, Recovery and Support**

22. Please choose the length of time of this program's duration: **5+ years**

Other (please specify):

23. How often are you disbursing funds to this program? **Annually**

Other (please specify):

24. Rationale for Program

What is the reason for this program spending choice? **To diversify the options for the youth**

What outcomes or impact does the program aim to achieve? **To improve decision making and support healthy choices**

What is the anticipated number of unduplicated clients this program will reach annually? **No anticipated number**

25. Do you have other programs you are funding and/or operating with opioid abatement funds? **No**

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1. In what county are you located? **Hudson County**
2. For which eligible subdivision (county or municipality) are you reporting? **Hoboken City**
3. What is your subdivision's State ID? **NJ94**

NO REPORT RECEIVED

New Jersey 2023 Opioid Abatement Report

1. In what county are you located? **Hudson County**
2. For which eligible subdivision (county or municipality) are you reporting? **Hudson County**
3. What is your subdivision's State ID? **NJ99**
4. As an eligible subdivision (county or municipality) receiving opioid abatement funds, please tell us the following:
Full name of individual in your subdivision authorized to report on the settlement funds your subdivision received ("administrator " managing/overseeing these funds): **Robin F. James, Division Chief**

Name of Administering Agency: **Hudson County Dept of Health & Human Services**

Business Address: **830 Bergen Ave, 2B**

City/Town: **Jersey City, NJ**

Lead Contact Phone Number: **201-369-5280 x 4250**
5. As an eligible subdivision receiving abatement funds, which of the following applies to your current status regarding those funds? **We are a county and did not transfer our funds.**
6. What amount of your opioid abatement funds did you transfer to the county?
7. Please tell us the full amount of opioid abatement funds you received as of 6/30/23. **\$393,699.81**
8. Please tell us the amount of opioid abatement funds you have expended (as of 6/30/23). **\$0.00**
9. Of the total opioid abatement funds, what amount was spent on program administrative expenses? **\$0.00**
10. Please share brief information on your subdivision's overarching goals and priorities to provide context for this program year's spending decisions. **Goals and priorities for Hudson County will be to provide critical support services to Hudson County residents who could potentially be impacted by the opioid epidemic and those that have already been negatively impacted by the epidemic. Areas of consideration may include but are not limited to educating the public on the dangers of opioids, preventing or mitigating the misuse of substances, educating residents about available resources and supports, minimizing barriers that limit access to services by ensuring the basic needs of Hudson County residents are met, ensuring that socioeconomic status, education and access to legal services are not barriers to recovery and supporting the existing infrastructure of service providers that already exist in the County.**
11. (This question is for counties only) Have you established an Advisory Committee to inform allocation of funds? **Yes**
12. Did your subdivision engage the public (e.g., town hall meeting, online survey, convened stakeholders) prior to deciding how to use the opioid abatement funds you received? **No, but plan to in the future.**

New Jersey 2023 Opioid Abatement Report

13. Please describe your public engagement/input efforts?

14. Does your county/subdivision have a strategic plan? **No**

15. Can we post your strategic plan online?

16. Have you completed a risk assessment profile for demographic or geographic impact? **No**

17. Can we post your risk assessment online?

18. Please tell us your overall rationale for prioritizing the use of the opioid abatement funds that you received (e.g., are you using a needs assessment, a strategic or other plan, or an epidemiological analysis)? **To date, Hudson County has established the Opioid Settlement Advisory Council and has appointed members from diverse expertise and backgrounds. Future activities will include creating a survey to be distributed to Hudson County residents to capture needs and identify priorities of the County as well as to conduct at least one Town Hall Meeting to gather similar information. Lastly, focus groups will also be conducted.**

1. In what county are you located? **Hudson County**
2. For which eligible subdivision (county or municipality) are you reporting? **Jersey City**
3. What is your subdivision's State ID? **NJ104**
4. As an eligible subdivision (county or municipality) receiving opioid abatement funds, please tell us the following:
Full name of individual in your subdivision authorized to report on the settlement funds your subdivision received ("administrator " managing/overseeing these funds): **Stacey Lea Flanagan**

Name of Administering Agency: **Department of Health & Human Services**

Business Address: **One Jackson Square, MLK City Hall Annex, 3rd Floor**

City/Town: **Jersey City**

Lead Contact Phone Number: **201-547-6560**
5. As an eligible subdivision receiving abatement funds, which of the following applies to your current status regarding those funds? **We are a municipality and did not transfer our funds.**
6. What amount of your opioid abatement funds did you transfer to the county?
7. Please tell us the full amount of opioid abatement funds you received as of 6/30/23. **\$424,752.00**
8. Please tell us the amount of opioid abatement funds you have expended (as of 6/30/23). **\$23,200.00**
9. Of the total opioid abatement funds, what amount was spent on program administrative expenses? **\$23,200.00**
10. Please share brief information on your subdivision's overarching goals and priorities to provide context for this program year's spending decisions.
We are executing three different program Models; B. Support People in Treatment & Recovery, C. Connections to Care & G. Prevention of Misuse of Opioids
11. (This question is for counties only) Have you established an Advisory Committee to inform allocation of funds?
12. Did your subdivision engage the public (e.g., town hall meeting, online survey, convened stakeholders) prior to deciding how to use the opioid abatement funds you received? **No, but plan to in the future.**
13. Please describe your public engagement/input efforts?
14. Does your county/subdivision have a strategic plan? **No, but plan to develop one in the future.**
15. Can we post your strategic plan online?

New Jersey 2023 Opioid Abatement Report

16. Have you completed a risk assessment profile for demographic or geographic impact? **No, but we plan to in the future.**

17. Can we post your risk assessment online?

18. Please tell us your overall rationale for prioritizing the use of the opioid abatement funds that you received (e.g., are you using a needs assessment, a strategic or other plan, or an epidemiological analysis)?

We plan to address the issue based on some key outcomes of our 2022 CHNA, County Health Rankings Data, and overall information from our local JCPD

Program 1

19. Program name/title: **B. Support People in Treatment & Recovery**

Agency/funding recipient name: **TBD**

Primary problem being addressed by this program: **Intervention / Outpatient support**

Brief program description: **RFP for at least five local BBOs working in Treatment & Recovery to expand outreach/hours of service**

Program target population: **Current support to wrap around services in Jersey City, primarily Wards A & F**

Date this program was funded (please use M/D/Y): **12/15/23**

Amount of funding for this program: **\$200,000.00**

Program launch date: **1/1/24**

If program has started, how many clients have been seen as of 6/30/2023: **0**

What key performance indicators are you tracking to ensure success of the program? **Numbers Served, Expanded Treatment Offered, Lives Saved**

Please state this program's statement of impact: **Increasing capacity of local capacity for counseling, peer support, and/or recovery case management**

How do you plan to measure or track success and impact of this program? **Quarterly Reports, and Program Completion Survey**

20. Primary Category (Please select the category that fits the primary focus of this program). **Recovery and Support**

21. The following are other categories that may apply (include all categories with the exception of the Primary category you chose above). **Harm Reduction, Overdose Prevention, Recovery and Support, Treatment**

22. Please choose the length of time of this program's duration: **1 year**

Other (please specify):

23. How often are you disbursing funds to this program? **Other (please specify)**

New Jersey 2023 Opioid Abatement Report

Other (please specify): **Bi-Annual**

24. Rationale for Program

What is the reason for this program spending choice? **Community Organizations most hurt by COVID need more funding to sustain long term results as Medicaid is not covering a lot of these expenses.**

What outcomes or impact does the program aim to achieve? **Increased capacity of local agencies, reduction of overdoses, increased number of individuals in recovery**

What is the anticipated number of unduplicated clients this program will reach annually? **1500**

25. Do you have other programs you are funding and/or operating with opioid abatement funds? **Yes**

Program 2

19. Program name/title: **Youth Prevention**

Agency/funding recipient name: **Dept of Recreation & Youth Development**

Primary problem being addressed by this program: **Prevention of Misuse**

Brief program description: **Youth -related RFP for Fall Programming**

Program target population: **Youth in Wards A&F**

Date this program was funded (please use M/D/Y): **TBD: 9/30/2023**

Amount of funding for this program: **\$100,000.00**

Program launch date: **Sept 8th**

If program has started, how many clients have been seen as of 6/30/2023: **0**

What key performance indicators are you tracking to ensure success of the program? **Engagement with local CBOs serving youth to enhance programming with proper drug prevention tools**

Please state this program's statement of impact: **Citywide effort to ensure youth programs have training and tools to lead in the prevention of drug use and misuse.**

How do you plan to measure or track success and impact of this program? **Survey/Reporting of Youth Served & Agencies impacted**

20. Primary Category (Please select the category that fits the primary focus of this program).
Prevention and Education

21. The following are other categories that may apply (include all categories with the exception of the Primary category you chose above). **Harm Reduction, Prevention and Education**

22. Please choose the length of time of this program's duration: **Less than 1 year**

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Other (please specify):

23. How often are you disbursing funds to this program? **One time only**

Other (please specify):

24. Rationale for Program

What is the reason for this program spending choice? **Youth agencies impacted by COVID have had difficulty with capacity building to address mental health issues currently ongoing in the community**

What outcomes or impact does the program aim to achieve? **Increased capacity, strengthening Youth agency's approach to prevention**

What is the anticipated number of unduplicated clients this program will reach annually? **3000**

25. Do you have other programs you are funding and/or operating with opioid abatement funds? **No**

1. In what county are you located? **Hudson County**
2. For which eligible subdivision (county or municipality) are you reporting? **Kearny Town**
3. What is your subdivision's State ID? **NJ105**
4. As an eligible subdivision (county or municipality) receiving opioid abatement funds, please tell us the following:
Full name of individual in your subdivision authorized to report on the settlement funds your subdivision received ("administrator " managing/overseeing these funds): **Stephen Daniel Marks**

Name of Administering Agency: **Town of Kearny**

Business Address: **402 Kearny Ave.**

City/Town: **Kearny**

Lead Contact Phone Number: **(201) 246-1418**
5. As an eligible subdivision receiving abatement funds, which of the following applies to your current status regarding those funds? **We are a municipality and did not transfer our funds.**
6. What amount of your opioid abatement funds did you transfer to the county?
7. Please tell us the full amount of opioid abatement funds you received as of 6/30/23. **\$54,319.00**
8. Please tell us the amount of opioid abatement funds you have expended (as of 6/30/23). **\$0.00**
9. Of the total opioid abatement funds, what amount was spent on program administrative expenses?
\$0.00
10. Please share brief information on your subdivision's overarching goals and priorities to provide context for this program year's spending decisions.
The Town of Kearny has partnered with the Kearny Board of Education to provide public information, public education and outreach about the ills of opioid abuse. Programming is scheduled for October 4, 2023. The Town of Kearny has also partnered with the Inter County Council for Drug and Alcohol Abuse (ICCDAA) to provide resources for residents.
11. (This question is for counties only) Have you established an Advisory Committee to inform allocation of funds?
12. Did your subdivision engage the public (e.g., town hall meeting, online survey, convened stakeholders) prior to deciding how to use the opioid abatement funds you received? **Yes**
13. Please describe your public engagement/input efforts?
The Town of Kearny reached out to stakeholders to solicit ideas on how to best utilize the funds.
14. Does your county/subdivision have a strategic plan? **No**
15. Can we post your strategic plan online?

New Jersey 2023 Opioid Abatement Report

16. Have you completed a risk assessment profile for demographic or geographic impact? **No**

17. Can we post your risk assessment online?

18. Please tell us your overall rationale for prioritizing the use of the opioid abatement funds that you received (e.g., are you using a needs assessment, a strategic or other plan, or an epidemiological analysis)?

The Town of Kearny engaged the feedback and recommendations of the Municipal Alliance, the Partners for Prevention, the Kearny Health Department, the Kearny Police Department and the Kearny Board of Education on how best to utilize the funding.

Program 1

19. Program name/title: **Partnership with the Kearny Public Schools/Board of Education**

Agency/funding recipient name: **Town of Kearny**

Primary problem being addressed by this program: **Public Information, Public Education and Public Outreach**

Brief program description: **Kearny Public Schools and Board of Education will conduct school assemblies and evening meetings open to the general public to discuss the abuse of opioids.**

Program target population: **School age children and their families**

Date this program was funded (please use M/D/Y): **June 28, 2023**

Amount of funding for this program: **\$20,396.02**

Program launch date: **October 4, 2023**

If program has started, how many clients have been seen as of 6/30/2023: **Funding is encumbered, however, program has not started.**

What key performance indicators are you tracking to ensure success of the program? **Number of participants reached**

Please state this program's statement of impact: **The program will provide public information, public education and public outreach to teach about the ills of opioid abuse.**

How do you plan to measure or track success and impact of this program? **Number of participants reached.**

20. Primary Category (Please select the category that fits the primary focus of this program).

Prevention and Education

21. The following are other categories that may apply (include all categories with the exception of the Primary category you chose above). **Long-Term Resiliency**

22. Please choose the length of time of this program's duration: **1 year**

Other (please specify):

23. How often are you disbursing funds to this program? **Annually**

New Jersey 2023 Opioid Abatement Report

Other (please specify):

24. Rationale for Program

What is the reason for this program spending choice? **Partnership with Kearny Public Schools**

What outcomes or impact does the program aim to achieve? **Educate students, parents and families about risk reduction**

What is the anticipated number of unduplicated clients this program will reach annually? **3000**

25. Do you have other programs you are funding and/or operating with opioid abatement funds? **Yes**

Program 2

19. Program name/title: **Partnership with the Inter County Council for Drug and Alcohol Abuse (ICDAA)**

Agency/funding recipient name: **Town of Kearny**

Primary problem being addressed by this program: **Treatment**

Brief program description: **Treatment programming for residents**

Program target population: **Residents suffering from the ills of opioid abuse.**

Date this program was funded (please use M/D/Y): **July 11, 2023**

Amount of funding for this program: **\$24,000.00**

Program launch date: **July 11, 2023**

If program has started, how many clients have been seen as of 6/30/2023: **TBD**

What key performance indicators are you tracking to ensure success of the program? **Number of residents/clients seen, counseled and treated.**

Please state this program's statement of impact: **The program will provide resources to residents suffering from the ills of opioid abuse.**

How do you plan to measure or track success and impact of this program? **Number of residents/clients seen/treated.**

20. Primary Category (Please select the category that fits the primary focus of this program).
Treatment

21. The following are other categories that may apply (include all categories with the exception of the Primary category you chose above). **Recovery and Support**

22. Please choose the length of time of this program's duration: **1 year**

Other (please specify):

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23. How often are you disbursing funds to this program? **Annually**

Other (please specify):

24. Rationale for Program

What is the reason for this program spending choice? **The ICCDAA is a state licensed and nationally certified treatment program.**

What outcomes or impact does the program aim to achieve? **Treating residents and clients suffering from abuse disorder.**

What is the anticipated number of unduplicated clients this program will reach annually? **Less than 100.**

25. Do you have other programs you are funding and/or operating with opioid abatement funds? **No**

New Jersey 2023 Opioid Abatement Report

1. In what county are you located? **Hudson County**
2. For which eligible subdivision (county or municipality) are you reporting? **North Bergen Township**
3. What is your subdivision's State ID? **NJ158**
4. As an eligible subdivision (county or municipality) receiving opioid abatement funds, please tell us the following:
Full name of individual in your subdivision authorized to report on the settlement funds your subdivision received ("administrator " managing/overseeing these funds): **Robert Pittfield**

Name of Administering Agency: **Township of North Bergen**

Business Address: **4233 Kennedy Boulevard**

City/Town: **North Bergen**

Lead Contact Phone Number: **201-330-2629**
5. As an eligible subdivision receiving abatement funds, which of the following applies to your current status regarding those funds? **We are a municipality and did not transfer our funds.**
6. What amount of your opioid abatement funds did you transfer to the county?
7. Please tell us the full amount of opioid abatement funds you received as of 6/30/23. **\$46,699.10**
8. Please tell us the amount of opioid abatement funds you have expended (as of 6/30/23). **\$0.00**
9. Of the total opioid abatement funds, what amount was spent on program administrative expenses?
\$0.00
10. Please share brief information on your subdivision's overarching goals and priorities to provide context for this program year's spending decisions. **Education and public outreach**
11. (This question is for counties only) Have you established an Advisory Committee to inform allocation of funds?
12. Did your subdivision engage the public (e.g., town hall meeting, online survey, convened stakeholders) prior to deciding how to use the opioid abatement funds you received? **No, but plan to in the future.**
13. Please describe your public engagement/input efforts?
14. Does your county/subdivision have a strategic plan? **No, but plan to develop one in the future.**
15. Can we post your strategic plan online?
16. Have you completed a risk assessment profile for demographic or geographic impact? **No, but we plan to in the future.**

New Jersey 2023 Opioid Abatement Report

17. Can we post your risk assessment online?

18. Please tell us your overall rationale for prioritizing the use of the opioid abatement funds that you received (e.g., are you using a needs assessment, a strategic or other plan, or an epidemiological analysis)? **Other plan**

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1. In what county are you located? **Hudson County**
2. For which eligible subdivision (county or municipality) are you reporting? **Secaucus Town**
3. What is your subdivision's State ID? **NJ209**
4. As an eligible subdivision (county or municipality) receiving opioid abatement funds, please tell us the following:
 - Full name of individual in your subdivision authorized to report on the settlement funds your subdivision received ("administrator " managing/overseeing these funds): **Gary Jeffas**
 - Name of Administering Agency: **Town of Secaucus**
 - Business Address: **1203 Paterson Plank Road**
 - City/Town: **Secaucus**
 - Lead Contact Phone Number: **201-330-2007**
5. As an eligible subdivision receiving abatement funds, which of the following applies to your current status regarding those funds? **We are a municipality and did not transfer our funds.**
6. What amount of your opioid abatement funds did you transfer to the county?
7. Please tell us the full amount of opioid abatement funds you received as of 6/30/23. **\$20,635.13**
8. Please tell us the amount of opioid abatement funds you have expended (as of 6/30/23). **\$0.00**
9. Of the total opioid abatement funds, what amount was spent on program administrative expenses? **\$0.00**
10. Please share brief information on your subdivision's overarching goals and priorities to provide context for this program year's spending decisions.
Will be working with the County of Hudson in the future for coordination of Fund use
11. (This question is for counties only) Have you established an Advisory Committee to inform allocation of funds?
12. Did your subdivision engage the public (e.g., town hall meeting, online survey, convened stakeholders) prior to deciding how to use the opioid abatement funds you received? **No**
13. Please describe your public engagement/input efforts?
14. Does your county/subdivision have a strategic plan? **No, but plan to develop one in the future.**
15. Can we post your strategic plan online?
16. Have you completed a risk assessment profile for demographic or geographic impact? **No**
17. Can we post your risk assessment online?

New Jersey 2023 Opioid Abatement Report

18. Please tell us your overall rationale for prioritizing the use of the opioid abatement funds that you received (e.g., are you using a needs assessment, a strategic or other plan, or an epidemiological analysis)? **Plan to work with the County of Hudson, serving as proxy over the funds?**

New Jersey 2023 Opioid Abatement Report

1. In what county are you located? **Hudson County**
2. For which eligible subdivision (county or municipality) are you reporting? **Union City**
3. What is your subdivision's State ID? **NJ229**
4. As an eligible subdivision (county or municipality) receiving opioid abatement funds, please tell us the following:
 - Full name of individual in your subdivision authorized to report on the settlement funds your subdivision received ("administrator " managing/overseeing these funds): **Brian P Stack**
 - Name of Administering Agency: **City of Union City**
 - Business Address: **3715 Palisade Avenue**
 - City/Town: **Union City**
 - Lead Contact Phone Number: **201-348-5755**
5. As an eligible subdivision receiving abatement funds, which of the following applies to your current status regarding those funds? **We are a municipality and did not transfer our funds.**
6. What amount of your opioid abatement funds did you transfer to the county?
7. Please tell us the full amount of opioid abatement funds you received as of 6/30/23. **\$346,324.42**
8. Please tell us the amount of opioid abatement funds you have expended (as of 6/30/23). **\$0.00**
9. Of the total opioid abatement funds, what amount was spent on program administrative expenses? **\$0.00**
10. Please share brief information on your subdivision's overarching goals and priorities to provide context for this program year's spending decisions. **The City of Union City's goal is to provide prevention programs and community awareness.**
11. (This question is for counties only) Have you established an Advisory Committee to inform allocation of funds?
12. Did your subdivision engage the public (e.g., town hall meeting, online survey, convened stakeholders) prior to deciding how to use the opioid abatement funds you received? **No, but plan to in the future.**
13. Please describe your public engagement/input efforts?
14. Does your county/subdivision have a strategic plan? **No**
15. Can we post your strategic plan online?
16. Have you completed a risk assessment profile for demographic or geographic impact? **No**

New Jersey 2023 Opioid Abatement Report

17. Can we post your risk assessment online?

18. Please tell us your overall rationale for prioritizing the use of the opioid abatement funds that you received (e.g., are you using a needs assessment, a strategic or other plan, or an epidemiological analysis)?

The city plans to provide programs for anyone that lives in the city and needs help.

Program 1

19. Program name/title: **The city has not begun any programs yet**

Agency/funding recipient name: **TBD**

Primary problem being addressed by this program: **Drug addiction and overdoses**

Brief program description: **TBD**

Program target population: **Whole city**

Date this program was funded (please use M/D/Y): **TBD**

Amount of funding for this program: **TBD**

Program launch date: **TBD**

If program has started, how many clients have been seen as of 6/30/2023: **N/A**

What key performance indicators are you tracking to ensure success of the program? **TBD**

Please state this program's statement of impact: **TBD**

How do you plan to measure or track success and impact of this program? **TBD**

20. Primary Category (Please select the category that fits the primary focus of this program). **Prevention and Education**

21. The following are other categories that may apply (include all categories with the exception of the Primary category you chose above). **Overdose Prevention, Recovery and Support, Treatment**

22. Please choose the length of time of this program's duration: **2-3 years**

Other (please specify):

23. How often are you disbursing funds to this program? **Other (please specify)**

Other (please specify): **TBD**

24. Rationale for Program

What is the reason for this program spending choice? **TBD**

What outcomes or impact does the program aim to achieve? **TBD**

What is the anticipated number of unduplicated clients this program will reach annually? **TBD**

New Jersey 2023 Opioid Abatement Report

25. Do you have other programs you are funding and/or operating with opioid abatement funds? **No**

New Jersey 2023 Opioid Abatement Report

1. In what county are you located? **Hudson**
2. For which eligible subdivision (county or municipality) are you reporting? **Weehawken Township**
3. What is your subdivision's State ID? **NJ248**
4. As an eligible subdivision (county or municipality) receiving opioid abatement funds, please tell us the following:
 - Full name of individual in your subdivision authorized to report on the settlement funds your subdivision received ("administrator " managing/overseeing these funds): **Giovanni Ahmad, Township Manager.**
 - Name of Administering Agency: **Township of Weehawken**
 - Business Address: **400 Park Avenue**
 - City/Town: **Weehawken**
 - Lead Contact Phone Number: **201-319-6005**
5. As an eligible subdivision receiving abatement funds, which of the following applies to your current status regarding those funds? **We are a municipality and did not transfer our funds**
6. What amount of your opioid abatement funds did you transfer to the county?
7. Please tell us the full amount of opioid abatement funds you received as of 6/30/23. **\$11,876.30**
8. Please tell us the amount of opioid abatement funds you have expended (as of 6/30/23). **\$ 0.00**
9. Of the total opioid abatement funds, what amount was spent on program administrative expenses?
\$ 0.00
10. Please share brief information on your subdivision's overarching goals and priorities to provide context for this program year's spending decisions. **To provide services promoting the prevention of drug use disorders among Township youth, to further implement harm reduction practices through the purchase of overdose prevention drugs, and to provide education and training to our police officers/EMS/social workers.**
11. (This question is for counties only) Have you established an Advisory Committee to inform allocation of funds?
12. Did your subdivision engage the public (e.g., town hall meeting, online survey, convened stakeholders) prior to deciding how to use the opioid abatement funds you received? **No, but plan to in the future**
13. Please describe your public engagement/input efforts?
14. Does your county/subdivision have a strategic plan? **No, but plan to develop one in the future**
15. Can we post your strategic plan online? **Not yet. Please, we are still fine-tuning it.**
16. Have you completed a risk assessment profile for demographic or geographic impact? **Not as of yet**
17. Can we post your risk assessment online?

18. Please tell us your overall rationale for prioritizing the use of the opioid abatement funds that you received (e.g., are you using a needs assessment, a strategic or other plan, or an epidemiological analysis)? **Funding a program that will assist our community in recognizing and intervening with residents suffering from opioid use disorder, as we need additional resources to be proactive with this demographic of our Township. Our social workers, EMS, and law enforcement officers will be further trained in sensitivity and harm reduction practices to let those suffering from this disease retain their dignity while also providing the resources that will assist those who choose to partake in programs to overcome their addiction, with medical assistance if necessary. Ensure our social workers, EMS, and law enforcement are fully trained in administering overdose-prevention drugs.**

New Jersey 2023 Opioid Abatement Report

1. In what county are you located? **Hudson County**
2. For which eligible subdivision (county or municipality) are you reporting? **West New York Town**
3. What is your subdivision's State ID? **NJ252**
4. As an eligible subdivision (county or municipality) receiving opioid abatement funds, please tell us the following:
Full name of individual in your subdivision authorized to report on the settlement funds your subdivision received ("administrator " managing/overseeing these funds): **Jonathan DeJoseph CFO**

Name of Administering Agency: **Town of West New York**

Business Address: **428 60th street**

City/Town: **West New York**

Lead Contact Phone Number: **201-295-4551**
5. As an eligible subdivision receiving abatement funds, which of the following applies to your current status regarding those funds? **We are a municipality and did not transfer our funds.**
6. What amount of your opioid abatement funds did you transfer to the county?
7. Please tell us the full amount of opioid abatement funds you received as of 6/30/23. **\$245,620.93**
8. Please tell us the amount of opioid abatement funds you have expended (as of 6/30/23). **\$3,784.75**
9. Of the total opioid abatement funds, what amount was spent on program administrative expenses? **\$0.00**
10. Please share brief information on your subdivision's overarching goals and priorities to provide context for this program year's spending decisions.
11. (This question is for counties only) Have you established an Advisory Committee to inform allocation of funds?
12. Did your subdivision engage the public (e.g., town hall meeting, online survey, convened stakeholders) prior to deciding how to use the opioid abatement funds you received? **No**
13. Please describe your public engagement/input efforts?
14. Does your county/subdivision have a strategic plan? **No**
15. Can we post your strategic plan online?
16. Have you completed a risk assessment profile for demographic or geographic impact? **No**
17. Can we post your risk assessment online?

New Jersey 2023 Opioid Abatement Report

18. Please tell us your overall rationale for prioritizing the use of the opioid abatement funds that you received (e.g., are you using a needs assessment, a strategic or other plan, or an epidemiological analysis)? **TBD**

Program 1

19. Program name/title: **Narcan**

Agency/funding recipient name: **Police and EMS**

Primary problem being addressed by this program: **Administer Narcan**

Brief program description: **Purchase of Narcan for Police and EMS.**

Program target population:

Date this program was funded (please use M/D/Y): **1/25/2023 PO 36901 \$1,425 EMS and 2/15/2023 PO 36989 1,179.00 Police, 6/8/2023 PO 38334 \$1,180.75 Police total spent \$3,784.75**

Amount of funding for this program: **\$3,784.75**

Program launch date:

If program has started, how many clients have been seen as of 6/30/2023:

What key performance indicators are you tracking to ensure success of the program?

Please state this program's statement of impact:

How do you plan to measure or track success and impact of this program?

20. Primary Category (Please select the category that fits the primary focus of this program). **Overdose Prevention**

21. The following are other categories that may apply (include all categories with the exception of the Primary category you chose above).

22. Please choose the length of time of this program's duration: **Other (please specify)**

Other (please specify): **TBD**

23. How often are you disbursing funds to this program? **Other (please specify)**

Other (please specify): **TBD**

24. Rationale for Program

What is the reason for this program spending choice?

What outcomes or impact does the program aim to achieve?

What is the anticipated number of unduplicated clients this program will reach annually?

25. Do you have other programs you are funding and/or operating with opioid abatement funds? **No**

New Jersey 2023 Opioid Abatement Report

1. In what county are you located? **Hunterdon County**
2. For which eligible subdivision (county or municipality) are you reporting? **Clinton Town**
3. What is your subdivision's State ID? **NJ35**
4. As an eligible subdivision (county or municipality) receiving opioid abatement funds, please tell us the following:
Full name of individual in your subdivision authorized to report on the settlement funds your subdivision received("administrator " managing/overseeing these funds): **J Cory Kubinak**

Name of Administering Agency: **Town of Clinton**

Business Address: **43 Leigh St**

City/Town: **Clinton**

Lead Contact Phone Number: **908-735-2665**
5. As an eligible subdivision receiving abatement funds, which of the following applies to your current status regarding those funds? **We are a municipality and did not transfer our funds.**
6. What amount of your opioid abatement funds did you transfer to the county?
7. Please tell us the full amount of opioid abatement funds you received as of 6/30/23. **\$11,658.74**
8. Please tell us the amount of opioid abatement funds you have expended (as of 6/30/23). **\$0.00**
9. Of the total opioid abatement funds, what amount was spent on program administrative expenses?
\$0.00
10. Please share brief information on your subdivision's overarching goals and priorities to provide context for this program year's spending decisions.
11. (This question is for counties only) Have you established an Advisory Committee to inform allocation of funds?
12. Did your subdivision engage the public (e.g., town hall meeting, online survey, convened stakeholders) prior to deciding how to use the opioid abatement funds you received? **No**
13. Please describe your public engagement/input efforts?
14. Does your county/subdivision have a strategic plan? **No, but plan to develop one in the future.**
15. Can we post your strategic plan online?
16. Have you completed a risk assessment profile for demographic or geographic impact? **No, but we plan to in the future.**
17. Can we post your risk assessment online?

New Jersey 2023 Opioid Abatement Report

18. Please tell us your overall rationale for prioritizing the use of the opioid abatement funds that you received (e.g., are you using a needs assessment, a strategic or other plan, or an epidemiological analysis)? **Enhance training and purchase equipment.**

Program 1

19. Program name/title: **Officer Training**

Agency/funding recipient name: **Town of Clinton Police**

Primary problem being addressed by this program: **Improve officer knowledge and train incoming officers.**

Brief program description: **To provide officers with new and emerging trends in the opioid world.**

Program target population: **Police Officers**

Date this program was funded (please use M/D/Y): **N/A**

Amount of funding for this program: **\$3,000.00**

Program launch date: **2024**

If program has started, how many clients have been seen as of 6/30/2023: **N/A**

What key performance indicators are you tracking to ensure success of the program? **None**

Please state this program's statement of impact: **Officers ability to rationalize and deal with opioid addiction and safety.**

How do you plan to measure or track success and impact of this program? **N/A**

20. Primary Category (Please select the category that fits the primary focus of this program).
Workforce Development

21. The following are other categories that may apply (include all categories with the exception of the Primary category you chose above). **Prevention and Education**

22. Please choose the length of time of this program's duration: **5+ years**

Other (please specify):

23. How often are you disbursing funds to this program? **Other (please specify)**

Other (please specify): **As training becomes available or evolves.**

24. Rationale for Program

What is the reason for this program spending choice? **Improve training and reduce liability.**

What outcomes or impact does the program aim to achieve? **To expand knowledge and experience.**

New Jersey 2023 Opioid Abatement Report

What is the anticipated number of unduplicated clients this program will reach annually? **13**

25. Do you have other programs you are funding and/or operating with opioid abatement funds? **Yes**

Program 2

19. Program name/title: **Equipment**

Agency/funding recipient name: **Town of Clinton**

Primary problem being addressed by this program: **Drug identification**

Brief program description: **Purchase of equipment to help officers safely identify unknown drug substances they encounter.**

Program target population: **13**

Date this program was funded (please use M/D/Y): **N/A**

Amount of funding for this program: **\$26,000.00**

Program launch date: **N/A**

If program has started, how many clients have been seen as of 6/30/2023:

What key performance indicators are you tracking to ensure success of the program? **0**

Please state this program's statement of impact: **Officer safety.**

How do you plan to measure or track success and impact of this program? **Reduced exposure to drugs.**

20. Primary Category (Please select the category that fits the primary focus of this program). **Harm Reduction**

21. The following are other categories that may apply (include all categories with the exception of the Primary category you chose above). **Prevention and Education**

22. Please choose the length of time of this program's duration: **5+ years**

Other (please specify):

23. How often are you disbursing funds to this program? **One time only**

Other (please specify):

24. Rationale for Program

What is the reason for this program spending choice? **Officer safety.**

What outcomes or impact does the program aim to achieve? **Reduce harm to officers.**

New Jersey 2023 Opioid Abatement Report

What is the anticipated number of unduplicated clients this program will reach annually? **13**

25. Do you have other programs you are funding and/or operating with opioid abatement funds? **No**

New Jersey 2023 Opioid Abatement Report

1. In what county are you located? **Hunterdon County**
2. For which eligible subdivision (county or municipality) are you reporting? **Clinton Township**
3. What is your subdivision's State ID? **NJ36**
4. As an eligible subdivision (county or municipality) receiving opioid abatement funds, please tell us the following:
Full name of individual in your subdivision authorized to report on the settlement funds your subdivision received("administrator " managing/overseeing these funds): **Christine Licata**

Name of Administering Agency: **Clinton Township**

Business Address: **1225 Route 31 South**

City/Town: **Clinton Township**

Lead Contact Phone Number: **908-735-8800**
5. As an eligible subdivision receiving abatement funds, which of the following applies to your current status regarding those funds? **We are a municipality and did not transfer our funds.**
6. What amount of your opioid abatement funds did you transfer to the county?
7. Please tell us the full amount of opioid abatement funds you received as of 6/30/23. **\$41,413.72**
8. Please tell us the amount of opioid abatement funds you have expended (as of 6/30/23). **\$0.00**
9. Of the total opioid abatement funds, what amount was spent on program administrative expenses?
\$0.00
10. Please share brief information on your subdivision's overarching goals and priorities to provide context for this program year's spending decisions.
11. (This question is for counties only) Have you established an Advisory Committee to inform allocation of funds?
12. Did your subdivision engage the public (e.g., town hall meeting, online survey, convened stakeholders) prior to deciding how to use the opioid abatement funds you received? **No, but plan to in the future.**
13. Please describe your public engagement/input efforts?
14. Does your county/subdivision have a strategic plan? **No**
15. Can we post your strategic plan online?
16. Have you completed a risk assessment profile for demographic or geographic impact? **No, but we plan to in the future.**

New Jersey 2023 Opioid Abatement Report

17. Can we post your risk assessment online?

18. Please tell us your overall rationale for prioritizing the use of the opioid abatement funds that you received (e.g., are you using a needs assessment, a strategic or other plan, or an epidemiological analysis)? **Other plan**

Program 1

19. Program name/title: **Operation Safe School**

Agency/funding recipient name: **Herren Talks**

Primary problem being addressed by this program: **Opioid /drug abuse**

Brief program description: **School presentation outreach for students**

Program target population: **High School Students/faculty**

Date this program was funded (please use M/D/Y): **12/06/23**

Amount of funding for this program: **\$12,000.00**

Program launch date: **December 6, 2023**

If program has started, how many clients have been seen as of 6/30/2023:

What key performance indicators are you tracking to ensure success of the program? **Survey**

Please state this program's statement of impact: **By implementing this program the hope is to reach out to the students and young adults on dangers of opioid use**

How do you plan to measure or track success and impact of this program? **SRO will develop an internal survey for the students**

20. Primary Category (Please select the category that fits the primary focus of this program).
Prevention and Education

21. The following are other categories that may apply (include all categories with the exception of the Primary category you chose above). **Overdose Prevention, Recovery and Support, Treatment, Workforce Development**

22. Please choose the length of time of this program's duration: **Less than 1 year**

Other (please specify):

23. How often are you disbursing funds to this program? **One time only**

Other (please specify):

24. Rationale for Program

What is the reason for this program spending choice? **Speaker comes highly recommended and will have an impact on the welfare of the students**

New Jersey 2023 Opioid Abatement Report

What outcomes or impact does the program aim to achieve? **By listening to the presenter's personal experience, the hope is to have an impact on students who may currently have a substance abuse problem will guide them to seek the help and to prevent other students from using opioid in the future.**

What is the anticipated number of unduplicated clients this program will reach annually? **1600**

25. Do you have other programs you are funding and/or operating with opioid abatement funds? **No**

New Jersey 2023 Opioid Abatement Report

1. In what county are you located? **Hunterdon County**
2. For which eligible subdivision (county or municipality) are you reporting? **Hunterdon County**
3. What is your subdivision's State ID? **NJ100**
4. As an eligible subdivision (county or municipality) receiving opioid abatement funds, please tell us the following:
 - Full name of individual in your subdivision authorized to report on the settlement funds your subdivision received ("administrator " managing/overseeing these funds): **Meagan Q. O'Reilly**
 - Name of Administering Agency: **Hunterdon County**
 - Business Address: **71 Main St.**
 - City/Town: **Flemington**
 - Lead Contact Phone Number: **908-788-1253**
5. As an eligible subdivision receiving abatement funds, which of the following applies to your current status regarding those funds? **We are a county and did not transfer our funds.**
6. What amount of your opioid abatement funds did you transfer to the county?
7. Please tell us the full amount of opioid abatement funds you received as of 6/30/23. **\$383,021.33**
8. Please tell us the amount of opioid abatement funds you have expended (as of 6/30/23). **\$0.00**
9. Of the total opioid abatement funds, what amount was spent on program administrative expenses? **\$0.00**
10. Please share brief information on your subdivision's overarching goals and priorities to provide context for this program year's spending decisions. **The Hunterdon County Opioid Settlement Task force has met; however, we did not set an overarching goal and priority for this spending period (ending 6/30/2023).**
11. (This question is for counties only) Have you established an Advisory Committee to inform allocation of funds? **Yes**
12. Did your subdivision engage the public (e.g., town hall meeting, online survey, convened stakeholders) prior to deciding how to use the opioid abatement funds you received? **Yes**
13. Please describe your public engagement/input efforts? **Our public engagement efforts include a community survey, an agency survey and a virtual listening session. The virtual listening session was shared with our email distribution lists and was asked to be shared by agencies with community members impacted by the opioid epidemic.**
14. Does your county/subdivision have a strategic plan? **No, but plan to develop one in the future.**
15. Can we post your strategic plan online?

New Jersey 2023 Opioid Abatement Report

16. Have you completed a risk assessment profile for demographic or geographic impact? **No**

17. Can we post your risk assessment online?

18. Please tell us your overall rationale for prioritizing the use of the opioid abatement funds that you received (e.g., are you using a needs assessment, a strategic or other plan, or an epidemiological analysis)? **We are using our survey data, listening session feedback, county specific data from NJSAMS, data from NJ CARES, and our various county plans (Human Services Needs Assessment, County Municipal Alliance Plan, and County Comprehensive Plan of Alcohol and Drug Use Services) to develop prioritization for use of the opioid abatement funds.**

New Jersey 2023 Opioid Abatement Report

1. In what county are you located? **Hunterdon County**
2. For which eligible subdivision (county or municipality) are you reporting? **Raritan Township**
3. What is your subdivision's State ID? **NJ191**
4. As an eligible subdivision (county or municipality) receiving opioid abatement funds, please tell us the following:
 - Full name of individual in your subdivision authorized to report on the settlement funds your subdivision received ("administrator " managing/overseeing these funds): **Karen Gilbert**
 - Name of Administering Agency: **Administrator**
 - Business Address: **1 Municipal Dr**
 - City/Town: **Flemington**
 - Lead Contact Phone Number: **908-806-6108**
5. As an eligible subdivision receiving abatement funds, which of the following applies to your current status regarding those funds? **We are a municipality and transferred all of our funds to the county.**

New Jersey 2023 Opioid Abatement Report

1. In what county are you located? **Hunterdon County**
2. For which eligible subdivision (county or municipality) are you reporting? **Readington Township**
3. What is your subdivision's State ID? **NJ192**
4. As an eligible subdivision (county or municipality) receiving opioid abatement funds, please tell us the following:
Full name of individual in your subdivision authorized to report on the settlement funds your subdivision received("administrator " managing/overseeing these funds): **Richard Sheola**

Name of Administering Agency: **Richard Sheola**

Business Address: **509 Rt 523**

City/Town: **Whitehouse Station**

Lead Contact Phone Number: **908-534-4051**
5. As an eligible subdivision receiving abatement funds, which of the following applies to your current status regarding those funds? **We are a municipality and did not transfer our funds.**
6. What amount of your opioid abatement funds did you transfer to the county?
7. Please tell us the full amount of opioid abatement funds you received as of 6/30/23. **\$38,818.00**
8. Please tell us the amount of opioid abatement funds you have expended (as of 6/30/23). **\$0.00**
9. Of the total opioid abatement funds, what amount was spent on program administrative expenses?
\$0.00
10. Please share brief information on your subdivision's overarching goals and priorities to provide context for this program year's spending decisions. **Readington Township endeavors to address the issue on a local, holistic basis using the funding from the Settlement to fund a Community Outreach Team blending the Police Department and Social Services.**
11. (This question is for counties only) Have you established an Advisory Committee to inform allocation of funds?
12. Did your subdivision engage the public (e.g., town hall meeting, online survey, convened stakeholders) prior to deciding how to use the opioid abatement funds you received? **No**
13. Please describe your public engagement/input efforts?
14. Does your county/subdivision have a strategic plan? **No**
15. Can we post your strategic plan online?
16. Have you completed a risk assessment profile for demographic or geographic impact? **No**

New Jersey 2023 Opioid Abatement Report

17. Can we post your risk assessment online?

18. Please tell us your overall rationale for prioritizing the use of the opioid abatement funds that you received (e.g., are you using a needs assessment, a strategic or other plan, or an epidemiological analysis)? **Needs assessment and empirical evidence supplied by the Police Department**

Program 1

19. Program name/title: **Community Outreach Team**

Agency/funding recipient name: **Readington Township**

Primary problem being addressed by this program: **Address mental health issues as a result of opioid use.**

Brief program description: **Using a collaborative approach, when a mental health, domestic violence, homelessness or a non-ordinary call is received, the COT can respond. COT is comprised of a licensed Social Worker and a Police officer who is in process of receiving the same education and licensure.**

Program target population: **Readington Township sub-population**

Date this program was funded (please use M/D/Y): **N/A**

Amount of funding for this program: **N/A**

Program launch date: **TBD**

If program has started, how many clients have been seen as of 6/30/2023:

What key performance indicators are you tracking to ensure success of the program? **TBD**

Please state this program's statement of impact: **TBD**

How do you plan to measure or track success and impact of this program? **TBD**

20. Primary Category (Please select the category that fits the primary focus of this program). **Harm Reduction**

21. The following are other categories that may apply (include all categories with the exception of the Primary category you chose above). **Overdose Prevention, Long-Term Resiliency, Prevention and Education, Recovery and Support, Treatment**

22. Please choose the length of time of this program's duration: **Less than 1 year**

Other (please specify):

23. How often are you disbursing funds to this program? **Other (please specify)**

Other (please specify): **N/A**

24. Rationale for Program

New Jersey 2023 Opioid Abatement Report

What is the reason for this program spending choice? **To resolve issues as they happen.**

What outcomes or impact does the program aim to achieve? **Reduce opioid use and reduce violence fueled by opioid use.**

What is the anticipated number of unduplicated clients this program will reach annually? **N/A**

25. Do you have other programs you are funding and/or operating with opioid abatement funds? **No**

New Jersey 2023 Opioid Abatement Report

1. In what county are you located? **Mercer County**
2. For which eligible subdivision (county or municipality) are you reporting? **East Windsor Township**
3. What is your subdivision's State ID? **NJ49**
4. As an eligible subdivision (county or municipality) receiving opioid abatement funds, please tell us the following:
 - Full name of individual in your subdivision authorized to report on the settlement funds your subdivision received ("administrator " managing/overseeing these funds): **James P. Brady**
 - Name of Administering Agency: **East Windsor Township**
 - Business Address: **16 Lanning Blvd.**
 - City/Town: **East Windsor**
 - Lead Contact Phone Number: **609-443-4000**
5. As an eligible subdivision receiving abatement funds, which of the following applies to your current status regarding those funds? **We are a municipality and did not transfer our funds.**
6. What amount of your opioid abatement funds did you transfer to the county?
7. Please tell us the full amount of opioid abatement funds you received as of 6/30/23. **\$16,872.99**
8. Please tell us the amount of opioid abatement funds you have expended (as of 6/30/23). **\$0.00**
9. Of the total opioid abatement funds, what amount was spent on program administrative expenses?
\$0.00
10. Please share brief information on your subdivision's overarching goals and priorities to provide context for this program year's spending decisions.
11. (This question is for counties only) Have you established an Advisory Committee to inform allocation of funds?
12. Did your subdivision engage the public (e.g., town hall meeting, online survey, convened stakeholders) prior to deciding how to use the opioid abatement funds you received? **No, but plan to in the future.**
13. Please describe your public engagement/input efforts?
14. Does your county/subdivision have a strategic plan? **No, but plan to develop one in the future.**
15. Can we post your strategic plan online?
16. Have you completed a risk assessment profile for demographic or geographic impact? **No, but we plan to in the future.**

New Jersey 2023 Opioid Abatement Report

17. Can we post your risk assessment online?

18. Please tell us your overall rationale for prioritizing the use of the opioid abatement funds that you received (e.g., are you using a needs assessment, a strategic or other plan, or an epidemiological analysis)? **We will be using a need assessment to determine where the funds will best be used.**

New Jersey 2023 Opioid Abatement Report

1. In what county are you located? **Mercer County**
2. For which eligible subdivision (county or municipality) are you reporting? **Ewing Township**
3. What is your subdivision's State ID? **NJ59**
4. As an eligible subdivision (county or municipality) receiving opioid abatement funds, please tell us the following:
 - Full name of individual in your subdivision authorized to report on the settlement funds your subdivision received ("administrator " managing/overseeing these funds): **JOANNA MUSTAFA**
 - Name of Administering Agency: **Township of Ewing**
 - Business Address: **2 Jake Garzio Drive**
 - City/Town: **Ewing, NJ**
 - Lead Contact Phone Number: **609-538-7601**
5. As an eligible subdivision receiving abatement funds, which of the following applies to your current status regarding those funds? **We are a municipality and did not transfer our funds.**
6. What amount of your opioid abatement funds did you transfer to the county?
7. Please tell us the full amount of opioid abatement funds you received as of 6/30/23. **\$3,527,111.00**
8. Please tell us the amount of opioid abatement funds you have expended (as of 6/30/23). **\$0.00**
9. Of the total opioid abatement funds, what amount was spent on program administrative expenses? **\$0.00**
10. Please share brief information on your subdivision's overarching goals and priorities to provide context for this program year's spending decisions.
11. (This question is for counties only) Have you established an Advisory Committee to inform allocation of funds?
12. Did your subdivision engage the public (e.g., town hall meeting, online survey, convened stakeholders) prior to deciding how to use the opioid abatement funds you received? **No**
13. Please describe your public engagement/input efforts?
14. Does your county/subdivision have a strategic plan? **No, but plan to develop one in the future.**
15. Can we post your strategic plan online?
16. Have you completed a risk assessment profile for demographic or geographic impact? **No**
17. Can we post your risk assessment online?

New Jersey 2023 Opioid Abatement Report

18. Please tell us your overall rationale for prioritizing the use of the opioid abatement funds that you received (e.g., are you using a needs assessment, a strategic or other plan, or an epidemiological analysis)? **Needs assessment**

New Jersey 2023 Opioid Abatement Report

1. In what county are you located? **Mercer County**
2. For which eligible subdivision (county or municipality) are you reporting? **Hamilton Township**
3. What is your subdivision's State ID? **NJ82**
4. As an eligible subdivision (county or municipality) receiving opioid abatement funds, please tell us the following:
 - Full name of individual in your subdivision authorized to report on the settlement funds your subdivision received ("administrator " managing/overseeing these funds): **Christopher Hellwig**
 - Name of Administering Agency: **Division of Health**
 - Business Address: **2100 Greenwood Ave**
 - City/Town: **Hamilton**
 - Lead Contact Phone Number: **609-890-3824**
5. As an eligible subdivision receiving abatement funds, which of the following applies to your current status regarding those funds? **We are a municipality and did not transfer our funds.**
6. What amount of your opioid abatement funds did you transfer to the county?
7. Please tell us the full amount of opioid abatement funds you received as of 6/30/23. **\$58,624.84**
8. Please tell us the amount of opioid abatement funds you have expended (as of 6/30/23). **\$0.00**
9. Of the total opioid abatement funds, what amount was spent on program administrative expenses? **\$0.00**
10. Please share brief information on your subdivision's overarching goals and priorities to provide context for this program year's spending decisions. **The Township of Hamilton, through its Division of Health/Municipal Alliance, continues to seek input from our partnering agencies on how to best utilize these dollars. The overarching goal for this program is to expand existing programs that connect residents who need help to the services that they need.**
11. (This question is for counties only) Have you established an Advisory Committee to inform allocation of funds?
12. Did your subdivision engage the public (e.g., town hall meeting, online survey, convened stakeholders) prior to deciding how to use the opioid abatement funds you received? **No**
13. Please describe your public engagement/input efforts?
14. Does your county/subdivision have a strategic plan? **No**
15. Can we post your strategic plan online?
16. Have you completed a risk assessment profile for demographic or geographic impact? **No**

New Jersey 2023 Opioid Abatement Report

17. Can we post your risk assessment online?

18. Please tell us your overall rationale for prioritizing the use of the opioid abatement funds that you received (e.g., are you using a needs assessment, a strategic or other plan, or an epidemiological analysis)? **The Division of Health is prioritizing usage of the funds through feedback from OUD response partners.**

New Jersey 2023 Opioid Abatement Report

1. In what county are you located? **Mercer County**
2. For which eligible subdivision (county or municipality) are you reporting? **Hopewell Township**
3. What is your subdivision's State ID? **NJ97**
4. As an eligible subdivision (county or municipality) receiving opioid abatement funds, please tell us the following:
Full name of individual in your subdivision authorized to report on the settlement funds your subdivision received("administrator " managing/overseeing these funds): **George Snyder**

Name of Administering Agency: **Hopewell Township**

Business Address: **203 Washington Crossing-Pennington Road**

City/Town: **Titusville, NJ**

Lead Contact Phone Number: **609-537-0277**
5. As an eligible subdivision receiving abatement funds, which of the following applies to your current status regarding those funds? **We are a municipality and did not transfer our funds.**
6. What amount of your opioid abatement funds did you transfer to the county?
7. Please tell us the full amount of opioid abatement funds you received as of 6/30/23. **\$11,599.91**
8. Please tell us the amount of opioid abatement funds you have expended (as of 6/30/23). **\$0.00**
9. Of the total opioid abatement funds, what amount was spent on program administrative expenses?
\$0.00. Zero spent to date
10. Please share brief information on your subdivision's overarching goals and priorities to provide context for this program year's spending decisions. **Partner with the Hopewell Valley Municipal Alliance to promote awareness about opioid use and treatment opportunities. Create a print and internet campaign to reach the targeted groups. Provide opioid treatment education to Police and First Responders.**
11. (This question is for counties only) Have you established an Advisory Committee to inform allocation of funds?
12. Did your subdivision engage the public (e.g., town hall meeting, online survey, convened stakeholders) prior to deciding how to use the opioid abatement funds you received? **No**
13. Please describe your public engagement/input efforts? Township and Municipal Alliance planed use of funds.
14. Does your county/subdivision have a strategic plan? **No**
15. Can we post your strategic plan online? **No**
16. Have you completed a risk assessment profile for demographic or geographic impact? **No**
17. Can we post your risk assessment online? **No**

New Jersey 2023 Opioid Abatement Report

18. Please tell us your overall rationale for prioritizing the use of the opioid abatement funds that you received (e.g., are you using a needs assessment, a strategic or other plan, or an epidemiological analysis)? **A needs plan recognizing how opioids impact the region.**

Program 1

19. Program name/title: **Prevention and Treatment Awareness**

Agency/funding recipient name: **Hopewell Township**

Primary problem being addressed by this program: **Opioid overdose**

Brief program description: **Provide treatment education to first responders and prevention education to residents**

Program target population: **16-60 year old residents**

Date this program was funded (please use M/D/Y): **6/30/2023**

Amount of funding for this program: **\$11,599.90**

Program launch date: **TBD**

If program has started, how many clients have been seen as of 6/30/2023: **0**

What key performance indicators are you tracking to ensure success of the program? **Overdose deaths**

Please state this program's statement of impact: **Reduce opioid deaths**

How do you plan to measure or track success and impact of this program? **Through first aid calls**

20. Primary Category (Please select the category that fits the primary focus of this program). **Harm Reduction**

21. The following are other categories that may apply (include all categories with the exception of the Primary category you chose above). **Overdose Prevention**

22. Please choose the length of time of this program's duration: **5+ years**

Other (please specify):

23. How often are you disbursing funds to this program? **Quarterly**

Other (please specify):

24. Rationale for Program

What is the reason for this program spending choice? **A need to reduce overdose deaths**

What outcomes or impact does the program aim to achieve? **Reduce impact to families**

What is the anticipated number of unduplicated clients this program will reach annually? **40**

New Jersey 2023 Opioid Abatement Report

25. Do you have other programs you are funding and/or operating with opioid abatement funds? **No**

New Jersey 2023 Opioid Abatement Report

1. In what county are you located? **Mercer County**
2. For which eligible subdivision (county or municipality) are you reporting? **Lawrence Township**
3. What is your subdivision's State ID? **NJ108**
4. As an eligible subdivision (county or municipality) receiving opioid abatement funds, please tell us the following:
 - Full name of individual in your subdivision authorized to report on the settlement funds your subdivision received("administrator " managing/overseeing these funds): **Keith Levine**
 - Name of Administering Agency: **Keith Levine**
 - Business Address: **2207 Lawrence Rd**
 - City/Town: **Lawrence Township**
 - Lead Contact Phone Number: **609-844-7089**
5. As an eligible subdivision receiving abatement funds, which of the following applies to your current status regarding those funds? **We are a municipality and did not transfer our funds.**
6. What amount of your opioid abatement funds did you transfer to the county?
7. Please tell us the full amount of opioid abatement funds you received as of 6/30/23. **\$32,014.93**
8. Please tell us the amount of opioid abatement funds you have expended (as of 6/30/23). **\$0.00**
9. Of the total opioid abatement funds, what amount was spent on program administrative expenses?
\$0.00
10. Please share brief information on your subdivision's overarching goals and priorities to provide context for this program year's spending decisions.
11. (This question is for counties only) Have you established an Advisory Committee to inform allocation of funds?
12. Did your subdivision engage the public (e.g., town hall meeting, online survey, convened stakeholders) prior to deciding how to use the opioid abatement funds you received? **No**
13. Please describe your public engagement/input efforts?
14. Does your county/subdivision have a strategic plan? **No**
15. Can we post your strategic plan online?
16. Have you completed a risk assessment profile for demographic or geographic impact? **No**
17. Can we post your risk assessment online?

New Jersey 2023 Opioid Abatement Report

18. Please tell us your overall rationale for prioritizing the use of the opioid abatement funds that you received (e.g., are you using a needs assessment, a strategic or other plan, or an epidemiological analysis)? **I am planning to use the funds to expand programming in our grade-schools for drug/alc. prevention and life-skill lessons.**

Program 1

19. Program name/title: **Camp Fire elementary school programming**

Agency/funding recipient name: **Camp Fire**

Primary problem being addressed by this program: **Drug/Alcohol pressures, stranger danger, coping mechanisms, etc.**

Brief program description: **Education/prevention/preparation for children who will face life challenges in coming years as they grow.**

Program target population: **1st-3rd graders in Lawrence Twp.**

Date this program was funded (please use M/D/Y): **Still in planning phase**

Amount of funding for this program: **Approx. \$24k**

Program launch date: **Late 2023/early 2024**

If program has started, how many clients have been seen as of 6/30/2023: **0**

What key performance indicators are you tracking to ensure success of the program? **None**

Please state this program's statement of impact: **Unknown**

How do you plan to measure or track success and impact of this program? **Unknown**

20. Primary Category (Please select the category that fits the primary focus of this program).
Prevention and Education

21. The following are other categories that may apply (include all categories with the exception of the Primary category you chose above). **Long-Term Resiliency**

22. Please choose the length of time of this program's duration: **1 year**

Other (please specify):

23. How often are you disbursing funds to this program? **One time only**

Other (please specify):

24. Rationale for Program

New Jersey 2023 Opioid Abatement Report

What is the reason for this program spending choice? **Lawrence public schools already employ Camp Fire org. to provide this programming in some grades but not many so I would like to expand this programming to follow the kids through multiple grade levels as well as to reach more of our children.**

What outcomes or impact does the program aim to achieve? **To teach children life skills , build their resilience and ability to make positive choices and cope with life challenges**

What is the anticipated number of unduplicated clients this program will reach annually? **1**

25. Do you have other programs you are funding and/or operating with opioid abatement funds? **No**

New Jersey 2023 Opioid Abatement Report

1. In what county are you located? **Mercer County**
2. For which eligible subdivision (county or municipality) are you reporting? **Mercer County**
3. What is your subdivision's State ID? **NJ131**
4. As an eligible subdivision (county or municipality) receiving opioid abatement funds, please tell us the following:
 - Full name of individual in your subdivision authorized to report on the settlement funds your subdivision received ("administrator " managing/overseeing these funds): **Ann Dorocki**
 - Name of Administering Agency: **Mercer County**
 - Business Address: **640 South Broad Street**
 - City/Town: **Trenton**
 - Lead Contact Phone Number: **609-989-6826**
5. As an eligible subdivision receiving abatement funds, which of the following applies to your current status regarding those funds? **We are a county and did not transfer our funds.**
6. What amount of your opioid abatement funds did you transfer to the county?
7. Please tell us the full amount of opioid abatement funds you received as of 6/30/23. **\$444,015.97**
8. Please tell us the amount of opioid abatement funds you have expended (as of 6/30/23). **\$0.00**
9. Of the total opioid abatement funds, what amount was spent on program administrative expenses?
\$0.00
10. Please share brief information on your subdivision's overarching goals and priorities to provide context for this program year's spending decisions. **Mercer County is still in the process of establishing an Opioid Advisory Committee. Once a committee is formed then the goals and funding priorities will be established.**
11. (This question is for counties only) Have you established an Advisory Committee to inform allocation of funds? **Applications and resumes have been received from interested residents. Administration will make final decisions and appoint members.**
12. Did your subdivision engage the public (e.g., town hall meeting, online survey, convened stakeholders) prior to deciding how to use the opioid abatement funds you received? **No, but plan to in the future.**
13. Please describe your public engagement/input efforts?
14. Does your county/subdivision have a strategic plan? **No, but plan to develop one in the future.**
15. Can we post your strategic plan online?

New Jersey 2023 Opioid Abatement Report

16. Have you completed a risk assessment profile for demographic or geographic impact? **No, but we plan to in the future.**

17. Can we post your risk assessment online?

18. Please tell us your overall rationale for prioritizing the use of the opioid abatement funds that you received (e.g., are you using a needs assessment, a strategic or other plan, or an epidemiological analysis)? **We have not yet established funding priorities. Mercer County's strategy will be developed once the committee is established. Typically, the Mercer County Department of Human Services uses a needs assessment process to look at community needs, health related data, data from stakeholders and community-based input from providers to determine "needs".**

New Jersey 2023 Opioid Abatement Report

1. In what county are you located? **Mercer County**
2. For which eligible subdivision (county or municipality) are you reporting? **Princeton**
3. What is your subdivision's State ID? **NJ187**
4. As an eligible subdivision (county or municipality) receiving opioid abatement funds, please tell us the following:
 - Full name of individual in your subdivision authorized to report on the settlement funds your subdivision received ("administrator " managing/overseeing these funds): **JEFFREY GROSSER**
 - Name of Administering Agency: **JEFFREY GROSSER**
 - Business Address: **400 Witherspoon Street**
 - City/Town: **Princeton**
 - Lead Contact Phone Number: **609-497-7610**
5. As an eligible subdivision receiving abatement funds, which of the following applies to your current status regarding those funds? **We are a municipality and did not transfer our funds.**
6. What amount of your opioid abatement funds did you transfer to the county?
7. Please tell us the full amount of opioid abatement funds you received as of 6/30/23. **\$26,096.32**
8. Please tell us the amount of opioid abatement funds you have expended (as of 6/30/23). **\$0.00**
9. Of the total opioid abatement funds, what amount was spent on program administrative expenses? **\$0.00**
10. Please share brief information on your subdivision's overarching goals and priorities to provide context for this program year's spending decisions. **Working between our municipal alliance and police department on education, prevention and intervention.**
11. (This question is for counties only) Have you established an Advisory Committee to inform allocation of funds?
12. Did your subdivision engage the public (e.g., town hall meeting, online survey, convened stakeholders) prior to deciding how to use the opioid abatement funds you received? **No, but plan to in the future.**
13. Please describe your public engagement/input efforts?
14. Does your county/subdivision have a strategic plan? **No**
15. Can we post your strategic plan online?
16. Have you completed a risk assessment profile for demographic or geographic impact? **No**

New Jersey 2023 Opioid Abatement Report

17. Can we post your risk assessment online?

18. Please tell us your overall rationale for prioritizing the use of the opioid abatement funds that you received (e.g., are you using a needs assessment, a strategic or other plan, or an epidemiological analysis)? **Hopefully through epidemiological analysis in conjunction with OD Maps.**

New Jersey 2023 Opioid Abatement Report

1. In what county are you located? **Mercer County**
2. For which eligible subdivision (county or municipality) are you reporting? **Robbinsville Township**
3. What is your subdivision's State ID? **NJ199**
4. As an eligible subdivision (county or municipality) receiving opioid abatement funds, please tell us the following:
Full name of individual in your subdivision authorized to report on the settlement funds your subdivision received ("administrator " managing/overseeing these funds): **Joy Tozzi**

Name of Administering Agency: **Robbinsville Township**

Business Address: **2298 Route 33**

City/Town: **Robbinsville**

Lead Contact Phone Number: **1-609-259-3600**
5. As an eligible subdivision receiving abatement funds, which of the following applies to your current status regarding those funds? **We are a municipality and did not transfer our funds.**
6. What amount of your opioid abatement funds did you transfer to the county?
7. Please tell us the full amount of opioid abatement funds you received as of 6/30/23. **\$14,236.90**
8. Please tell us the amount of opioid abatement funds you have expended (as of 6/30/23). **\$0.00**
9. Of the total opioid abatement funds, what amount was spent on program administrative expenses?
\$0.00
10. Please share brief information on your subdivision's overarching goals and priorities to provide context for this program year's spending decisions. **Robbinsville Township has coordinated an action plan for police officers on duty to aid those arrested and struggling with opiate addiction by providing access to a Certified Peer Recovery Coach at the time of arrest. Conditions of that access include no current detainers (i.e., arrest warrants) in their name. Recovery Coaches will provide resources and pathways to recovery in lieu of being arrested. Recognize the short window of opportunity when a someone struggling from substance use disorder is at his/her most receptive moment.**
11. (This question is for counties only) Have you established an Advisory Committee to inform allocation of funds?
12. Did your subdivision engage the public (e.g., town hall meeting, online survey, convened stakeholders) prior to deciding how to use the opioid abatement funds you received? **No**
13. Please describe your public engagement/input efforts?
14. Does your county/subdivision have a strategic plan? **No, but plan to develop one in the future.**
15. Can we post your strategic plan online?

New Jersey 2023 Opioid Abatement Report

16. Have you completed a risk assessment profile for demographic or geographic impact? **No**

17. Can we post your risk assessment online?

18. Please tell us your overall rationale for prioritizing the use of the opioid abatement funds that you received (e.g., are you using a needs assessment, a strategic or other plan, or an epidemiological analysis)? **In 2016, upon the realization that the Robbinsville Police Department continually arrested the same suspects for addiction to opioids, the township recognized addiction as a disease and national epidemic. The Township of Robbinsville developed Community Addiction Recovery Effort (C.A.R.E.), providing resources, access to a Certified Recovery Coach and a pathway to recovery during the suspect's most receptive moment. C.A.R.E. is standard operating procedure followed by the Robbinsville Township Police Department when faced with suspects arrested in the Township of Robbinsville for the possession of, or under the influence of opioids. Robbinsville C.A.R.E. is of the belief that every crisis is a window of opportunity, and the key to the program's success is to take a leading role in the recovery process with immediate intervention.**

Program 1

19. Program name/title: **Community Addiction Recovery Effort**

Agency/funding recipient name: **Community Addiction Recovery Effort**

Primary problem being addressed by this program: **Straight to Recovery**

Brief program description: **Robbinsville C.A.R.E. allows police officers to offer a pathway to recovery by providing resources, access to treatment, and guidance from a Trained Peer Recovery Specialist.**

Program target population: **Suspects arrested in Robbinsville Township who are under the influence or in possession of opioids.**

Date this program was funded (please use M/D/Y): **NA**

Amount of funding for this program: **\$14,236.90**

Program launch date: **NA**

If program has started, how many clients have been seen as of 6/30/2023: **NA**

What key performance indicators are you tracking to ensure success of the program? **Tracking the number of clients who accept the program at the time of arrest rather than face incarceration**

Please state this program's statement of impact: **Addiction is a**

How do you plan to measure or track success and impact of this program? **Tracking clients who accept the program at the time of arrest rather than face incarceration.**

20. Primary Category (Please select the category that fits the primary focus of this program). **Diversion from Incarceration**

New Jersey 2023 Opioid Abatement Report

21. The following are other categories that may apply (include all categories with the exception of the Primary category you chose above). **Recovery and Support**

22. Please choose the length of time of this program's duration: **5+ years**

Other (please specify):

23. How often are you disbursing funds to this program? **One time only**

Other (please specify):

24. Rationale for Program

What is the reason for this program spending choice? **In the past, our Trained Peered Recovery Coaches were strictly volunteer, however now they require a fee to come to Robbinsville to speak to speak with our clients.**

What outcomes or impact does the program aim to achieve? **We intend to provide a solution to the problem of addiction by saving lives.**

What is the anticipated number of unduplicated clients this program will reach annually? **15-20 annually**

25. Do you have other programs you are funding and/or operating with opioid abatement funds? **No**

New Jersey 2023 Opioid Abatement Report

1. In what county are you located? **Mercer County**
2. For which eligible subdivision (county or municipality) are you reporting? **Trenton City**
3. What is your subdivision's State ID? **NJ228**
4. As an eligible subdivision (county or municipality) receiving opioid abatement funds, please tell us the following:
Full name of individual in your subdivision authorized to report on the settlement funds your subdivision received ("administrator " managing/overseeing these funds): **Alexis Durlacher**

Name of Administering Agency: **City of Trenton**

Business Address: **319 East State Street**

City/Town: **Trenton**

Lead Contact Phone Number: **(609) 989-4064**
5. As an eligible subdivision receiving abatement funds, which of the following applies to your current status regarding those funds? **We are a municipality and did not transfer our funds.**
6. What amount of your opioid abatement funds did you transfer to the county?
7. Please tell us the full amount of opioid abatement funds you received as of 6/30/23. **\$1,002,122.16**
8. Please tell us the amount of opioid abatement funds you have expended (as of 6/30/23). **\$0.00**
9. Of the total opioid abatement funds, what amount was spent on program administrative expenses?
\$0.00
10. Please share brief information on your subdivision's overarching goals and priorities to provide context for this program year's spending decisions.
The City of Trenton Opioid and Overdose Mapping program focuses on areas to improve capacity to respond to drug overdoses and initiate and strengthen the availability and availability and accessibility to substance use treatment services necessary to improve protective behaviors and reduce harmful use of prescription and illicit drugs in order to reduce drug overdose morbidity and mortality.
11. (This question is for counties only) Have you established an Advisory Committee to inform allocation of funds?
12. Did your subdivision engage the public (e.g., town hall meeting, online survey, convened stakeholders) prior to deciding how to use the opioid abatement funds you received? **Yes**

New Jersey 2023 Opioid Abatement Report

13. Please describe your public engagement/input efforts? **The City of Trenton Police Department participates in numerous public engagement efforts, including participation in the Statewide ODMAP program, the Mercer County Overdose Fatality Review Board, and has initiated the Opioid Response Roundtable/Working group where stakeholders attend, problem solve, and combine efforts, as to not duplicate services. We also respond out to the community twice per week, meeting with consumers during non-traditional work hours, created an Opioid Response Team office in the Department, and hold monthly community outreaches where we offer direct pathways to treatment, STD and HIV testing, Narcan distribution, and open access to housing services.**
14. Does your county/subdivision have a strategic plan? **Yes**
15. Can we post your strategic plan online? **Yes, you may post it.**
16. Have you completed a risk assessment profile for demographic or geographic impact? **No, but we plan to in the future.**
17. Can we post your risk assessment online?
18. Please tell us your overall rationale for prioritizing the use of the opioid abatement funds that you received (e.g., are you using a needs assessment, a strategic or other plan, or an epidemiological analysis)? **Needs assessment and Strategic plan**

Program 1

19. Program name/title: **OPIOID AND OVERDOSE MAPPING RESPONSE TEAM**

Agency/funding recipient name: **City of Trenton**

Primary problem being addressed by this program: **Prevention, Intervention, and Access for Consumers with Opioid Addiction**

Brief program description: **This program focuses on areas to improve capacity to respond to drug overdoses and initiate and strengthen the availability and availability and accessibility to substance use treatment services necessary to improve protective behaviors and reduce harmful use of prescription and illicit drugs in order to reduce drug overdose morbidity and mortality.**

Program target population: **This program is designed to help those with substance abuse disorders receiving peer-recovery services. Police officers, EMS and peer recovery specialists will be specifically trained in substance use intervention, de-escalation techniques, and methods for interacting with individuals with substance use disorders and support them in help in overcoming their disorder**

Date this program was funded (please use M/D/Y): **8/1/2022**

Amount of funding for this program: **\$240,000.00 (from a different funding source)**

Program launch date: **8/1/22**

If program has started, how many clients have been seen as of 6/30/2023: **285 contacts, 27 referrals to treatment**

New Jersey 2023 Opioid Abatement Report

What key performance indicators are you tracking to ensure success of the program? **Community feedback, successful completion of treatment, harm reduction**

Please state this program's statement of impact: **To reduce boundaries to access to treatment, and reduce overdose fatalities**

How do you plan to measure or track success and impact of this program? **The City of Trenton will be conducting a formal evaluation on the program**

20. Primary Category (Please select the category that fits the primary focus of this program). **Recovery and Support**

21. The following are other categories that may apply (include all categories with the exception of the Primary category you chose above). **Harm Reduction, Overdose Prevention, Long-Term Resiliency, Diversion from Incarceration, Prevention and Education, Treatment**

22. Please choose the length of time of this program's duration: **1 year**

Other (please specify):

23. How often are you disbursing funds to this program? **Quarterly**

Other (please specify):

24. Rationale for Program

What is the reason for this program spending choice? **Community feedback and gaps in service**

What outcomes or impact does the program aim to achieve? **Harm reduction and early access to treatment**

What is the anticipated number of unduplicated clients this program will reach annually? **1000**

25. Do you have other programs you are funding and/or operating with opioid abatement funds? **No**

New Jersey 2023 Opioid Abatement Report

1. In what county are you located? **Mercer County**
2. For which eligible subdivision (county or municipality) are you reporting? **West Windsor Township**
3. What is your subdivision's State ID? **NJ254**
4. As an eligible subdivision (county or municipality) receiving opioid abatement funds, please tell us the following:
Full name of individual in your subdivision authorized to report on the settlement funds your subdivision received ("administrator " managing/overseeing these funds): **John V. Mauder, CFO**

Name of Administering Agency: **Finance**

Business Address: **271 Clarksville Rd PO Box 38**

City/Town: **West Windsor**

Lead Contact Phone Number: **609-799-2400 x 232**
5. As an eligible subdivision receiving abatement funds, which of the following applies to your current status regarding those funds? **We are a municipality and did not transfer our funds.**
6. What amount of your opioid abatement funds did you transfer to the county?
7. Please tell us the full amount of opioid abatement funds you received as of 6/30/23. **\$19,283.07**
8. Please tell us the amount of opioid abatement funds you have expended (as of 6/30/23). **\$0.00**
9. Of the total opioid abatement funds, what amount was spent on program administrative expenses?
\$0.00
10. Please share brief information on your subdivision's overarching goals and priorities to provide context for this program year's spending decisions.
11. (This question is for counties only) Have you established an Advisory Committee to inform allocation of funds?
12. Did your subdivision engage the public (e.g., town hall meeting, online survey, convened stakeholders) prior to deciding how to use the opioid abatement funds you received? **No**
13. Please describe your public engagement/input efforts?
14. Does your county/subdivision have a strategic plan? **No**
15. Can we post your strategic plan online?
16. Have you completed a risk assessment profile for demographic or geographic impact? **No**
17. Can we post your risk assessment online?

New Jersey 2023 Opioid Abatement Report

18. Please tell us your overall rationale for prioritizing the use of the opioid abatement funds that you received (e.g., are you using a needs assessment, a strategic or other plan, or an epidemiological analysis)? **Undecided**

New Jersey 2023 Opioid Abatement Report

1. In what county are you located? **Middlesex County**
2. For which eligible subdivision (county or municipality) are you reporting? **Carteret Borough**
3. What is your subdivision's State ID? **NJ27**
4. As an eligible subdivision (county or municipality) receiving opioid abatement funds, please tell us the following:
Full name of individual in your subdivision authorized to report on the settlement funds your subdivision received ("administrator " managing/overseeing these funds): **Ricardo Llanos**

Name of Administering Agency: **Borough of Carteret**

Business Address: **61 Cooke Avenue**

City/Town: **Carteret**

Lead Contact Phone Number: **732-541-3807**
5. As an eligible subdivision receiving abatement funds, which of the following applies to your current status regarding those funds? **We are a municipality and did not transfer our funds.**
6. What amount of your opioid abatement funds did you transfer to the county?
7. Please tell us the full amount of opioid abatement funds you received as of 6/30/23. **\$57,440.33**
8. Please tell us the amount of opioid abatement funds you have expended (as of 6/30/23). **NA**
9. Of the total opioid abatement funds, what amount was spent on program administrative expenses?
NA
10. Please share brief information on your subdivision's overarching goals and priorities to provide context for this program year's spending decisions. **The Borough of Carteret is in the process of establishing a comprehensive plan for the expenditure of the referenced funds to include the following which are being more fully developed:**
 - **Prevention: Focusing on education and awareness campaigns to prevent opioid misuse and addiction from occurring in the first place.**
 - **Early Intervention: Identifying at-risk individuals and intervening early to provide appropriate support and treatment to prevent the escalation of addiction.**
 - **Access to Treatment: Ensuring that individuals with opioid addiction have access to evidence-based treatments, including medication-assisted treatment (MAT) and counseling.**
 - **Harm Reduction: Implementing strategies such as needle exchange programs and supervised injection sites to reduce the negative health consequences of opioid addiction.**
 - **Pain Management Alternatives: Developing and promoting non-opioid pain management options to reduce the over-reliance on opioids for pain relief.**
 - **Support Services: Providing comprehensive support services, including mental health care, housing assistance, and employment opportunities, to address the underlying factors contributing to addiction.**
 - **Reducing Stigma: Working to reduce the**
11. (This question is for counties only) Have you established an Advisory Committee to inform allocation of funds?

New Jersey 2023 Opioid Abatement Report

12. Did your subdivision engage the public (e.g., town hall meeting, online survey, convened stakeholders) prior to deciding how to use the opioid abatement funds you received? **No, but plan to in the future.**
13. Please describe your public engagement/input efforts?
14. Does your county/subdivision have a strategic plan? **No, but plan to develop one in the future.**
15. Can we post your strategic plan online?
16. Have you completed a risk assessment profile for demographic or geographic impact? **No, but we plan to in the future.**
17. Can we post your risk assessment online?
18. Please tell us your overall rationale for prioritizing the use of the opioid abatement funds that you received (e.g., are you using a needs assessment, a strategic or other plan, or an epidemiological analysis)? **We will have to conduct a needs assessment to determine where our main focus of funding should be.**

Program 1

19. Program name/title: **Opioid Prevention and Education**

Agency/funding recipient name: **Borough of Carteret**

Primary problem being addressed by this program: **Illicit Opioid Abuse**

Brief program description: **Primary objectives include: raising awareness about opioid addiction providing information on prevention, treatment, and recovery resources offered by local stakeholders undertaking initiatives to combat this public health emergency**

Program target population: **Carteret and Regional Residents**

Date this program was funded (please use M/D/Y): **In process**

Amount of funding for this program: **Specific allocations for each line item will be determined based on public input and meetings**

Program launch date: **November 2023**

If program has started, how many clients have been seen as of 6/30/2023: **NA**

What key performance indicators are you tracking to ensure success of the program? **Pending professional input via consultation and advice**

Please state this program's statement of impact: **Pending input from all stakeholders**

How do you plan to measure or track success and impact of this program? **This will be managed by the project manager overseeing the project for succession**

20. Primary Category (Please select the category that fits the primary focus of this program). **Prevention and Education**

New Jersey 2023 Opioid Abatement Report

21. The following are other categories that may apply (include all categories with the exception of the Primary category you chose above). **Long-Term Resiliency**

22. Please choose the length of time of this program's duration: **2-3 years**

Other (please specify):

23. How often are you disbursing funds to this program? **Quarterly**

Other (please specify):

24. Rationale for Program

What is the reason for this program spending choice? **This is to bring awareness and education to those who are impacted by opioid use or to assist and interject into current addiction**

What outcomes or impact does the program aim to achieve? **Lessen the impact that opioids have on everyday residents and provide an outlet for the community to address their issues.**

What is the anticipated number of unduplicated clients this program will reach annually? **Pending further review on completion of coalition**

25. Do you have other programs you are funding and/or operating with opioid abatement funds? **No**

New Jersey 2023 Opioid Abatement Report

1. In what county are you located? **Middlesex County**
2. For which eligible subdivision (county or municipality) are you reporting? **EAST BRUNSWICK TOWNSHIP**
3. What is your subdivision's State ID? **NJ45**
4. As an eligible subdivision (county or municipality) receiving opioid abatement funds, please tell us the following:
 - Full name of individual in your subdivision authorized to report on the settlement funds your subdivision received ("administrator " managing/overseeing these funds): **JENNIFER STETSON**
 - Name of Administering Agency: **TOWNSHIP OF EAST BRUNSWICK**
 - Business Address: **1 JEAN WALLING CIVIC CENTER DRIVE**
 - City/Town: **EAST BRUNSWICK**
 - Lead Contact Phone Number: **732-390-6822**
5. As an eligible subdivision receiving abatement funds, which of the following applies to your current status regarding those funds? **We are a municipality and did not transfer our funds.**
6. What amount of your opioid abatement funds did you transfer to the county?
7. Please tell us the full amount of opioid abatement funds you received as of 6/30/23. **\$40,908.91**
8. Please tell us the amount of opioid abatement funds you have expended (as of 6/30/23). **\$0.00**
9. Of the total opioid abatement funds, what amount was spent on program administrative expenses? **\$0.00**
10. Please share brief information on your subdivision's overarching goals and priorities to provide context for this program year's spending decisions.
OUR GOAL IS TO SERVE A BROAD RANGE OF MEMBERS OF OUR COMMUNITY, PREVENTION, INTERVENTION AND TREATMENT FOR ALL AGES.
11. (This question is for counties only) Have you established an Advisory Committee to inform allocation of funds?
12. Did your subdivision engage the public (e.g., town hall meeting, online survey, convened stakeholders) prior to deciding how to use the opioid abatement funds you received? **No**
13. Please describe your public engagement/input efforts?
14. Does your county/subdivision have a strategic plan? **No, but plan to develop one in the future.**
15. Can we post your strategic plan online?
16. Have you completed a risk assessment profile for demographic or geographic impact? **No, but we plan to in the future.**

New Jersey 2023 Opioid Abatement Report

17. Can we post your risk assessment online?

18. Please tell us your overall rationale for prioritizing the use of the opioid abatement funds that you received (e.g., are you using a needs assessment, a strategic or other plan, or an epidemiological analysis)?

WE MET WITH KEY COMMUNITY LEADERS TO DISCUSS THE ISSUES THE SEE AND WAYS THEY BELIEVE WOULD BEST WAY TO ADDRESS.

New Jersey 2023 Opioid Abatement Report

1. In what county are you located? **Middlesex County**
2. For which eligible subdivision (county or municipality) are you reporting? **Edison Township**
3. What is your subdivision's State ID? **NJ52**

NO REPORT RECEIVED

New Jersey 2023 Opioid Abatement Report

1. In what county are you located? **Middlesex County**
2. For which eligible subdivision (county or municipality) are you reporting? **Highland Park Borough**
3. What is your subdivision's State ID? **NJ90**
4. As an eligible subdivision (county or municipality) receiving opioid abatement funds, please tell us the following:
Full name of individual in your subdivision authorized to report on the settlement funds your subdivision received ("administrator " managing/overseeing these funds): **Teri Jover**

Name of Administering Agency: **Borough of Highland Park**

Business Address: **221 So. 5th Ave**

City/Town: **Highland Park**

Lead Contact Phone Number: **732-819-3789**
5. As an eligible subdivision receiving abatement funds, which of the following applies to your current status regarding those funds? **We are a municipality and did not transfer our funds.**
6. What amount of your opioid abatement funds did you transfer to the county?
7. Please tell us the full amount of opioid abatement funds you received as of 6/30/23. **\$25,490.97**
8. Please tell us the amount of opioid abatement funds you have expended (as of 6/30/23). **\$0.00**
9. Of the total opioid abatement funds, what amount was spent on program administrative expenses?
\$0.00
10. Please share brief information on your subdivision's overarching goals and priorities to provide context for this program year's spending decisions.
Highland Park is still working on its plan for use of these funds. As part of that work, we will establish goals and priorities.
11. (This question is for counties only) Have you established an Advisory Committee to inform allocation of funds?
12. Did your subdivision engage the public (e.g., town hall meeting, online survey, convened stakeholders) prior to deciding how to use the opioid abatement funds you received? **No**
13. Please describe your public engagement/input efforts?
14. Does your county/subdivision have a strategic plan? **No**
15. Can we post your strategic plan online?
16. Have you completed a risk assessment profile for demographic or geographic impact? **No**
17. Can we post your risk assessment online?

New Jersey 2023 Opioid Abatement Report

18. Please tell us your overall rationale for prioritizing the use of the opioid abatement funds that you received (e.g., are you using a needs assessment, a strategic or other plan, or an epidemiological analysis)? **We are still in the process of developing a plan for the use of these funds.**

New Jersey 2023 Opioid Abatement Report

1. In what county are you located? **Middlesex County**
2. For which eligible subdivision (county or municipality) are you reporting? **Metuchen Borough**
3. What is your subdivision's State ID? **NJ132**
4. As an eligible subdivision (county or municipality) receiving opioid abatement funds, please tell us the following:
 - Full name of individual in your subdivision authorized to report on the settlement funds your subdivision received ("administrator " managing/overseeing these funds): **Becky Cuthbert**
 - Name of Administering Agency: **Becky Cuthbert**
 - Business Address: **500 Main Street**
 - City/Town: **Metuchen**
 - Lead Contact Phone Number: **732-632-8512**
5. As an eligible subdivision receiving abatement funds, which of the following applies to your current status regarding those funds? **We are a municipality and did not transfer our funds.**
6. What amount of your opioid abatement funds did you transfer to the county?
7. Please tell us the full amount of opioid abatement funds you received as of 6/30/23. **\$11,945.49**
8. Please tell us the amount of opioid abatement funds you have expended (as of 6/30/23). **\$4,705.16**
9. Of the total opioid abatement funds, what amount was spent on program administrative expenses? **\$0.00**
10. Please share brief information on your subdivision's overarching goals and priorities to provide context for this program year's spending decisions. **Opioid awareness and education**
11. (This question is for counties only) Have you established an Advisory Committee to inform allocation of funds?
12. Did your subdivision engage the public (e.g., town hall meeting, online survey, convened stakeholders) prior to deciding how to use the opioid abatement funds you received? **No**
13. Please describe your public engagement/input efforts?
14. Does your county/subdivision have a strategic plan? **No**
15. Can we post your strategic plan online?
16. Have you completed a risk assessment profile for demographic or geographic impact? **No**
17. Can we post your risk assessment online?

New Jersey 2023 Opioid Abatement Report

18. Please tell us your overall rationale for prioritizing the use of the opioid abatement funds that you received (e.g., are you using a needs assessment, a strategic or other plan, or an epidemiological analysis)? **Continuing goals and focus from previous Municipal Alliance program**

Program 1

19. Program name/title: **Metuchen CARES**

Agency/funding recipient name: **Borough of Metuchen**

Primary problem being addressed by this program: **Prevention and education concerning substance use disorders**

Brief program description: **Education and awareness**

Program target population: **Children and youth in community**

Date this program was funded (please use M/D/Y): **01/01/2023**

Amount of funding for this program: **\$11,945.49 (spent \$4,705.16 as of 6/30/23)**

Program launch date: **04/01/2023**

If program has started, how many clients have been seen as of 6/30/2023: **1000**

What key performance indicators are you tracking to ensure success of the program? **Surveys, evaluations, school feedback**

Please state this program's statement of impact: **Promote education and awareness with increased focus on prevention and recovery and promote mental wellness**

How do you plan to measure or track success and impact of this program? **Surveys, evaluations, school feedback**

20. Primary Category (Please select the category that fits the primary focus of this program). **Prevention and Education**

21. The following are other categories that may apply (include all categories with the exception of the Primary category you chose above). **None of the above**

22. Please choose the length of time of this program's duration: **Less than 1 year**

Other (please specify):

23. How often are you disbursing funds to this program? **Annually**

Other (please specify):

24. Rationale for Program

What is the reason for this program spending choice? **Continued work of prevention and education concerning substance use disorders**

New Jersey 2023 Opioid Abatement Report

What outcomes or impact does the program aim to achieve? **Provide education, community support and resources for substance use disorders, behavioral addictions and mental health**

What is the anticipated number of unduplicated clients this program will reach annually? **3000**

25. Do you have other programs you are funding and/or operating with opioid abatement funds? **No**

New Jersey 2023 Opioid Abatement Report

1. In what county are you located? **Middlesex County**
2. For which eligible subdivision (county or municipality) are you reporting? **Middlesex Borough**
3. What is your subdivision's State ID? **NJ134**

NO REPORT RECEIVED

New Jersey 2023 Opioid Abatement Report

1. In what county are you located? **Middlesex County**
2. For which eligible subdivision (county or municipality) are you reporting? **Middlesex County**
3. What is your subdivision's State ID? **NJ135**
4. As an eligible subdivision (county or municipality) receiving opioid abatement funds, please tell us the following:
Full name of individual in your subdivision authorized to report on the settlement funds your subdivision received ("administrator " managing/overseeing these funds): **Anne Lori Dillon**

Name of Administering Agency: **Middlesex County**

Business Address: **75 Bayard St.**

City/Town: **New Brunswick**

Lead Contact Phone Number: **732-745-4518**
5. As an eligible subdivision receiving abatement funds, which of the following applies to your current status regarding those funds? **We are a county and did not transfer our funds.**
6. What amount of your opioid abatement funds did you transfer to the county?
7. Please tell us the full amount of opioid abatement funds you received as of 6/30/23. **\$894,108.28**
8. Please tell us the amount of opioid abatement funds you have expended (as of 6/30/23). **\$0.00**
9. Of the total opioid abatement funds, what amount was spent on program administrative expenses?
N/A
10. Please share brief information on your subdivision's overarching goals and priorities to provide context for this program year's spending decisions. **Middlesex County has long been at the forefront of efforts to address the Opioid Crisis. As we continue to offer innovative strategies to end the opioid overdose epidemic, the following targets are priorities:**
 - **Preventing overdose deaths and harms through harm reduction strategies;**
 - **Providing connections to care;**
 - **Supporting people in treatment and recovery;**
 - **Cross-system collaborative efforts and/or research.**
11. (This question is for counties only) Have you established an Advisory Committee to inform allocation of funds? **Yes. The Middlesex County Opioid Settlement Advisory & Implementation Council (MOSAIC)**
12. Did your subdivision engage the public (e.g., town hall meeting, online survey, convened stakeholders) prior to deciding how to use the opioid abatement funds you received? **Yes**
13. Please describe your public engagement/input efforts? **Middlesex County has convened stakeholders and persons with lived experience and survivor input have and will continue to be prioritized. An online survey to maximize public input has now launched to increase transparency and inclusion.**

New Jersey 2023 Opioid Abatement Report

14. Does your county/subdivision have a strategic plan? **No**
15. Can we post your strategic plan online?
16. Have you completed a risk assessment profile for demographic or geographic impact? **No, but we plan to in the future.**
17. Can we post your risk assessment online?
18. Please tell us your overall rationale for prioritizing the use of the opioid abatement funds that you received (e.g., are you using a needs assessment, a strategic or other plan, or an epidemiological analysis)? **Needs Assessment and Epidemiological Analysis**

Program 1

19. Program name/title: **Middlesex County Healthcare Kiosks**

Agency/funding recipient name: **TBA**

Primary problem being addressed by this program: **Prevent Overdose**

Brief program description: **Widespread, creative, and low-barrier naloxone and other risk reduction supply distribution is essential to prevent overdose deaths in Middlesex County. Healthcare Kiosks are a tool to ensure the long-term availability of harm reduction services and supplies when other sources of naloxone, etc., like pharmacies or local service providers, are closed in the evenings or weekends, as well as adding a different access point option for people to obtain these lifesaving resources. Information about treatment, recovery support and connections to care will also be available.**

Program target population: **Individuals in Middlesex County**

Date this program was funded (please use M/D/Y): **TBA**

Amount of funding for this program: **TBA**

Program launch date: **TBA**

If program has started, how many clients have been seen as of 6/30/2023: **N/A**

What key performance indicators are you tracking to ensure success of the program? **Harm reduction supplies distributed; Linkages to care documented.**

Please state this program's statement of impact: **Widespread, low barrier distribution of risk reduction supplies is essential to prevent overdose deaths in Middlesex County.**

How do you plan to measure or track success and impact of this program? **The kiosks have the ability to aggregate user data and supply distribution. Surveillance of impact on overdose data.**

20. Primary Category (Please select the category that fits the primary focus of this program). **Overdose Prevention**

New Jersey 2023 Opioid Abatement Report

21. The following are other categories that may apply (include all categories with the exception of the Primary category you chose above). **Harm Reduction, Long-Term Resiliency, Prevention and Education, Recovery and Support, Treatment**

22. Please choose the length of time of this program's duration: **2-3 years**

Other (please specify):

23. How often are you disbursing funds to this program? **Annually**

Other (please specify):

24. Rationale for Program

What is the reason for this program spending choice? **The MOSAIC felt this is an innovative strategy to prevent overdose and strengthen connections to care by meeting people where they are.**

What outcomes or impact does the program aim to achieve? **Prevent overdose, linkages to treatment, recovery support and harm reduction.**

What is the anticipated number of unduplicated clients this program will reach annually? **TBA**

25. Do you have other programs you are funding and/or operating with opioid abatement funds? **No**

New Jersey 2023 Opioid Abatement Report

1. In what county are you located? **Middlesex County**
2. For which eligible subdivision (county or municipality) are you reporting? **Monroe Township**
3. What is your subdivision's State ID? **NJ142**
4. As an eligible subdivision (county or municipality) receiving opioid abatement funds, please tell us the following:
 - Full name of individual in your subdivision authorized to report on the settlement funds your subdivision received ("administrator " managing/overseeing these funds): **Kevin McGowan**
 - Name of Administering Agency: **Monroe Township**
 - Business Address: **1 Municipal Plaza**
 - City/Town: **Monroe Township**
 - Lead Contact Phone Number: **732-521-4400**
5. As an eligible subdivision receiving abatement funds, which of the following applies to your current status regarding those funds? **We are a municipality and did not transfer our funds.**
6. What amount of your opioid abatement funds did you transfer to the county?
7. Please tell us the full amount of opioid abatement funds you received as of 6/30/23. **\$40,906.73**
8. Please tell us the amount of opioid abatement funds you have expended (as of 6/30/23). **\$0.00**
9. Of the total opioid abatement funds, what amount was spent on program administrative expenses?
N/A
10. Please share brief information on your subdivision's overarching goals and priorities to provide context for this program year's spending decisions.
11. (This question is for counties only) Have you established an Advisory Committee to inform allocation of funds?
12. Did your subdivision engage the public (e.g., town hall meeting, online survey, convened stakeholders) prior to deciding how to use the opioid abatement funds you received? **No**
13. Please describe your public engagement/input efforts?
14. Does your county/subdivision have a strategic plan? **No**
15. Can we post your strategic plan online?
16. Have you completed a risk assessment profile for demographic or geographic impact? **No**
17. Can we post your risk assessment online?

New Jersey 2023 Opioid Abatement Report

18. Please tell us your overall rationale for prioritizing the use of the opioid abatement funds that you received (e.g., are you using a needs assessment, a strategic or other plan, or an epidemiological analysis)? **Plan to use funds toward the L.E.A.D. program; still developing specific plans**

Program 1

19. Program name/title: **L.E.A.D.**

Agency/funding recipient name: **Township of Monroe**

Primary problem being addressed by this program: **Drug abuse prevention and education**

Brief program description: **Still developing specific plans**

Program target population: **K-12 students**

Date this program was funded (please use M/D/Y): **1/1/21**

Amount of funding for this program: **\$58,190.00**

Program launch date: **N/A**

If program has started, how many clients have been seen as of 6/30/2023: **N/A**

What key performance indicators are you tracking to ensure success of the program? **N/A**

Please state this program's statement of impact: **N/A**

How do you plan to measure or track success and impact of this program? **N/A**

20. Primary Category (Please select the category that fits the primary focus of this program).

Prevention and Education

21. The following are other categories that may apply (include all categories with the exception of the Primary category you chose above). **Harm Reduction, Overdose Prevention**

22. Please choose the length of time of this program's duration: **Other (please specify)**

Other (please specify): **Unknown at this time**

23. How often are you disbursing funds to this program? **Other (please specify)**

Other (please specify): **Allocating opioid abatement funds to this program's budget as funds become available**

24. Rationale for Program

What is the reason for this program spending choice? **N/A**

What outcomes or impact does the program aim to achieve? **N/A**

What is the anticipated number of unduplicated clients this program will reach annually? **N/A**

New Jersey 2023 Opioid Abatement Report

25. Do you have other programs you are funding and/or operating with opioid abatement funds? **No**

New Jersey 2023 Opioid Abatement Report

1. In what county are you located? **Middlesex County**
2. For which eligible subdivision (county or municipality) are you reporting? **NEW BRUNSWICK CITY**
3. What is your subdivision's State ID? **NJ153**
4. As an eligible subdivision (county or municipality) receiving opioid abatement funds, please tell us the following:
Full name of individual in your subdivision authorized to report on the settlement funds your subdivision received ("administrator " managing/overseeing these funds): **RICHARD MULRINE**

Name of Administering Agency: **NEW BRUNSWICK CITY**

Business Address: **78 BAYARD STREET**

City/Town: **NEW BRUNSWICK**

Lead Contact Phone Number: **732-745-5045**
5. As an eligible subdivision receiving abatement funds, which of the following applies to your current status regarding those funds? **We are a municipality and did not transfer our funds.**
6. What amount of your opioid abatement funds did you transfer to the county?
7. Please tell us the full amount of opioid abatement funds you received as of 6/30/23. **\$770,613.16**
8. Please tell us the amount of opioid abatement funds you have expended (as of 6/30/23). **\$0.00**
9. Of the total opioid abatement funds, what amount was spent on program administrative expenses?
\$0.00
10. Please share brief information on your subdivision's overarching goals and priorities to provide context for this program year's spending decisions. **HAVE NOT YET DETERMINED**
11. (This question is for counties only) Have you established an Advisory Committee to inform allocation of funds?
12. Did your subdivision engage the public (e.g., town hall meeting, online survey, convened stakeholders) prior to deciding how to use the opioid abatement funds you received? **No**
13. Please describe your public engagement/input efforts?
14. Does your county/subdivision have a strategic plan? **No**
15. Can we post your strategic plan online?
16. Have you completed a risk assessment profile for demographic or geographic impact? **No**
17. Can we post your risk assessment online?

New Jersey 2023 Opioid Abatement Report

18. Please tell us your overall rationale for prioritizing the use of the opioid abatement funds that you received (e.g., are you using a needs assessment, a strategic or other plan, or an epidemiological analysis)? **NOT YET DETERMINED**

Program 1

19. Program name/title: **OUTREACH AND RECOVERY**

Agency/funding recipient name: **NOT YET DETERMINED**

Primary problem being addressed by this program: **RECOVERY**

Brief program description: **NOT YET STARTED**

Program target population: **NOT YET STARTED**

Date this program was funded (please use M/D/Y): **NA**

Amount of funding for this program: **NA**

Program launch date: **NA**

If program has started, how many clients have been seen as of 6/30/2023: **NA**

What key performance indicators are you tracking to ensure success of the program? **NA**

Please state this program's statement of impact: **NA**

How do you plan to measure or track success and impact of this program? **NA**

20. Primary Category (Please select the category that fits the primary focus of this program).

Prevention and Education

21. The following are other categories that may apply (include all categories with the exception of the Primary category you chose above). **Long-Term Resiliency, Recovery and Support**

22. Please choose the length of time of this program's duration: **Other (please specify)**

Other (please specify): **NOT YET STARTED**

23. How often are you disbursing funds to this program? **Other (please specify)**

Other (please specify): **NOT YET STARTED**

24. Rationale for Program

What is the reason for this program spending choice?

What outcomes or impact does the program aim to achieve?

What is the anticipated number of unduplicated clients this program will reach annually?

25. Do you have other programs you are funding and/or operating with opioid abatement funds? **No**

New Jersey 2023 Opioid Abatement Report

1. In what county are you located? **Middlesex County**
2. For which eligible subdivision (county or municipality) are you reporting? **North Brunswick Township**
3. What is your subdivision's State ID? **NJ159**
4. As an eligible subdivision (county or municipality) receiving opioid abatement funds, please tell us the following:
 - Full name of individual in your subdivision authorized to report on the settlement funds your subdivision received("administrator " managing/overseeing these funds): **Cavel Gallimore**
 - Name of Administering Agency: **Township of North Brunswick**
 - Business Address: **710 Hermann Rd**
 - City/Town: **North Brunswick**
 - Lead Contact Phone Number: **732-247-0922**
5. As an eligible subdivision receiving abatement funds, which of the following applies to your current status regarding those funds? **We are a municipality and did not transfer our funds.**
6. What amount of your opioid abatement funds did you transfer to the county?
7. Please tell us the full amount of opioid abatement funds you received as of 6/30/23. **\$51,179.75**
8. Please tell us the amount of opioid abatement funds you have expended (as of 6/30/23). **\$0.00**
9. Of the total opioid abatement funds, what amount was spent on program administrative expenses?
\$0.00
10. Please share brief information on your subdivision's overarching goals and priorities to provide context for this program year's spending decisions.
11. (This question is for counties only) Have you established an Advisory Committee to inform allocation of funds?
12. Did your subdivision engage the public (e.g., town hall meeting, online survey, convened stakeholders) prior to deciding how to use the opioid abatement funds you received? **No**
13. Please describe your public engagement/input efforts?
14. Does your county/subdivision have a strategic plan? **No**
15. Can we post your strategic plan online?
16. Have you completed a risk assessment profile for demographic or geographic impact? **No**
17. Can we post your risk assessment online?

New Jersey 2023 Opioid Abatement Report

18. Please tell us your overall rationale for prioritizing the use of the opioid abatement funds that you received (e.g., are you using a needs assessment, a strategic or other plan, or an epidemiological analysis)? **None at this time**

New Jersey 2023 Opioid Abatement Report

1. In what county are you located? **Middlesex County**
2. For which eligible subdivision (county or municipality) are you reporting? **Old Bridge Township**
3. What is your subdivision's State ID? **NJ166**
4. As an eligible subdivision (county or municipality) receiving opioid abatement funds, please tell us the following:
 - Full name of individual in your subdivision authorized to report on the settlement funds your subdivision received ("administrator " managing/overseeing these funds): **Rosemarie Rivoli**
 - Name of Administering Agency: **Old Bridge Township, Mayor's Health & Wellness Council**
 - Business Address: **1 Old Bridge Plaza**
 - City/Town: **Old Bridge**
 - Lead Contact Phone Number: **732-721-5600 X 4022**
5. As an eligible subdivision receiving abatement funds, which of the following applies to your current status regarding those funds? **We are a municipality and did not transfer our funds.**
6. What amount of your opioid abatement funds did you transfer to the county?
7. Please tell us the full amount of opioid abatement funds you received as of 6/30/23. **\$50,482.24**
8. Please tell us the amount of opioid abatement funds you have expended (as of 6/30/23). **\$0.00**
9. Of the total opioid abatement funds, what amount was spent on program administrative expenses? **\$0.00**
10. Please share brief information on your subdivision's overarching goals and priorities to provide context for this program year's spending decisions. **N/A at this time**
11. (This question is for counties only) Have you established an Advisory Committee to inform allocation of funds?
12. Did your subdivision engage the public (e.g., town hall meeting, online survey, convened stakeholders) prior to deciding how to use the opioid abatement funds you received? **No**
13. Please describe your public engagement/input efforts?
14. Does your county/subdivision have a strategic plan? **No, but plan to develop one in the future.**
15. Can we post your strategic plan online?
16. Have you completed a risk assessment profile for demographic or geographic impact? **No, but we plan to in the future.**
17. Can we post your risk assessment online?

New Jersey 2023 Opioid Abatement Report

18. Please tell us your overall rationale for prioritizing the use of the opioid abatement funds that you received (e.g., are you using a needs assessment, a strategic or other plan, or an epidemiological analysis)? **N/A at this time**

New Jersey 2023 Opioid Abatement Report

1. In what county are you located? **Middlesex County**
2. For which eligible subdivision (county or municipality) are you reporting? **Perth Amboy City**
3. What is your subdivision's State ID? **NJ178**
4. As an eligible subdivision (county or municipality) receiving opioid abatement funds, please tell us the following:
Full name of individual in your subdivision authorized to report on the settlement funds your subdivision received ("administrator " managing/overseeing these funds): **Michael E. Greene, Esq.**

Name of Administering Agency: **City of Perth Amboy**

Business Address: **260 High Street**

City/Town: **Perth Amboy**

Lead Contact Phone Number: **732-826-0290 Ext. 4007**
5. As an eligible subdivision receiving abatement funds, which of the following applies to your current status regarding those funds? **We are a municipality and did not transfer our funds.**
6. What amount of your opioid abatement funds did you transfer to the county?
7. Please tell us the full amount of opioid abatement funds you received as of 6/30/23. **\$144,505.72**
8. Please tell us the amount of opioid abatement funds you have expended (as of 6/30/23). **\$43,890.00**
9. Of the total opioid abatement funds, what amount was spent on program administrative expenses? **\$0.00**
10. Please share brief information on your subdivision's overarching goals and priorities to provide context for this program year's spending decisions. **Drug Prevention Awareness through Digital Advertisements**
11. (This question is for counties only) Have you established an Advisory Committee to inform allocation of funds?
12. Did your subdivision engage the public (e.g., town hall meeting, online survey, convened stakeholders) prior to deciding how to use the opioid abatement funds you received? **No**
13. Please describe your public engagement/input efforts?
14. Does your county/subdivision have a strategic plan? **No**
15. Can we post your strategic plan online?
16. Have you completed a risk assessment profile for demographic or geographic impact? **No**
17. Can we post your risk assessment online?

New Jersey 2023 Opioid Abatement Report

18. Please tell us your overall rationale for prioritizing the use of the opioid abatement funds that you received (e.g., are you using a needs assessment, a strategic or other plan, or an epidemiological analysis)? **Create Awareness & Illicit Drug Use Prevention Campaigns**

Program 1

19. Program name/title: **Anti-Drug Prevention**

Agency/funding recipient name: **City of Perth Amboy**

Primary problem being addressed by this program: **Illicit Drug Use**

Brief program description: **Media Campaign**

Program target population: **City Residents and Visitors**

Date this program was funded (please use M/D/Y): **1/1/2023**

Amount of funding for this program: **\$43,890.00**

Program launch date: **1/1/2023**

If program has started, how many clients have been seen as of 6/30/2023: **N/A**

What key performance indicators are you tracking to ensure success of the program? **N/A**

Please state this program's statement of impact: **Drug Use Prevention**

How do you plan to measure or track success and impact of this program? **Continued Awareness**

20. Primary Category (Please select the category that fits the primary focus of this program).

Prevention and Education

21. The following are other categories that may apply (include all categories with the exception of the Primary category you chose above). **Overdose Prevention, Recovery and Support, Treatment**

22. Please choose the length of time of this program's duration: **5+ years**

Other (please specify):

23. How often are you disbursing funds to this program? **One time only**

Other (please specify):

24. Rationale for Program

What is the reason for this program spending choice? **Awareness**

What outcomes or impact does the program aim to achieve? **Reduction**

What is the anticipated number of unduplicated clients this program will reach annually? **N/A**

New Jersey 2023 Opioid Abatement Report

25. Do you have other programs you are funding and/or operating with opioid abatement funds? **No**

New Jersey 2023 Opioid Abatement Report

1. In what county are you located? **Middlesex County**
2. For which eligible subdivision (county or municipality) are you reporting? **Piscataway Township**
3. What is your subdivision's State ID? **NJ181**
4. As an eligible subdivision (county or municipality) receiving opioid abatement funds, please tell us the following:
Full name of individual in your subdivision authorized to report on the settlement funds your subdivision received ("administrator " managing/overseeing these funds): **Timothy Dacey**

Name of Administering Agency: **Piscataway Township**

Business Address: **455 Hoes Lane**

City/Town: **Piscataway NJ**

Lead Contact Phone Number: **732-529-2528**
5. As an eligible subdivision receiving abatement funds, which of the following applies to your current status regarding those funds? **We are a municipality and did not transfer our funds.**
6. What amount of your opioid abatement funds did you transfer to the county?
7. Please tell us the full amount of opioid abatement funds you received as of 6/30/23. **\$44,865.20**
8. Please tell us the amount of opioid abatement funds you have expended (as of 6/30/23). **\$0.00**
9. Of the total opioid abatement funds, what amount was spent on program administrative expenses? **\$0.00**
10. Please share brief information on your subdivision's overarching goals and priorities to provide context for this program year's spending decisions. **Community education, outreach and prevention activities**
11. (This question is for counties only) Have you established an Advisory Committee to inform allocation of funds?
12. Did your subdivision engage the public (e.g., town hall meeting, online survey, convened stakeholders) prior to deciding how to use the opioid abatement funds you received? **No**
13. Please describe your public engagement/input efforts?
14. Does your county/subdivision have a strategic plan? **No, but plan to develop one in the future.**
15. Can we post your strategic plan online?
16. Have you completed a risk assessment profile for demographic or geographic impact? **No, but we plan to in the future.**

New Jersey 2023 Opioid Abatement Report

17. Can we post your risk assessment online?

18. Please tell us your overall rationale for prioritizing the use of the opioid abatement funds that you received (e.g., are you using a needs assessment, a strategic or other plan, or an epidemiological analysis)? **Still developing a strategic plan**

New Jersey 2023 Opioid Abatement Report

1. In what county are you located? **Middlesex County**
2. For which eligible subdivision (county or municipality) are you reporting? **Plainsboro Township**
3. What is your subdivision's State ID? **NJ183**
4. As an eligible subdivision (county or municipality) receiving opioid abatement funds, please tell us the following:
 - Full name of individual in your subdivision authorized to report on the settlement funds your subdivision received ("administrator " managing/overseeing these funds): **Anthony Cancro**
 - Name of Administering Agency: **PLAINSBORO TOWNSHIP**
 - Business Address: **641 Plainsboro Rd**
 - City/Town: **Plainsboro Township**
 - Lead Contact Phone Number: **609-799-0909**
5. As an eligible subdivision receiving abatement funds, which of the following applies to your current status regarding those funds? **We are a municipality and did not transfer our funds.**
6. What amount of your opioid abatement funds did you transfer to the county?
7. Please tell us the full amount of opioid abatement funds you received as of 6/30/23. **\$3,451.80**
8. Please tell us the amount of opioid abatement funds you have expended (as of 6/30/23). **\$0.00**
9. Of the total opioid abatement funds, what amount was spent on program administrative expenses? **\$0.00**
10. Please share brief information on your subdivision's overarching goals and priorities to provide context for this program year's spending decisions.
11. (This question is for counties only) Have you established an Advisory Committee to inform allocation of funds?
12. Did your subdivision engage the public (e.g., town hall meeting, online survey, convened stakeholders) prior to deciding how to use the opioid abatement funds you received?
13. Please describe your public engagement/input efforts?
14. Does your county/subdivision have a strategic plan?
15. Can we post your strategic plan online?
16. Have you completed a risk assessment profile for demographic or geographic impact?
17. Can we post your risk assessment online?

New Jersey 2023 Opioid Abatement Report

18. Please tell us your overall rationale for prioritizing the use of the opioid abatement funds that you received (e.g., are you using a needs assessment, a strategic or other plan, or an epidemiological analysis)?

New Jersey 2023 Opioid Abatement Report

1. In what county are you located? **Middlesex County**
2. For which eligible subdivision (county or municipality) are you reporting? **Sayreville Borough**
3. What is your subdivision's State ID? **NJ207**
4. As an eligible subdivision (county or municipality) receiving opioid abatement funds, please tell us the following:
 - Full name of individual in your subdivision authorized to report on the settlement funds your subdivision received ("administrator " managing/overseeing these funds): **Glenn Skarzynski**
 - Name of Administering Agency: **Borough of Sayreville**
 - Business Address: **167 Main St.**
 - City/Town: **Sayreville**
 - Lead Contact Phone Number: **732-390-7071**
5. As an eligible subdivision receiving abatement funds, which of the following applies to your current status regarding those funds? **We are a municipality and did not transfer our funds.**
6. What amount of your opioid abatement funds did you transfer to the county?
7. Please tell us the full amount of opioid abatement funds you received as of 6/30/23. **\$31,753.77**
8. Please tell us the amount of opioid abatement funds you have expended (as of 6/30/23). **\$0.00**
9. Of the total opioid abatement funds, what amount was spent on program administrative expenses?
\$0.00
10. Please share brief information on your subdivision's overarching goals and priorities to provide context for this program year's spending decisions. **In development, awaiting guidance.**
11. (This question is for counties only) Have you established an Advisory Committee to inform allocation of funds?
12. Did your subdivision engage the public (e.g., town hall meeting, online survey, convened stakeholders) prior to deciding how to use the opioid abatement funds you received? **No, but plan to in the future.**
13. Please describe your public engagement/input efforts?
14. Does your county/subdivision have a strategic plan? **No, but plan to develop one in the future.**
15. Can we post your strategic plan online?
16. Have you completed a risk assessment profile for demographic or geographic impact? **No, but we plan to in the future.**

New Jersey 2023 Opioid Abatement Report

17. Can we post your risk assessment online?

18. Please tell us your overall rationale for prioritizing the use of the opioid abatement funds that you received (e.g., are you using a needs assessment, a strategic or other plan, or an epidemiological analysis)? **Undecided**

New Jersey 2023 Opioid Abatement Report

1. In what county are you located? **Middlesex County**
2. For which eligible subdivision (county or municipality) are you reporting? **South Brunswick Township**
3. What is your subdivision's State ID? **NJ213**
4. As an eligible subdivision (county or municipality) receiving opioid abatement funds, please tell us the following:
 - Full name of individual in your subdivision authorized to report on the settlement funds your subdivision received ("administrator " managing/overseeing these funds): **Bryan Bidlack**
 - Name of Administering Agency: **South Brunswick Township**
 - Business Address: **540 Ridge Road**
 - City/Town: **Monmouth Junction**
 - Lead Contact Phone Number: **732-329-4000**
5. As an eligible subdivision receiving abatement funds, which of the following applies to your current status regarding those funds? **We are a municipality and did not transfer our funds.**
6. What amount of your opioid abatement funds did you transfer to the county?
7. Please tell us the full amount of opioid abatement funds you received as of 6/30/23. **\$21,325.51**
8. Please tell us the amount of opioid abatement funds you have expended (as of 6/30/23). **\$0.00**
9. Of the total opioid abatement funds, what amount was spent on program administrative expenses? **\$0.00**
10. Please share brief information on your subdivision's overarching goals and priorities to provide context for this program year's spending decisions.
Funds have not been spent as of 6/30/2023. Funds will be spent through our Municipal Alliance to curb substance abuse.
11. (This question is for counties only) Have you established an Advisory Committee to inform allocation of funds?
12. Did your subdivision engage the public (e.g., town hall meeting, online survey, convened stakeholders) prior to deciding how to use the opioid abatement funds you received? **No**
13. Please describe your public engagement/input efforts?
14. Does your county/subdivision have a strategic plan? **No, but plan to develop one in the future.**
15. Can we post your strategic plan online?
16. Have you completed a risk assessment profile for demographic or geographic impact? **No, but we plan to in the future.**

New Jersey 2023 Opioid Abatement Report

17. Can we post your risk assessment online?

18. Please tell us your overall rationale for prioritizing the use of the opioid abatement funds that you received (e.g., are you using a needs assessment, a strategic or other plan, or an epidemiological analysis)? **We used a needs assessment plan.**

Program 1

19. Program name/title: **Substance Abuse Education for Students**

Agency/funding recipient name: **South Brunswick Municipal Alliance**

Primary problem being addressed by this program: **Lack of substance abuse education available to students**

Brief program description: **Bring awareness to the substance abuse problem to students**

Program target population: **South Brunswick Township students**

Date this program was funded (please use M/D/Y): **12/31/2023**

Amount of funding for this program: **\$21,325.51**

Program launch date: **September 2023**

If program has started, how many clients have been seen as of 6/30/2023: **N/A**

What key performance indicators are you tracking to ensure success of the program? **Long-term trend decrease of substance abuse issues**

Please state this program's statement of impact: **Provide education to reduce substance abuse issues**

How do you plan to measure or track success and impact of this program? **Look long-term to see a decrease in incidents of substance abuse**

20. Primary Category (Please select the category that fits the primary focus of this program).
Prevention and Education

21. The following are other categories that may apply (include all categories with the exception of the Primary category you chose above). **Harm Reduction, Overdose Prevention, Long-Term Resiliency**

22. Please choose the length of time of this program's duration: **2-3 years**

Other (please specify):

23. How often are you disbursing funds to this program? **One time only**

Other (please specify):

24. Rationale for Program

New Jersey 2023 Opioid Abatement Report

What is the reason for this program spending choice? **To bring awareness to the substance abuse issue in society.**

What outcomes or impact does the program aim to achieve? **To prevent as many substance abuse cases as possible.**

What is the anticipated number of unduplicated clients this program will reach annually? **250**

25. Do you have other programs you are funding and/or operating with opioid abatement funds? **No**

New Jersey 2023 Opioid Abatement Report

1. In what county are you located? **Middlesex County**
2. For which eligible subdivision (county or municipality) are you reporting? **South Plainfield Borough**
3. What is your subdivision's State ID? **NJ215**
4. As an eligible subdivision (county or municipality) receiving opioid abatement funds, please tell us the following:
 - Full name of individual in your subdivision authorized to report on the settlement funds your subdivision received ("administrator " managing/overseeing these funds): **Glenn F. Cullen**
 - Name of Administering Agency: **South Plainfield**
 - Business Address: **2480 Plainfield Avenue**
 - City/Town: **South Plainfield**
 - Lead Contact Phone Number: **908-226-7602**
5. As an eligible subdivision receiving abatement funds, which of the following applies to your current status regarding those funds? **We are a municipality and did not transfer our funds.**
6. What amount of your opioid abatement funds did you transfer to the county?
7. Please tell us the full amount of opioid abatement funds you received as of 6/30/23. **\$35,936.64**
8. Please tell us the amount of opioid abatement funds you have expended (as of 6/30/23). **\$0.00**
9. Of the total opioid abatement funds, what amount was spent on program administrative expenses?
N/A
10. Please share brief information on your subdivision's overarching goals and priorities to provide context for this program year's spending decisions. **To provide education and prevention of opioids and addiction.**
11. (This question is for counties only) Have you established an Advisory Committee to inform allocation of funds?
12. Did your subdivision engage the public (e.g., town hall meeting, online survey, convened stakeholders) prior to deciding how to use the opioid abatement funds you received? **No**
13. Please describe your public engagement/input efforts?
14. Does your county/subdivision have a strategic plan? **No, but plan to develop one in the future.**
15. Can we post your strategic plan online?
16. Have you completed a risk assessment profile for demographic or geographic impact? **No**
17. Can we post your risk assessment online?

New Jersey 2023 Opioid Abatement Report

18. Please tell us your overall rationale for prioritizing the use of the opioid abatement funds that you received (e.g., are you using a needs assessment, a strategic or other plan, or an epidemiological analysis)? **Needs assessment**

Program 1

19. Program name/title: **Opioid Education and Prevention**

Agency/funding recipient name: **South Plainfield**

Primary problem being addressed by this program: **Addiction**

Brief program description: **Education and Prevention**

Program target population: **24000**

Date this program was funded (please use M/D/Y): **N/A - Program hasn't started**

Amount of funding for this program: **TBD**

Program launch date: **TND**

If program has started, how many clients have been seen as of 6/30/2023: **None**

What key performance indicators are you tracking to ensure success of the program? **TBD**

Please state this program's statement of impact: **TBD**

How do you plan to measure or track success and impact of this program? **TBD**

20. Primary Category (Please select the category that fits the primary focus of this program). **Prevention and Education**

21. The following are other categories that may apply (include all categories with the exception of the Primary category you chose above). **Prevention and Education**

22. Please choose the length of time of this program's duration: **Other (please specify)**

Other (please specify): **Hasn't started**

23. How often are you disbursing funds to this program? **Quarterly**

Other (please specify):

24. Rationale for Program

What is the reason for this program spending choice? **N/A**

What outcomes or impact does the program aim to achieve? **N/A**

What is the anticipated number of unduplicated clients this program will reach annually? **N/a**

New Jersey 2023 Opioid Abatement Report

25. Do you have other programs you are funding and/or operating with opioid abatement funds? **No**

New Jersey 2023 Opioid Abatement Report

1. In what county are you located? **Middlesex County**
2. For which eligible subdivision (county or municipality) are you reporting? **South River Borough**
3. What is your subdivision's State ID? **NJ216**
4. As an eligible subdivision (county or municipality) receiving opioid abatement funds, please tell us the following:
 - Full name of individual in your subdivision authorized to report on the settlement funds your subdivision received ("administrator " managing/overseeing these funds): **Joseph Zanga**
 - Name of Administering Agency: **Borough of South River**
 - Business Address: **48 Washington Street**
 - City/Town: **South River**
 - Lead Contact Phone Number: **732-257-1999 ext. 518**
5. As an eligible subdivision receiving abatement funds, which of the following applies to your current status regarding those funds? **We are a municipality and did not transfer our funds.**
6. What amount of your opioid abatement funds did you transfer to the county?
7. Please tell us the full amount of opioid abatement funds you received as of 6/30/23. **\$17,725.78**
8. Please tell us the amount of opioid abatement funds you have expended (as of 6/30/23). **\$0.00**
9. Of the total opioid abatement funds, what amount was spent on program administrative expenses?
\$0.00
10. Please share brief information on your subdivision's overarching goals and priorities to provide context for this program year's spending decisions.
11. (This question is for counties only) Have you established an Advisory Committee to inform allocation of funds?
12. Did your subdivision engage the public (e.g., town hall meeting, online survey, convened stakeholders) prior to deciding how to use the opioid abatement funds you received? **No, but plan to in the future.**
13. Please describe your public engagement/input efforts?
14. Does your county/subdivision have a strategic plan?
15. Can we post your strategic plan online?
16. Have you completed a risk assessment profile for demographic or geographic impact? **No, but we plan to in the future.**

New Jersey 2023 Opioid Abatement Report

17. Can we post your risk assessment online?

18. Please tell us your overall rationale for prioritizing the use of the opioid abatement funds that you received (e.g., are you using a needs assessment, a strategic or other plan, or an epidemiological analysis)?

New Jersey 2023 Opioid Abatement Report

1. In what county are you located? **Middlesex County**
2. For which eligible subdivision (county or municipality) are you reporting? **Woodbridge Township**
3. What is your subdivision's State ID? **NJ259**
4. As an eligible subdivision (county or municipality) receiving opioid abatement funds, please tell us the following:
Full name of individual in your subdivision authorized to report on the settlement funds your subdivision received ("administrator " managing/overseeing these funds): **Manuel Fernandez, CFO**

Name of Administering Agency: **Woodbridge Township**

Business Address: **One Main Street**

City/Town: **Woodbridge**

Lead Contact Phone Number: **732-602-6008**
5. As an eligible subdivision receiving abatement funds, which of the following applies to your current status regarding those funds? **We are a municipality and did not transfer our funds.**
6. What amount of your opioid abatement funds did you transfer to the county?
7. Please tell us the full amount of opioid abatement funds you received as of 6/30/23. **\$155,071.37**
8. Please tell us the amount of opioid abatement funds you have expended (as of 6/30/23). **\$0.00**
9. Of the total opioid abatement funds, what amount was spent on program administrative expenses?
\$0.00
10. Please share brief information on your subdivision's overarching goals and priorities to provide context for this program year's spending decisions.
11. (This question is for counties only) Have you established an Advisory Committee to inform allocation of funds?
12. Did your subdivision engage the public (e.g., town hall meeting, online survey, convened stakeholders) prior to deciding how to use the opioid abatement funds you received? **No**
13. Please describe your public engagement/input efforts?
14. Does your county/subdivision have a strategic plan?
15. Can we post your strategic plan online?
16. Have you completed a risk assessment profile for demographic or geographic impact?
17. Can we post your risk assessment online?

New Jersey 2023 Opioid Abatement Report

18. Please tell us your overall rationale for prioritizing the use of the opioid abatement funds that you received (e.g., are you using a needs assessment, a strategic or other plan, or an epidemiological analysis)?

New Jersey 2023 Opioid Abatement Report

1. In what county are you located? **Monmouth County**
2. For which eligible subdivision (county or municipality) are you reporting? **Aberdeen Township**
3. What is your subdivision's State ID? **NJ1**

NO REPORT RECEIVED

New Jersey 2023 Opioid Abatement Report

1. In what county are you located? **Monmouth County**
2. For which eligible subdivision (county or municipality) are you reporting? **Asbury Park City**
3. What is your subdivision's State ID? **NJ2**
4. As an eligible subdivision (county or municipality) receiving opioid abatement funds, please tell us the following:
 - Full name of individual in your subdivision authorized to report on the settlement funds your subdivision received ("administrator " managing/overseeing these funds): **Doug Schultz**
 - Name of Administering Agency: **Doug Schultz**
 - Business Address: **1 Municipal Plaza**
 - City/Town: **Asbury Park**
 - Lead Contact Phone Number: **732-502-5731**
5. As an eligible subdivision receiving abatement funds, which of the following applies to your current status regarding those funds? **We are a municipality and did not transfer our funds.**
6. What amount of your opioid abatement funds did you transfer to the county?
7. Please tell us the full amount of opioid abatement funds you received as of 6/30/23. **\$164,671.57**
8. Please tell us the amount of opioid abatement funds you have expended (as of 6/30/23). **\$1,927.54**
9. Of the total opioid abatement funds, what amount was spent on program administrative expenses?
\$0.00
10. Please share brief information on your subdivision's overarching goals and priorities to provide context for this program year's spending decisions. **Improve internal capabilities, increase staff efforts, reduce recidivism, increase interactions, interventions and outreach in the community; improve interagency coordination and responses**
11. (This question is for counties only) Have you established an Advisory Committee to inform allocation of funds?
12. Did your subdivision engage the public (e.g., town hall meeting, online survey, convened stakeholders) prior to deciding how to use the opioid abatement funds you received? **Yes**
13. Please describe your public engagement/input efforts? **City Manager, CFO and City Council**
14. Does your county/subdivision have a strategic plan? **No, but plan to develop one in the future.**
15. Can we post your strategic plan online?
16. Have you completed a risk assessment profile for demographic or geographic impact? **No, but we plan to in the future.**

New Jersey 2023 Opioid Abatement Report

17. Can we post your risk assessment online?

18. Please tell us your overall rationale for prioritizing the use of the opioid abatement funds that you received (e.g., are you using a needs assessment, a strategic or other plan, or an epidemiological analysis)? **We are using our experiences as a Social Service agency and affiliation with APPD, APFD and emergency services**

Program 1

19. Program name/title: **Improve ability to access rehabs by increasing ability to create Client ID's**

Agency/funding recipient name: **City of Asbury Park**

Primary problem being addressed by this program: **Clients cannot access treatment without an ID**

Brief program description: **Upgrade program for more users**

Program target population: **at risk and active Opiate individuals**

Date this program was funded (please use M/D/Y): **6/14/23**

Amount of funding for this program: **\$1,927.54**

Program launch date: **FY 2023**

If program has started, how many clients have been seen as of 6/30/2023: **Estimate 12**

What key performance indicators are you tracking to ensure success of the program? **Tracking the # of ID's made in total**

Please state this program's statement of impact: **Allows for clients to get to treatment, thus far a few have started the process**

How do you plan to measure or track success and impact of this program? **Keep statistics on individual clients**

20. Primary Category (Please select the category that fits the primary focus of this program). **Recovery and Support**

21. The following are other categories that may apply (include all categories with the exception of the Primary category you chose above). **Harm Reduction, Overdose Prevention, Diversion from Incarceration, Recovery and Support, Treatment**

22. Please choose the length of time of this program's duration: **Other (please specify)**

Other (please specify): **Should be ongoing for the duration of our work here**

23. How often are you disbursing funds to this program? **One time only**

Other (please specify):

24. Rationale for Program

New Jersey 2023 Opioid Abatement Report

What is the reason for this program spending choice? **Without it, clients cannot access treatment and other resources**

What outcomes or impact does the program aim to achieve? **Improve access to treatment**

What is the anticipated number of unduplicated clients this program will reach annually? **45**

25. Do you have other programs you are funding and/or operating with opioid abatement funds? **No**

New Jersey 2023 Opioid Abatement Report

1. In what county are you located? **Monmouth County**
2. For which eligible subdivision (county or municipality) are you reporting? **Eatontown Borough**
3. What is your subdivision's State ID? **NJ50**
4. As an eligible subdivision (county or municipality) receiving opioid abatement funds, please tell us the following:
Full name of individual in your subdivision authorized to report on the settlement funds your subdivision received ("administrator " managing/overseeing these funds): **DENA AMODEA**

Name of Administering Agency: **Eatontown Borough**

Business Address: **47 BROAD STREET**

City/Town: **EATONTOWN NJ**

Lead Contact Phone Number: **732-720-2576**
5. As an eligible subdivision receiving abatement funds, which of the following applies to your current status regarding those funds? **We are a municipality and did not transfer our funds.**
6. What amount of your opioid abatement funds did you transfer to the county?
7. Please tell us the full amount of opioid abatement funds you received as of 6/30/23. **\$38,932.84**
8. Please tell us the amount of opioid abatement funds you have expended (as of 6/30/23). **\$0.00**
9. Of the total opioid abatement funds, what amount was spent on program administrative expenses?
\$0.00
10. Please share brief information on your subdivision's overarching goals and priorities to provide context for this program year's spending decisions.
11. (This question is for counties only) Have you established an Advisory Committee to inform allocation of funds?
12. Did your subdivision engage the public (e.g., town hall meeting, online survey, convened stakeholders) prior to deciding how to use the opioid abatement funds you received? **No**
13. Please describe your public engagement/input efforts?
14. Does your county/subdivision have a strategic plan? **No**
15. Can we post your strategic plan online?
16. Have you completed a risk assessment profile for demographic or geographic impact? **No**
17. Can we post your risk assessment online?

New Jersey 2023 Opioid Abatement Report

18. Please tell us your overall rationale for prioritizing the use of the opioid abatement funds that you received (e.g., are you using a needs assessment, a strategic or other plan, or an epidemiological analysis)? **N/A**

New Jersey 2023 Opioid Abatement Report

1. In what county are you located? **Monmouth County**
2. For which eligible subdivision (county or municipality) are you reporting? **Freehold Borough**
3. What is your subdivision's State ID? **NJ68**
4. As an eligible subdivision (county or municipality) receiving opioid abatement funds, please tell us the following:
Full name of individual in your subdivision authorized to report on the settlement funds your subdivision received ("administrator " managing/overseeing these funds): **Stephen J. Gallo**

Name of Administering Agency: **Freehold Borough**

Business Address: **30 Mechanic Street**

City/Town: **Freehold**

Lead Contact Phone Number: **732-462-4200**
5. As an eligible subdivision receiving abatement funds, which of the following applies to your current status regarding those funds? **We are a municipality and did not transfer our funds.**
6. What amount of your opioid abatement funds did you transfer to the county?
7. Please tell us the full amount of opioid abatement funds you received as of 6/30/23. **\$34,338.95**
8. Please tell us the amount of opioid abatement funds you have expended (as of 6/30/23). **\$0.00**
9. Of the total opioid abatement funds, what amount was spent on program administrative expenses?
\$0.00
10. Please share brief information on your subdivision's overarching goals and priorities to provide context for this program year's spending decisions. **N/A**
11. (This question is for counties only) Have you established an Advisory Committee to inform allocation of funds?
12. Did your subdivision engage the public (e.g., town hall meeting, online survey, convened stakeholders) prior to deciding how to use the opioid abatement funds you received? **No, but plan to in the future.**
13. Please describe your public engagement/input efforts?
14. Does your county/subdivision have a strategic plan? **No, but plan to develop one in the future.**
15. Can we post your strategic plan online?
16. Have you completed a risk assessment profile for demographic or geographic impact? **No, but we plan to in the future.**

New Jersey 2023 Opioid Abatement Report

17. Can we post your risk assessment online?

18. Please tell us your overall rationale for prioritizing the use of the opioid abatement funds that you received (e.g., are you using a needs assessment, a strategic or other plan, or an epidemiological analysis)? **Needs assessment, strategic/other planning**

New Jersey 2023 Opioid Abatement Report

1. In what county are you located? **Monmouth County**
2. For which eligible subdivision (county or municipality) are you reporting? **Freehold Township**
3. What is your subdivision's State ID? **NJ69**
4. As an eligible subdivision (county or municipality) receiving opioid abatement funds, please tell us the following:
Full name of individual in your subdivision authorized to report on the settlement funds your subdivision received ("administrator " managing/overseeing these funds): **Margy Jahn**

Name of Administering Agency: **Freehold Area Health Department**

Business Address: **1 Municipal Plaza**

City/Town: **Freehold**

Lead Contact Phone Number: **732-294-2061**
5. As an eligible subdivision receiving abatement funds, which of the following applies to your current status regarding those funds? **We are a municipality and did not transfer our funds.**
6. What amount of your opioid abatement funds did you transfer to the county?
7. Please tell us the full amount of opioid abatement funds you received as of 6/30/23. **\$53,234.37**
8. Please tell us the amount of opioid abatement funds you have expended (as of 6/30/23). **\$0.00**
9. Of the total opioid abatement funds, what amount was spent on program administrative expenses?
\$0.00
10. Please share brief information on your subdivision's overarching goals and priorities to provide context for this program year's spending decisions. **To connect and provide uninsured and underinsured individuals to treatment services.**
11. (This question is for counties only) Have you established an Advisory Committee to inform allocation of funds?
12. Did your subdivision engage the public (e.g., town hall meeting, online survey, convened stakeholders) prior to deciding how to use the opioid abatement funds you received? **Yes**
13. Please describe your public engagement/input efforts? **Discussion of funds at Freehold Municipal Alliance meetings and with Township Committee members**
14. Does your county/subdivision have a strategic plan? **No**
15. Can we post your strategic plan online?
16. Have you completed a risk assessment profile for demographic or geographic impact? **No**

New Jersey 2023 Opioid Abatement Report

17. Can we post your risk assessment online?

18. Please tell us your overall rationale for prioritizing the use of the opioid abatement funds that you received (e.g., are you using a needs assessment, a strategic or other plan, or an epidemiological analysis)? **Community input and feedback**

Program 1

19. Program name/title: **Access to Free Treatment**

Agency/funding recipient name: **High Focus Treatment Facility**

Primary problem being addressed by this program: **Treatment of substance use, mental health**

Brief program description: **Providing treatment to uninsured and underinsured community members**

Program target population: **Uninsured and underinsured**

Date this program was funded (please use M/D/Y): **TBD**

Amount of funding for this program: **100%**

Program launch date: **ASAP/ TBD**

If program has started, how many clients have been seen as of 6/30/2023: **Program has not started**

What key performance indicators are you tracking to ensure success of the program? **Number of clients receiving free or reduced-price treatment**

Please state this program's statement of impact: **To provide free treatment to uninsured and underinsured community members**

How do you plan to measure or track success and impact of this program? **Data from High Focus Treatment Facility on the number of clients helped**

20. Primary Category (Please select the category that fits the primary focus of this program).
Treatment

21. The following are other categories that may apply (include all categories with the exception of the Primary category you chose above). **Harm Reduction, Recovery and Support, Mental Health**

22. Please choose the length of time of this program's duration: **Other (please specify)**

Other (please specify): **1 year to start, ongoing if successful**

23. How often are you disbursing funds to this program? **Other (please specify)**

Other (please specify): **Monthly invoice**

24. Rationale for Program

New Jersey 2023 Opioid Abatement Report

What is the reason for this program spending choice? **Feedback from community members on lack of affordable treatment options**

What outcomes or impact does the program aim to achieve? **Assist community members in recovery especially for uninsured and underinsured individuals**

What is the anticipated number of unduplicated clients this program will reach annually? **20**

25. Do you have other programs you are funding and/or operating with opioid abatement funds? **No**

New Jersey 2023 Opioid Abatement Report

1. In what county are you located? **Monmouth County**
2. For which eligible subdivision (county or municipality) are you reporting? **Hazlet Township**
3. What is your subdivision's State ID? **NJ89**
4. As an eligible subdivision (county or municipality) receiving opioid abatement funds, please tell us the following:
 - Full name of individual in your subdivision authorized to report on the settlement funds your subdivision received ("administrator " managing/overseeing these funds): **Anthony Mannino**
 - Name of Administering Agency: **Twp of Hazlet**
 - Business Address: **1766 Union Ave**
 - City/Town: **Hazlet**
 - Lead Contact Phone Number: **732-264-8690**
5. As an eligible subdivision receiving abatement funds, which of the following applies to your current status regarding those funds? **We are a municipality and did not transfer our funds.**
6. What amount of your opioid abatement funds did you transfer to the county?
7. Please tell us the full amount of opioid abatement funds you received as of 6/30/23. **\$7,889.81**
8. Please tell us the amount of opioid abatement funds you have expended (as of 6/30/23). **\$0.00**
9. Of the total opioid abatement funds, what amount was spent on program administrative expenses? **\$0.00**
10. Please share brief information on your subdivision's overarching goals and priorities to provide context for this program year's spending decisions. **N/A**
11. (This question is for counties only) Have you established an Advisory Committee to inform allocation of funds? **N/A**
12. Did your subdivision engage the public (e.g., town hall meeting, online survey, convened stakeholders) prior to deciding how to use the opioid abatement funds you received? **No, but plan to in the future.**
13. Please describe your public engagement/input efforts?
14. Does your county/subdivision have a strategic plan? **No, but plan to develop one in the future.**
15. Can we post your strategic plan online?
16. Have you completed a risk assessment profile for demographic or geographic impact? **No, but we plan to in the future.**

New Jersey 2023 Opioid Abatement Report

17. Can we post your risk assessment online?

18. Please tell us your overall rationale for prioritizing the use of the opioid abatement funds that you received (e.g., are you using a needs assessment, a strategic or other plan, or an epidemiological analysis)? **A strategic or other plan**

New Jersey 2023 Opioid Abatement Report

1. In what county are you located? **Monmouth County**
2. For which eligible subdivision (county or municipality) are you reporting? **Holmdel Township**
3. What is your subdivision's State ID? **NJ95**
4. As an eligible subdivision (county or municipality) receiving opioid abatement funds, please tell us the following:
Full name of individual in your subdivision authorized to report on the settlement funds your subdivision received ("administrator " managing/overseeing these funds): **Sean Brady**

Name of Administering Agency: **Holmdel Township Municipal Alliance**

Business Address: **4 Crawfords Corner Road**

City/Town: **Holmdel**

Lead Contact Phone Number: **732-946-2820 ext. 1225**
5. As an eligible subdivision receiving abatement funds, which of the following applies to your current status regarding those funds? **We are a municipality and did not transfer our funds.**
6. What amount of your opioid abatement funds did you transfer to the county?
7. Please tell us the full amount of opioid abatement funds you received as of 6/30/23. **\$44,522.78**
8. Please tell us the amount of opioid abatement funds you have expended (as of 6/30/23). **\$0.00**
9. Of the total opioid abatement funds, what amount was spent on program administrative expenses?
\$0.00
10. Please share brief information on your subdivision's overarching goals and priorities to provide context for this program year's spending decisions.
11. (This question is for counties only) Have you established an Advisory Committee to inform allocation of funds?
12. Did your subdivision engage the public (e.g., town hall meeting, online survey, convened stakeholders) prior to deciding how to use the opioid abatement funds you received? **No, but plan to in the future.**
13. Please describe your public engagement/input efforts?
14. Does your county/subdivision have a strategic plan? **No, but plan to develop one in the future.**
15. Can we post your strategic plan online?
16. Have you completed a risk assessment profile for demographic or geographic impact? **No**
17. Can we post your risk assessment online?

New Jersey 2023 Opioid Abatement Report

18. Please tell us your overall rationale for prioritizing the use of the opioid abatement funds that you received (e.g., are you using a needs assessment, a strategic or other plan, or an epidemiological analysis)? **A strategic plan using the funds to help organizations in town. Ex) Police & EMS**

Program 1

19. Program name/title: **National Night Out**

Agency/funding recipient name: **Holmdel Township Police Department**

Primary problem being addressed by this program: **Drug/Opioid Use Prevention**

Brief program description: **National Night out is an annual event taken place in August. The town interacts with the police department through demonstrations, expos, and games.**

Program target population: **All ages**

Date this program was funded (please use M/D/Y): **08/01/2019**

Amount of funding for this program: **N/A**

Program launch date: **08/01/2019**

If program has started, how many clients have been seen as of 6/30/2023: **Hundreds-Thousands**

What key performance indicators are you tracking to ensure success of the program? **How many giveaways were given out**

Please state this program's statement of impact: **To make the public aware of the harmful effects of drugs/opioids.**

How do you plan to measure or track success and impact of this program? **How many giveaways were given out**

20. Primary Category (Please select the category that fits the primary focus of this program). **Overdose Prevention**

21. The following are other categories that may apply (include all categories with the exception of the Primary category you chose above). **Overdose Prevention, Prevention and Education, Recovery and Support, Treatment**

22. Please choose the length of time of this program's duration: **4-5 years**

Other (please specify):

23. How often are you disbursing funds to this program? **Annually**

Other (please specify):

24. Rationale for Program

New Jersey 2023 Opioid Abatement Report

What is the reason for this program spending choice? **It's a yearly event that our town puts on. It's a great opportunity for the Alliance to use these funds for drug prevention since a big population of the town is here.**

What outcomes or impact does the program aim to achieve? **To reduce the use of drugs within the community.**

What is the anticipated number of unduplicated clients this program will reach annually? **50-100**

25. Do you have other programs you are funding and/or operating with opioid abatement funds? **No**

New Jersey 2023 Opioid Abatement Report

1. In what county are you located? **Monmouth County**
2. For which eligible subdivision (county or municipality) are you reporting? **Howell Township**
3. What is your subdivision's State ID? **NJ98**
4. As an eligible subdivision (county or municipality) receiving opioid abatement funds, please tell us the following:
Full name of individual in your subdivision authorized to report on the settlement funds your subdivision received ("administrator " managing/overseeing these funds): **Christa Riddle, Alliance Coordinator**

Name of Administering Agency: **Howell Alliance**

Business Address: **4567 Route 9 North, 2nd Fl.**

City/Town: **Howell**

Lead Contact Phone Number: **732-938-4500 x4012**
5. As an eligible subdivision receiving abatement funds, which of the following applies to your current status regarding those funds? **We are a municipality and did not transfer our funds.**
6. What amount of your opioid abatement funds did you transfer to the county?
7. Please tell us the full amount of opioid abatement funds you received as of 6/30/23. **\$86,933.83**
8. Please tell us the amount of opioid abatement funds you have expended (as of 6/30/23). **\$68,772.30**
9. Of the total opioid abatement funds, what amount was spent on program administrative expenses? **\$0; all of our money has been spent directly on program implementation**
10. Please share brief information on your subdivision's overarching goals and priorities to provide context for this program year's spending decisions. **N/A**
11. (This question is for counties only) Have you established an Advisory Committee to inform allocation of funds? **N/A**
12. Did your subdivision engage the public (e.g., town hall meeting, online survey, convened stakeholders) prior to deciding how to use the opioid abatement funds you received? **Yes**
13. Please describe your public engagement/input efforts?
Announcing opioid settlement agreement funds plans for spending and spending completed while asking for program suggestions. We also planned through our Alliance committee at our meetings that are open to the public.
14. Does your county/subdivision have a strategic plan? **Yes**
15. Can we post your strategic plan online? **No.**
16. Have you completed a risk assessment profile for demographic or geographic impact? **No**

New Jersey 2023 Opioid Abatement Report

17. Can we post your risk assessment online?

18. Please tell us your overall rationale for prioritizing the use of the opioid abatement funds that you received (e.g., are you using a needs assessment, a strategic or other plan, or an epidemiological analysis)?

Based on police data for calls for overdoses/Narcan deployments, juvenile arrests, suicide attempts/threats/completions, mental health crises, and domestic violence, plus school (pre-K to 8 and high school) SAC and administrations' communicated needs and student behavioral health trends

Program 1

19. Program name/title: **Unwanted Medication Disposal**

Agency/funding recipient name: **DisposeRx**

Primary problem being addressed by this program: **Prescription medication diversion**

Brief program description: **Immediate, at-home disposal of opioids and other unused, unwanted prescription and OTC medications using DisposeRx packets**

Program target population: **Youth, adults, seniors**

Date this program was funded (please use M/D/Y): **01/20/2023**

Amount of funding for this program: **\$1,338.99**

Program launch date: **02/01/2023**

If program has started, how many clients have been seen as of 6/30/2023: **Distributed approximately 1/3 of 1,200 total packets at town hall, senior center, and public events, so 400**

What key performance indicators are you tracking to ensure success of the program? **How many packets we give away, users' ease of use for immediate disposal at-home, and how many packets we need to reorder**

Please state this program's statement of impact: **To eliminate medication diversion that can lead to misuse, overdoses (intentional and unintentional), substance use disorder, and accidental poisonings**

How do you plan to measure or track success and impact of this program? **Community response to using packets they take and how many packets we give out**

20. Primary Category (Please select the category that fits the primary focus of this program). **Overdose Prevention**

21. The following are other categories that may apply (include all categories with the exception of the Primary category you chose above). **Prevention and Education, Risk mitigation**

22. Please choose the length of time of this program's duration: **Other (please specify)**

Other (please specify): **On-going indefinitely**

23. How often are you disbursing funds to this program? **Other (please specify)**

New Jersey 2023 Opioid Abatement Report

Other (please specify): **As we need to replenish our supply**

24. Rationale for Program

What is the reason for this program spending choice? **Address the risk of medications being diverted from the home medicine cabinet and misused**

What outcomes or impact does the program aim to achieve? **Lower the risk of prescription opioid diversion and misuse, which can lead to substance use disorder and overdoses**

What is the anticipated number of unduplicated clients this program will reach annually? **Dispensing packets across adult and senior community populations, so potential reach of 40,000+/- adults**

25. Do you have other programs you are funding and/or operating with opioid abatement funds? **Yes**

Program 2

19. Program name/title: **Pre-K to 8, High School & Town Buildings Substance Use Prevention and Potential Overdose Mitigation**

Agency/funding recipient name: **V.E. Ralph and Son, Inc.; CopQuest; Soter Technologies; R.K. Electric**

Primary problem being addressed by this program: **Underage e-cigarette use (nicotine and marijuana) and overdose mitigation on schools and in township-run buildings**

Brief program description: **Placed Narcan kits & trained key staff on Narcan use in all pre-k to 8 and high school buildings (in nurses' offices and with SLEO III/SRO police officers), as well as in town hall, DPW garage, and senior center; installed middle school and high school bathroom vape/noise detectors**

Program target population: **Pre-k to high school students, school staff, and parents/adults visiting the schools**

Date this program was funded (please use M/D/Y): **1/24/2023 to 6/20/2023 (finishing middle school #2 vape detectors installation in July & August 2023)**

Amount of funding for this program: **\$24,493.31**

Program launch date: **02/01/2023**

If program has started, how many clients have been seen as of 6/30/2023: **N/A (all Narcan kits have been placed and none have been deployed yet; vape detectors will be activated for start of school year in Sept. 2023)**

What key performance indicators are you tracking to ensure success of the program? **Narcan deployments, overdoses reported and responded to, vape/noise detector alarms that go off**

Please state this program's statement of impact: **Early intervention of youth substance use, underage nicotine use, and overdose prevention/early intervention with access to detox, treatment, and recovery support services**

New Jersey 2023 Opioid Abatement Report

How do you plan to measure or track success and impact of this program? **Number of Narcan deployments, number of vape/noise detector activations and number of people receiving immediate and on-going support resources after these events**

20. Primary Category (Please select the category that fits the primary focus of this program). **Overdose Prevention**

21. The following are other categories that may apply (include all categories with the exception of the Primary category you chose above). **Prevention and Education, Recovery and Support, Treatment**

22. Please choose the length of time of this program's duration: **5+ years**

Other (please specify):

23. How often are you disbursing funds to this program? **One time only**

Other (please specify):

24. Rationale for Program

What is the reason for this program spending choice? **Overdose trends due to fake pills and vapes laced with fentanyl that have increased in availability to adults and youth through social media**

What outcomes or impact does the program aim to achieve? **Early intervention for overdoses and substance use**

What is the anticipated number of unduplicated clients this program will reach annually? **8,000+/- pre-k to high school students/staff, plus general Howell community population of 47,500 (minus students accounted for already), plus business owners in community and anyone coming into Howell and visiting the above-noted schools/town buildings**

25. Do you have other programs you are funding and/or operating with opioid abatement funds? **Yes**

Program 3

19. Program name/title: **Substance Use/Mental Health Support Services for People Engaging in Criminal Activity**

Agency/funding recipient name: **LeadsOnline**

Primary problem being addressed by this program: **Criminal activity (especially low level, non-violent) motivated by mental health and substance use disorders**

Brief program description: **Use LeadsOnline police data (crimes/crime patterns, stolen property, investigations, etc.) to offer mental health and substance use support resources due to link between criminal activity and substance use/mental health disorders**

Program target population: **Depends on number of calls, investigations, and arrests (2013-2021 saw +/-10,000 arrests made)**

Date this program was funded (please use M/D/Y): **05/22/2023**

New Jersey 2023 Opioid Abatement Report

Amount of funding for this program: **\$39,032.00 (for 5-year plan; most cost-effective purchasing option)**

Program launch date: **05/31/2023**

If program has started, how many clients have been seen as of 6/30/2023: **Data to be provided annually, so no figures yet**

What key performance indicators are you tracking to ensure success of the program? **Number of criminal activity-related investigations and arrests related to substance use/mental health disorders and number given mental health/substance use support resources and how many entered/completed programs**

Please state this program's statement of impact: **Eliminate recidivism and substance use; increase number of individuals involved in crime that receive support services; lower township criminal activity to improve quality of life and safety for residents and business owners**

How do you plan to measure or track success and impact of this program? **Annual data on number of criminal activity-related investigations and arrests related to substance use/mental health disorders and number given mental health/substance use support resources and how many entered/completed programs**

20. Primary Category (Please select the category that fits the primary focus of this program). **Diversion from Incarceration**

21. The following are other categories that may apply (include all categories with the exception of the Primary category you chose above). **Overdose Prevention, Recovery and Support, Treatment**

22. Please choose the length of time of this program's duration: **5+ years**

Other (please specify):

23. How often are you disbursing funds to this program? **One time only**

Other (please specify):

24. Rationale for Program

What is the reason for this program spending choice? **Impact of substance use/mental health disorders on recidivism and criminal activity**

What outcomes or impact does the program aim to achieve? **Lower rates of recidivism and criminal activity related to mental health/substance use disorders**

What is the anticipated number of unduplicated clients this program will reach annually? **Depends on number of calls, investigations, and arrests (2013-2021 saw +/-10,000 arrests made)**

25. Do you have other programs you are funding and/or operating with opioid abatement funds? **Yes**

Program 4

19. Program name/title: **Tackling Opioids Through Prevention**

New Jersey 2023 Opioid Abatement Report

Agency/funding recipient name: **Therapeutic Impact, LLC and Little Hat Marketing & Design**

Primary problem being addressed by this program: **Youth opioid misuse, including fentanyl-laced pills, illicit drugs, and misused prescription pain and other medications (prescribed to youth for wisdom teeth or injuries OR diverted from others)**

Brief program description: **Deliver 30-minute presentation with Q&A (PowerPoint) to youth sports league coaches and high school sports team captains at start of each season annually so they can turnkey information to parents/caregivers and high school teammates through leave-behind & digital flyer distribution**

Program target population: **Youth athletes, age 5 through 18 years**

Date this program was funded (please use M/D/Y): **04/06/2023**

Amount of funding for this program: **\$3,908.00**

Program launch date: **06/15/2023**

If program has started, how many clients have been seen as of 6/30/2023: **+/- 1,000 (team coaches plus youth families participating)**

What key performance indicators are you tracking to ensure success of the program? **Number of leagues participating, number of families who received prevention information**

Please state this program's statement of impact: **To divert youth opioid misuse, including fentanyl-laced pills, illicit drugs, and misused prescription pain and other medications through coach/parent education and awareness**

How do you plan to measure or track success and impact of this program? **Number of leagues participating, number of families who received prevention information, and impact on pre-k to 8 and high school SAC data for youth substance misuse involving prescription and illicitly-obtained pills**

20. Primary Category (Please select the category that fits the primary focus of this program). **Overdose Prevention**

21. The following are other categories that may apply (include all categories with the exception of the Primary category you chose above). **Prevention and Education**

22. Please choose the length of time of this program's duration: **5+ years**

Other (please specify):

23. How often are you disbursing funds to this program? **Annually**

Other (please specify):

24. Rationale for Program

New Jersey 2023 Opioid Abatement Report

What is the reason for this program spending choice? **Increase in youth using illicit and prescribed pain and other medications, increase in social media and other availability of these substances to youth at younger and younger ages, and increase in fentanyl-laced pills**

What outcomes or impact does the program aim to achieve? **Eliminate youth substance/opioid use**

What is the anticipated number of unduplicated clients this program will reach annually? **+/-7,500 township youth and their parents/caregivers**

25. Do you have other programs you are funding and/or operating with opioid abatement funds? **No**

New Jersey 2023 Opioid Abatement Report

1. In what county are you located? **Monmouth County**
2. For which eligible subdivision (county or municipality) are you reporting? **Long Branch City**
3. What is your subdivision's State ID? **NJ117**
4. As an eligible subdivision (county or municipality) receiving opioid abatement funds, please tell us the following:
Full name of individual in your subdivision authorized to report on the settlement funds your subdivision received ("administrator " managing/overseeing these funds): **Charles Shirley Jr.**

Name of Administering Agency: **City of Long Branch**

Business Address: **344 Broadway, City of Long Branch**

City/Town: **Long Branch**

Lead Contact Phone Number: **732-222-1000**
5. As an eligible subdivision receiving abatement funds, which of the following applies to your current status regarding those funds? **We are a municipality and did not transfer our funds.**
6. What amount of your opioid abatement funds did you transfer to the county?
7. Please tell us the full amount of opioid abatement funds you received as of 6/30/23. **\$260,448.91**
8. Please tell us the amount of opioid abatement funds you have expended (as of 6/30/23). **\$0.00**
9. Of the total opioid abatement funds, what amount was spent on program administrative expenses?
\$0.00
10. Please share brief information on your subdivision's overarching goals and priorities to provide context for this program year's spending decisions. **We are currently in the planning phase for this project.**
11. (This question is for counties only) Have you established an Advisory Committee to inform allocation of funds? **Yes**
12. Did your subdivision engage the public (e.g., town hall meeting, online survey, convened stakeholders) prior to deciding how to use the opioid abatement funds you received? **No, but plan to in the future.**
13. Please describe your public engagement/input efforts?
14. Does your county/subdivision have a strategic plan? **No**
15. Can we post your strategic plan online?
16. Have you completed a risk assessment profile for demographic or geographic impact? **No, but we plan to in the future.**

New Jersey 2023 Opioid Abatement Report

17. Can we post your risk assessment online?

18. Please tell us your overall rationale for prioritizing the use of the opioid abatement funds that you received (e.g., are you using a needs assessment, a strategic or other plan, or an epidemiological analysis)? **We are having those discussions now.**

Program 1

19. Program name/title: **Health & Wellness Center**

Agency/funding recipient name: **Long Branch City**

Primary problem being addressed by this program: **Overdose Prevention**

Brief program description: **In planning phase**

Program target population: **In planning phase**

Date this program was funded (please use M/D/Y): **8/28/2023**

Amount of funding for this program: **In planning phase**

Program launch date: **8/28/2023**

If program has started, how many clients have been seen as of 6/30/2023: **0**

What key performance indicators are you tracking to ensure success of the program? **In planning phase**

Please state this program's statement of impact: **In planning phase**

How do you plan to measure or track success and impact of this program? **In planning phase**

20. Primary Category (Please select the category that fits the primary focus of this program). **Overdose Prevention**

21. The following are other categories that may apply (include all categories with the exception of the Primary category you chose above). **Overdose Prevention**

22. Please choose the length of time of this program's duration: **2-3 years**

Other (please specify):

23. How often are you disbursing funds to this program? **Other (please specify)**

Other (please specify): **None yet**

24. Rationale for Program

What is the reason for this program spending choice?

What outcomes or impact does the program aim to achieve? **Overdose Prevention**

New Jersey 2023 Opioid Abatement Report

What is the anticipated number of unduplicated clients this program will reach annually? **200**

25. Do you have other programs you are funding and/or operating with opioid abatement funds? **No**

New Jersey 2023 Opioid Abatement Report

1. In what county are you located? **Monmouth County**
2. For which eligible subdivision (county or municipality) are you reporting? **Manalapan Township**
3. What is your subdivision's State ID? **NJ123**
4. As an eligible subdivision (county or municipality) receiving opioid abatement funds, please tell us the following:
Full name of individual in your subdivision authorized to report on the settlement funds your subdivision received ("administrator " managing/overseeing these funds): **Tara Lovrich**

Name of Administering Agency: **Manalapan Township**

Business Address: **120 Route 522**

City/Town: **Manalapan**

Lead Contact Phone Number: **732-446-8305**
5. As an eligible subdivision receiving abatement funds, which of the following applies to your current status regarding those funds? **We are a municipality and did not transfer our funds.**
6. What amount of your opioid abatement funds did you transfer to the county?
7. Please tell us the full amount of opioid abatement funds you received as of 6/30/23. **\$55,435.50**
8. Please tell us the amount of opioid abatement funds you have expended (as of 6/30/23). **\$0.00**
9. Of the total opioid abatement funds, what amount was spent on program administrative expenses?
\$0.00
10. Please share brief information on your subdivision's overarching goals and priorities to provide context for this program year's spending decisions.
11. (This question is for counties only) Have you established an Advisory Committee to inform allocation of funds?
12. Did your subdivision engage the public (e.g., town hall meeting, online survey, convened stakeholders) prior to deciding how to use the opioid abatement funds you received? **No, but plan to in the future.**
13. Please describe your public engagement/input efforts?
14. Does your county/subdivision have a strategic plan? **No**
15. Can we post your strategic plan online?
16. Have you completed a risk assessment profile for demographic or geographic impact? **No**
17. Can we post your risk assessment online?

New Jersey 2023 Opioid Abatement Report

18. Please tell us your overall rationale for prioritizing the use of the opioid abatement funds that you received (e.g., are you using a needs assessment, a strategic or other plan, or an epidemiological analysis)?

Program 1

19. Program name/title: **Community Alliance**

Agency/funding recipient name: **Manalapan Township Community Alliance**

Primary problem being addressed by this program: **Alcohol and Drug Prevention and Education**

Brief program description: **Volunteer Organization that provides education to community**

Program target population: **40,000 Residents of Manalapan Township**

Date this program was funded (please use M/D/Y): **TBD**

Amount of funding for this program: **TBD**

Program launch date: **TBD**

If program has started, how many clients have been seen as of 6/30/2023: **N/A**

What key performance indicators are you tracking to ensure success of the program? **N/A**

Please state this program's statement of impact: **We hope to impact all the residents of Manalapan Township**

How do you plan to measure or track success and impact of this program? **Community Surveys**

20. Primary Category (Please select the category that fits the primary focus of this program).
Prevention and Education

21. The following are other categories that may apply (include all categories with the exception of the Primary category you chose above). **Prevention and Education**

22. Please choose the length of time of this program's duration: **5+ years**

Other (please specify):

23. How often are you disbursing funds to this program? **Annually**

Other (please specify):

24. Rationale for Program

What is the reason for this program spending choice? **Already established Community Group for Drug Prevention**

What outcomes or impact does the program aim to achieve? **Better Education and Prevention**

New Jersey 2023 Opioid Abatement Report

What is the anticipated number of unduplicated clients this program will reach annually? **Should reach all residents \$40k**

25. Do you have other programs you are funding and/or operating with opioid abatement funds? **No**

New Jersey 2023 Opioid Abatement Report

1. In what county are you located? **Monmouth County**
2. For which eligible subdivision (county or municipality) are you reporting? **Marlboro Township**
3. What is your subdivision's State ID? **NJ129**
4. As an eligible subdivision (county or municipality) receiving opioid abatement funds, please tell us the following:
Full name of individual in your subdivision authorized to report on the settlement funds your subdivision received ("administrator " managing/overseeing these funds): **Jonathan Capp**

Name of Administering Agency: **Marlboro Township**

Business Address: **1979 Township Drive**

City/Town: **Marlboro**

Lead Contact Phone Number: **732-536-0200**
5. As an eligible subdivision receiving abatement funds, which of the following applies to your current status regarding those funds? **We are a municipality and did not transfer our funds.**
6. What amount of your opioid abatement funds did you transfer to the county?
7. Please tell us the full amount of opioid abatement funds you received as of 6/30/23. **\$82,236.82**
8. Please tell us the amount of opioid abatement funds you have expended (as of 6/30/23). **\$0.00**
9. Of the total opioid abatement funds, what amount was spent on program administrative expenses?
\$0.00
10. Please share brief information on your subdivision's overarching goals and priorities to provide context for this program year's spending decisions. **Education for the police department**
11. (This question is for counties only) Have you established an Advisory Committee to inform allocation of funds?
12. Did your subdivision engage the public (e.g., town hall meeting, online survey, convened stakeholders) prior to deciding how to use the opioid abatement funds you received? **No**
13. Please describe your public engagement/input efforts?
14. Does your county/subdivision have a strategic plan? **No, but plan to develop one in the future.**
15. Can we post your strategic plan online?
16. Have you completed a risk assessment profile for demographic or geographic impact? **No, but we plan to in the future.**
17. Can we post your risk assessment online?

New Jersey 2023 Opioid Abatement Report

18. Please tell us your overall rationale for prioritizing the use of the opioid abatement funds that you received (e.g., are you using a needs assessment, a strategic or other plan, or an epidemiological analysis)?

Program 1

19. Program name/title: **Education of police officers**

Agency/funding recipient name: **Marlboro Township**

Primary problem being addressed by this program: **Education about opioid issues**

Brief program description: **Education about opioid issues**

Program target population: **Public safety officers**

Date this program was funded (please use M/D/Y): **TBD**

Amount of funding for this program: **\$82,236.82**

Program launch date: **TBD**

If program has started, how many clients have been seen as of 6/30/2023: **N/A**

What key performance indicators are you tracking to ensure success of the program? **N/A**

Please state this program's statement of impact: **N/A**

How do you plan to measure or track success and impact of this program? **N/A**

20. Primary Category (Please select the category that fits the primary focus of this program).

Prevention and Education

21. The following are other categories that may apply (include all categories with the exception of the Primary category you chose above).

22. Please choose the length of time of this program's duration: **2-3 years**

Other (please specify):

23. How often are you disbursing funds to this program? **Other (please specify)**

Other (please specify): **Not disbursed yet**

24. Rationale for Program

What is the reason for this program spending choice?

What outcomes or impact does the program aim to achieve?

What is the anticipated number of unduplicated clients this program will reach annually?

New Jersey 2023 Opioid Abatement Report

25. Do you have other programs you are funding and/or operating with opioid abatement funds? **No**

New Jersey 2023 Opioid Abatement Report

1. In what county are you located? **Monmouth County**
2. For which eligible subdivision (county or municipality) are you reporting? **Middletown Township**
3. What is your subdivision's State ID? **NJ136**
4. As an eligible subdivision (county or municipality) receiving opioid abatement funds, please tell us the following:
Full name of individual in your subdivision authorized to report on the settlement funds your subdivision received ("administrator " managing/overseeing these funds): **Richard DeBenedetto**

Name of Administering Agency: **Middletown Township**

Business Address: **1 Kings Hwy**

City/Town: **Middletown**

Lead Contact Phone Number: **732-615-2000 x 2165**
5. As an eligible subdivision receiving abatement funds, which of the following applies to your current status regarding those funds? **We are a municipality and did not transfer our funds.**
6. What amount of your opioid abatement funds did you transfer to the county?
7. Please tell us the full amount of opioid abatement funds you received as of 6/30/23. **\$115,875.11**
8. Please tell us the amount of opioid abatement funds you have expended (as of 6/30/23). **\$0.00**
9. Of the total opioid abatement funds, what amount was spent on program administrative expenses?
\$0.00
10. Please share brief information on your subdivision's overarching goals and priorities to provide context for this program year's spending decisions. **To provide support to individuals and families regarding opioid use and consequences of opioid abuse.**
11. (This question is for counties only) Have you established an Advisory Committee to inform allocation of funds?
12. Did your subdivision engage the public (e.g., town hall meeting, online survey, convened stakeholders) prior to deciding how to use the opioid abatement funds you received? **No, but plan to in the future.**
13. Please describe your public engagement/input efforts?
14. Does your county/subdivision have a strategic plan? **No**
15. Can we post your strategic plan online?
16. Have you completed a risk assessment profile for demographic or geographic impact? **No**

New Jersey 2023 Opioid Abatement Report

17. Can we post your risk assessment online?

18. Please tell us your overall rationale for prioritizing the use of the opioid abatement funds that you received (e.g., are you using a needs assessment, a strategic or other plan, or an epidemiological analysis)? **We will be looking at the public / community input when we conduct surveys.**

Program 1

19. Program name/title: **Crisis Intervention Team (CIT)**

Agency/funding recipient name: **TBD**

Primary problem being addressed by this program: **Provide crisis counseling and intervention at time of response to an overdose or when practically possible.**

Brief program description: **At the request of our Police Dept and EMS, provide an on-call counselor 24/7 to respond to the scene or when practically possible.**

Program target population: **Any community member that an opioid overdose or other crisis is responded to by Police and EMS.**

Date this program was funded (please use M/D/Y): **TBD**

Amount of funding for this program: **TBD**

Program launch date: **Not launched yet**

If program has started, how many clients have been seen as of 6/30/2023: **N/A**

What key performance indicators are you tracking to ensure success of the program? **Number of patients following up on seeking treatment or detox.**

Please state this program's statement of impact: **To provide support to patients and their families involved in a drug crisis directing them to receive detox or treatment.**

How do you plan to measure or track success and impact of this program? **Follow for 90 days and document outcome.**

20. Primary Category (Please select the category that fits the primary focus of this program). **Recovery and Support**

21. The following are other categories that may apply (include all categories with the exception of the Primary category you chose above). **Overdose Prevention, Prevention and Education**

22. Please choose the length of time of this program's duration: **4-5 years**

Other (please specify):

23. How often are you disbursing funds to this program? **Other (please specify)**

Other (please specify): **TBD**

24. Rationale for Program

New Jersey 2023 Opioid Abatement Report

What is the reason for this program spending choice? **Abundance of responses to overdoses in the municipality.**

What outcomes or impact does the program aim to achieve? **Provide intervention at the time of the incident or as soon as possible to encourage participation in treatment or detox.**

What is the anticipated number of unduplicated clients this program will reach annually? **TBD**

25. Do you have other programs you are funding and/or operating with opioid abatement funds? **No**

New Jersey 2023 Opioid Abatement Report

1. In what county are you located? **Monmouth County**
2. For which eligible subdivision (county or municipality) are you reporting? **Millstone Township**
3. What is your subdivision's State ID? **NJ138**
4. As an eligible subdivision (county or municipality) receiving opioid abatement funds, please tell us the following:
Full name of individual in your subdivision authorized to report on the settlement funds your subdivision received ("administrator " managing/overseeing these funds): **Melissa Peerboom**

Name of Administering Agency: **Melissa Peerboom**

Business Address: **470 Stage Coach Road**

City/Town: **Millstone Township**

Lead Contact Phone Number: **1-732-446-3712**
5. As an eligible subdivision receiving abatement funds, which of the following applies to your current status regarding those funds? **We are a municipality and did not transfer our funds.**
6. What amount of your opioid abatement funds did you transfer to the county?
7. Please tell us the full amount of opioid abatement funds you received as of 6/30/23. **\$2,779.28**
8. Please tell us the amount of opioid abatement funds you have expended (as of 6/30/23). **\$0.00**
9. Of the total opioid abatement funds, what amount was spent on program administrative expenses?
\$0.00
10. Please share brief information on your subdivision's overarching goals and priorities to provide context for this program year's spending decisions. **Spending determinations have not been decided.**
11. (This question is for counties only) Have you established an Advisory Committee to inform allocation of funds?
12. Did your subdivision engage the public (e.g., town hall meeting, online survey, convened stakeholders) prior to deciding how to use the opioid abatement funds you received? **No, but plan to in the future.**
13. Please describe your public engagement/input efforts?
14. Does your county/subdivision have a strategic plan? **No, but plan to develop one in the future.**
15. Can we post your strategic plan online?
16. Have you completed a risk assessment profile for demographic or geographic impact? **No, but we plan to in the future.**

New Jersey 2023 Opioid Abatement Report

17. Can we post your risk assessment online?

18. Please tell us your overall rationale for prioritizing the use of the opioid abatement funds that you received (e.g., are you using a needs assessment, a strategic or other plan, or an epidemiological analysis)? **No determinations have been decided as to how to prioritize the abatement funds**

New Jersey 2023 Opioid Abatement Report

1. In what county are you located? **Monmouth County**
2. For which eligible subdivision (county or municipality) are you reporting? **Monmouth County**
3. What is your subdivision's State ID? **NJ140**
4. As an eligible subdivision (county or municipality) receiving opioid abatement funds, please tell us the following:
 - Full name of individual in your subdivision authorized to report on the settlement funds your subdivision received ("administrator " managing/overseeing these funds): **Kaitlyn Silagyi**
 - Name of Administering Agency: **Monmouth County Department of Human Services/Division of Behavioral Health**
 - Business Address: **3000 Kozloski Rd.**
 - City/Town: **Freehold**
 - Lead Contact Phone Number: **732-431-6451 X 6454**
5. As an eligible subdivision receiving abatement funds, which of the following applies to your current status regarding those funds? **We are a county and did not transfer our funds.**
6. What amount of your opioid abatement funds did you transfer to the county?
7. Please tell us the full amount of opioid abatement funds you received as of 6/30/23. **\$1,476,014.20**
8. Please tell us the amount of opioid abatement funds you have expended (as of 6/30/23). **\$0.00**
9. Of the total opioid abatement funds, what amount was spent on program administrative expenses? **\$0.00**
10. Please share brief information on your subdivision's overarching goals and priorities to provide context for this program year's spending decisions. **Peer recovery specialist services to respond to overdose related referrals from law enforcement to engage and connect to treatment, county-wide awareness campaign with a focus on dangers of fentanyl, enhancements to current SUD services that will reduce barriers and bolster capacity/ability to serve more residents. This includes strategies to recruit and retain workforce to meet demand, transportation for residents to obtain services, sober living, & ability to serve non-English speakers. Expansion of recovery diversion program at municipal courts, re-entry connections and supports, supporting people in treatment and recovery, connections to care, preventing problematic use, preventing overdose deaths, general awareness, education, and prevention activities.**
11. (This question is for counties only) Have you established an Advisory Committee to inform allocation of funds? **Yes, an advisory council was established by Commissioner resolution and includes representation from the County, treatment agencies, prevention agencies, law enforcement, harm reduction, and individuals with lived experience.**

New Jersey 2023 Opioid Abatement Report

12. Did your subdivision engage the public (e.g., town hall meeting, online survey, convened stakeholders) prior to deciding how to use the opioid abatement funds you received? **Yes**
13. Please describe your public engagement/input efforts? **The Opioid Settlement Advisory Council utilized information collected from a variety of local level needs assessments including the County Comprehensive Plan, Overdose Fatality Review Team annual report, Prevention Coalition needs assessment, Monmouth ACTS community action forums, and other available qualitative and quantitative data. Data from these sources was collected through a combination of stakeholder meetings, focus groups, surveys, and key informant interviews.**
14. Does your county/subdivision have a strategic plan? **No**
15. Can we post your strategic plan online?
16. Have you completed a risk assessment profile for demographic or geographic impact? **No**
17. Can we post your risk assessment online?
18. Please tell us your overall rationale for prioritizing the use of the opioid abatement funds that you received (e.g., are you using a needs assessment, a strategic or other plan, or an epidemiological analysis)? **As previously mentioned, Monmouth County regularly conducts a variety of needs assessments gathering information from sources including quantitative data review, focus groups, surveys, stakeholder meetings, and key informant interviews. Information from existing, recent assessments was reviewed by the Monmouth County Opioid Settlement Advisory Council to inform recommendations and set priorities for opioid abatement funding.**

Program 1

19. Program name/title: **No programs funded in the previous fiscal year. RFP currently out and programs using opioid abatement funds are expected to begin in October.**

New Jersey 2023 Opioid Abatement Report

1. In what county are you located? **Monmouth County**
2. For which eligible subdivision (county or municipality) are you reporting? **Neptune Township**
3. What is your subdivision's State ID? **NJ152**
4. As an eligible subdivision (county or municipality) receiving opioid abatement funds, please tell us the following:
Full name of individual in your subdivision authorized to report on the settlement funds your subdivision received ("administrator " managing/overseeing these funds): **Gina LaPlaca**

Name of Administering Agency: **Township of Neptune**

Business Address: **25 Neptune Blvd**

City/Town: **Neptune**

Lead Contact Phone Number: **732-988-5200 x 232**
5. As an eligible subdivision receiving abatement funds, which of the following applies to your current status regarding those funds? **We are a municipality and did not transfer our funds.**
6. What amount of your opioid abatement funds did you transfer to the county?
7. Please tell us the full amount of opioid abatement funds you received as of 6/30/23. **\$103,030.42**
8. Please tell us the amount of opioid abatement funds you have expended (as of 6/30/23). **\$0.00**
9. Of the total opioid abatement funds, what amount was spent on program administrative expenses? **\$0.00**
10. Please share brief information on your subdivision's overarching goals and priorities to provide context for this program year's spending decisions. **To provide Opioid awareness for the community that will include training and supplies to implement a program.**
11. (This question is for counties only) Have you established an Advisory Committee to inform allocation of funds?
12. Did your subdivision engage the public (e.g., town hall meeting, online survey, convened stakeholders) prior to deciding how to use the opioid abatement funds you received? **No, but plan to in the future.**
13. Please describe your public engagement/input efforts?
14. Does your county/subdivision have a strategic plan? **No, but plan to develop one in the future.**
15. Can we post your strategic plan online?
16. Have you completed a risk assessment profile for demographic or geographic impact? **No, but we plan to in the future.**

New Jersey 2023 Opioid Abatement Report

17. Can we post your risk assessment online?

18. Please tell us your overall rationale for prioritizing the use of the opioid abatement funds that you received (e.g., are you using a needs assessment, a strategic or other plan, or an epidemiological analysis)? **The assessment and strategies are in the planning process.**

New Jersey 2023 Opioid Abatement Report

1. In what county are you located? **Monmouth County**
2. For which eligible subdivision (county or municipality) are you reporting? **Ocean Township**
3. What is your subdivision's State ID? **NJ165**
4. As an eligible subdivision (county or municipality) receiving opioid abatement funds, please tell us the following:
Full name of individual in your subdivision authorized to report on the settlement funds your subdivision received ("administrator " managing/overseeing these funds): **Sharon Moleski**

Name of Administering Agency: **Township of Ocean Department of Human Services**

Business Address: **601 Deal Road**

City/Town: **Ocean Township**

Lead Contact Phone Number: **732-531-2600**
5. As an eligible subdivision receiving abatement funds, which of the following applies to your current status regarding those funds? **We are a municipality and did not transfer our funds.**
6. What amount of your opioid abatement funds did you transfer to the county?
7. Please tell us the full amount of opioid abatement funds you received as of 6/30/23. **\$58,330.54**
8. Please tell us the amount of opioid abatement funds you have expended (as of 6/30/23). **\$0.00**
9. Of the total opioid abatement funds, what amount was spent on program administrative expenses?
\$0.00
10. Please share brief information on your subdivision's overarching goals and priorities to provide context for this program year's spending decisions. **Ocean Township in Monmouth County, NJ is pleased to be a recipient of the Opioid Abatement Funds. Following numerous meetings with the Monmouth County Opioid Settlement Advisory Council as well as residents with a personal or professional interest in opioid abatement, our priorities will focus primarily on Prevention and Education as well as Workforce Development.**
11. (This question is for counties only) Have you established an Advisory Committee to inform allocation of funds?
12. Did your subdivision engage the public (e.g., town hall meeting, online survey, convened stakeholders) prior to deciding how to use the opioid abatement funds you received? **No, but plan to in the future.**
13. Please describe your public engagement/input efforts?
14. Does your county/subdivision have a strategic plan? **No, but plan to develop one in the future.**
15. Can we post your strategic plan online?

New Jersey 2023 Opioid Abatement Report

16. Have you completed a risk assessment profile for demographic or geographic impact? **No**

17. Can we post your risk assessment online?

18. Please tell us your overall rationale for prioritizing the use of the opioid abatement funds that you received (e.g., are you using a needs assessment, a strategic or other plan, or an epidemiological analysis)? **Our overall rationale for prioritizing the use of opioid abatement funds for primarily Prevention and Education is based on information provided in Evidence-Based Interventions for Preventing Substance Use Disorders in Adolescents, Child and Adolescent Psychiatric Clinics of North America, Volume 19, Issue 3, Kenneth Griffin PhD, MPH & Gilbert J. Botvin, PhD. As such, Prevention and Education efforts will focus on Risk and Protective Factors; social influence factors, developmental factors and the Multiple Levels of Influence. These include; individual factors, family factors as well as school and community factors.**

In regard to our prioritizing the use of these funds for Workforce Development, the current opioid epidemic highlights the need for and the shortage of mental health professionals trained in evidence-based treatment methods for persons with OUD and any co-occurring SUD/MH conditions as well as individuals presenting with issues such as PTSD or ACES who are at higher risk for developing a SUD. As such, our workforce development program will include trainings in evidence-based treatment methods such as Motivational Interviewing, Cognitive Behavioral Therapy, and trauma-informed treatment such as EMDR.

Program 1

19. Program name/title: **Matt Bellace, Ph.D, Motivational Speaker and Comedian**

Agency/funding recipient name: **Township of Ocean Department of Human Services**

Primary problem being addressed by this program: **Adolescent Risk Factors: i.e., stress, bullying, poor communication within family, misconceptions of use and impact of substances**

Brief program description: **This dynamic presentation focuses on three qualities that allow teens to be more resilient: Leaning on Positive People for Support, Coping with Emotions in a Healthy Way and Having the Confidence to Rise Above. Research suggests that teens with positive social support are less likely to bully or be bullied. In addition, resilient teens have been shown to cope better with emotions and are more confident when bouncing back from adversity.**

This program handles a sensitive topic with the perfect combination of stand-up comedy, interactive demonstrations and inspirational stories. We must all accept that life is full of stressful life events (e.g., bullying, failure, social rejection), but we all have a choice in determining our response to the stressors.

Parent Presentation: Recent research suggests that well-adjusted teenagers have stronger non-cognitive skills, such as self-control, grit and resilience. This program will focus on how parents can help foster those skills in a supportive environment without arguing.

Specifically, it will present techniques such as mindfulness meditation, effective communication and using natural highs as healthy coping mechanisms against stress, alcohol and other drug use and bullying behavior. The goal is to help improve the quality of life for both parents and their teens. The current research on adolescent brain development will be presented and time will be given for questions and answers. As a clinical psychologist and stand-up comedian, Dr. Bellace uses humor to convey his very powerful message – we need to support young people in both words and actions if we want them to make healthy choices for themselves.

Program target population: **High School Students, Intermediate School Students, and Parents**

New Jersey 2023 Opioid Abatement Report

Date this program was funded (please use M/D/Y): **11/1/23**

Amount of funding for this program: **\$5,000.00**

Program launch date: **10/24/2023**

If program has started, how many clients have been seen as of 6/30/2023: **N/A**

What key performance indicators are you tracking to ensure success of the program? **Student and parent response**

Please state this program's statement of impact: **Increase stress management skills (e.g., meditation, reframing emotional pain) and the importance/benefit of seeking out an empathetic support network to students. Recent research suggests that well-adjusted teenagers have stronger non-cognitive skills, such as self-control, grit and resilience. This program will focus on how parents can help foster those skills in a supportive environment without arguing.**

How do you plan to measure or track success and impact of this program? **Survey**

20. Primary Category (Please select the category that fits the primary focus of this program).
Prevention and Education

21. The following are other categories that may apply (include all categories with the exception of the Primary category you chose above). **Long-Term Resiliency**

22. Please choose the length of time of this program's duration: **Other (please specify)**

Other (please specify): **October 24 and November 1, 2023**

23. How often are you disbursing funds to this program? **One time only**

Other (please specify):

24. Rationale for Program

What is the reason for this program spending choice? **Prevention of OUD and co-occurring SUD/MH conditions**

What outcomes or impact does the program aim to achieve? **Increase of resiliency skills and healthy alternative to substance use**

What is the anticipated number of unduplicated clients this program will reach annually? **300 students and parents**

25. Do you have other programs you are funding and/or operating with opioid abatement funds? **Yes**

Program 2

19. Program name/title: **Trauma, Addiction and Men: Create Connection, Increase Vulnerability and Improve Treatment Outcomes with the Male Client**

Agency/funding recipient name: **Township of Ocean Department of Human Services**

New Jersey 2023 Opioid Abatement Report

Primary problem being addressed by this program: **Trauma and Addiction in the male client**

Brief program description: **Don't be weak, don't ask for help, don't cry, don't show emotion. These damaging expectations of masculinity are ruining your sessions, causing many male clients to bottle up the shame of past traumas, struggle to be vulnerable and open in therapy, and labor to leave emotion numbing drugs behind. It can make therapeutic progress seem impossible and leave you frustrated, questioning your competence, and feeling powerless when nothing you try seems to work.**

Treat male clients with trauma and addiction issues more effectively than ever before. No matter your own gender, this essential recording will give you exactly what you need to:

- **Keep male clients from leaving treatment;**
- **Experience more productive sessions with men who struggle with "talk" therapy;**
- **Create greater openness in sessions with tips to overcome male shame and stigma;**
- **Add value to the clinical techniques you already use for trauma and addiction work;**
- **Experience new levels of therapeutic success with the guidance and tailored approaches you need to meet the needs of men in therapy.**

Program target population: **Mental Health professions working with Male clients with OUD or SUD/mental health**

Date this program was funded (please use M/D/Y): **10/18/23**

Amount of funding for this program: **\$7,500.00**

Program launch date: **10/18/23**

If program has started, how many clients have been seen as of 6/30/2023: **N/A**

What key performance indicators are you tracking to ensure success of the program? **Participants take a test at end**

Please state this program's statement of impact: **Enhance providers skills to work with male clients presenting with OUD, SUD/MH issues.**

How do you plan to measure or track success and impact of this program? **Survey**

20. Primary Category (Please select the category that fits the primary focus of this program).

Workforce Development

21. The following are other categories that may apply (include all categories with the exception of the Primary category you chose above). **Treatment**

22. Please choose the length of time of this program's duration: **Less than 1 year**

Other (please specify):

23. How often are you disbursing funds to this program? **One time only**

Other (please specify):

24. Rationale for Program

What is the reason for this program spending choice? **Training of mental health professionals in evidence-based methods**

New Jersey 2023 Opioid Abatement Report

What outcomes or impact does the program aim to achieve? **Enhance providers skills to work with male clients presenting with OUD, SUD/MH issues.**

What is the anticipated number of unduplicated clients this program will reach annually? **75 provides and all of their clients.**

25. Do you have other programs you are funding and/or operating with opioid abatement funds? **Yes**

Program 3

19. Program name/title: **2 Day Seminar: EMDR: A Rapid, Safe and proven Treatment for Trauma**

Agency/funding recipient name: **Township of Ocean Department of Human Services**

Primary problem being addressed by this program: **Lack of professional training in trauma for mental health and substance abuse providers**

Brief program description: **Clients dealing with trauma aren't always receptive to the therapeutic process. And using treatment techniques that repeatedly confront clients with the horrific details of the traumas that haunt them can cause them to be avoidant, reactionary, or completely withdrawn. It's painful for clients and clinician alike, and it doesn't feel like healing. Watch this 2-Day EMDR session and discover how this powerful, evidence-based treatment has helped thousands of clients safely and rapidly process their traumas without the need to focus on explicit details. You'll learn:**

- **How EMDR can be used to overcome avoidance in clients;**
- **How EMDR techniques can help clients resolve traumatic memories;**
- **When and with which clients EMDR should be used;**
- **How to emphasize safety during sessions;**
- **How the 8-phase model is used in treatment.**

Demonstrations and brief practice opportunities will give attendees an opportunity to see how EMDR is used and give them a chance to experience it themselves.

Program target population: **Therapist working with clients who present with OUD, SUD/MH or risk factors towards addictions such as PTSD or ACES**

Date this program was funded (please use M/D/Y): **September 28 and September 29, 2023**

Amount of funding for this program: **\$16,750.00**

Program launch date: **September 28 and September 29, 2023**

If program has started, how many clients have been seen as of 6/30/2023: **N/A**

New Jersey 2023 Opioid Abatement Report

What key performance indicators are you tracking to ensure success of the program? **The objectives of the seminar are:**

- **Describe the role of the autonomic nervous system in trauma symptomology;**
- **Articulate the clinical implications of the freeze response in trauma treatment.**
- **Characterize the potential neurobiological mechanisms of change in the EMDR approach.**
- **Demonstrate EMDR techniques can build dual awareness in clients to treat the avoidance that makes trauma treatment challenging.**
- **Demonstrate the 8 Phases of the EMDR protocol.**
- **Assess clients to determine the appropriateness and potential risks of using EMDR.**
- **Analyze resourcing strategies from EMDR to facilitate the processing of trauma.**
- **Utilize EMDR techniques to reinforce and activate positive neural networks.**
- **Modify EMDR to work with complex/developmental trauma to directly treat traumatic memories.**
- **Evaluate strategies to foster the critical connection between client and therapist in EMDR therapy.**
- **Articulate the research limitations and potential risks associated with EMDR.**
- **Establish the order of operations for attachment-based EMDR treatment to resolve relational trauma.**

Please state this program's statement of impact: **Increased awareness of and availability of evidence-based treatment for OUD, SUD/MH**

How do you plan to measure or track success and impact of this program? **Survey**

20. Primary Category (Please select the category that fits the primary focus of this program).
Workforce Development

21. The following are other categories that may apply (include all categories with the exception of the Primary category you chose above). **Treatment**

22. Please choose the length of time of this program's duration: **Less than 1 year**

Other (please specify):

23. How often are you disbursing funds to this program? **One time only**

Other (please specify):

24. Rationale for Program

What is the reason for this program spending choice? **By training the professionals in evidence-based modalities increase the prevention and treatment of OUD and co-occurring SUD/MH**

What outcomes or impact does the program aim to achieve? **More therapists trained in trauma informed approaches and better outcomes for clients**

What is the anticipated number of unduplicated clients this program will reach annually? **90 participants and all of their clients**

25. Do you have other programs you are funding and/or operating with opioid abatement funds? **Yes**

Program 4

19. Program name/title: **Ocean High on Life...Not Drugs Campaign @ National Night Out**

Agency/funding recipient name: **Township of Ocean Department of Human Services**

New Jersey 2023 Opioid Abatement Report

Primary problem being addressed by this program: **Difficulty parents have speaking with their children about substance abuse and healthy alternatives**

Brief program description: **Increase developmentally appropriate conversations between parents and their young children about healthy alternative to substance use through clear messaging, information and fun activities. A photo booth messaging: "High on Life...Not Drugs" for free family use and a goodie bag with healthy alternatives (frisbees, with slogan) and friendly education for families to help them be drug free.**

Program target population: **School age children and their parents**

Date this program was funded (please use M/D/Y): **August 1, 2023**

Amount of funding for this program: **\$2,489.91**

Program launch date: **August 1, 2023**

If program has started, how many clients have been seen as of 6/30/2023: **NA**

What key performance indicators are you tracking to ensure success of the program? **Number of visits to booth and material distributed**

Please state this program's statement of impact: **Increase youth and families' knowledge of healthy alternatives to substance abuse**

How do you plan to measure or track success and impact of this program? **Increase awareness of the need for parents to talk with their children about healthy alternatives to substance use**

20. Primary Category (Please select the category that fits the primary focus of this program).

Prevention and Education

21. The following are other categories that may apply (include all categories with the exception of the Primary category you chose above). **Long-Term Resiliency**

22. Please choose the length of time of this program's duration: **Less than 1 year**

Other (please specify):

23. How often are you disbursing funds to this program? **Annually**

Other (please specify):

24. Rationale for Program

What is the reason for this program spending choice? **Estimated 750 -1000 individuals attend this family event as such it was deemed a good audience for this campaign to educate families**

What outcomes or impact does the program aim to achieve? **Increase youth and families' knowledge of healthy alternatives to substance abuse**

What is the anticipated number of unduplicated clients this program will reach annually? **up towards 1000 residents**

New Jersey 2023 Opioid Abatement Report

25. Do you have other programs you are funding and/or operating with opioid abatement funds? **No**

New Jersey 2023 Opioid Abatement Report

1. In what county are you located? **Monmouth County**
2. For which eligible subdivision (county or municipality) are you reporting? **Red Bank Borough**
3. What is your subdivision's State ID? **NJ193**
4. As an eligible subdivision (county or municipality) receiving opioid abatement funds, please tell us the following:
Full name of individual in your subdivision authorized to report on the settlement funds your subdivision received("administrator " managing/overseeing these funds): **Thomas X Seaman**

Name of Administering Agency: **Thomas X Seaman**

Business Address: **90 Monmouth Street**

City/Town: **Red Bank**

Lead Contact Phone Number: **732-858-8147**
5. As an eligible subdivision receiving abatement funds, which of the following applies to your current status regarding those funds? **We are a municipality and did not transfer our funds.**
6. What amount of your opioid abatement funds did you transfer to the county?
7. Please tell us the full amount of opioid abatement funds you received as of 6/30/23. **\$59,733.81**
8. Please tell us the amount of opioid abatement funds you have expended (as of 6/30/23). **\$0.00**
9. Of the total opioid abatement funds, what amount was spent on program administrative expenses?
\$0.00
10. Please share brief information on your subdivision's overarching goals and priorities to provide context for this program year's spending decisions. **The Borough awarded a contract for Professional Social Worker Services**
11. (This question is for counties only) Have you established an Advisory Committee to inform allocation of funds?
12. Did your subdivision engage the public (e.g., town hall meeting, online survey, convened stakeholders) prior to deciding how to use the opioid abatement funds you received? **Yes**
13. Please describe your public engagement/input efforts? **Discussion and resolution at public meeting.**
14. Does your county/subdivision have a strategic plan? **No**
15. Can we post your strategic plan online?
16. Have you completed a risk assessment profile for demographic or geographic impact? **No, but we plan to in the future.**

New Jersey 2023 Opioid Abatement Report

17. Can we post your risk assessment online?

18. Please tell us your overall rationale for prioritizing the use of the opioid abatement funds that you received (e.g., are you using a needs assessment, a strategic or other plan, or an epidemiological analysis)? **The Borough thought that the Social Worker Services would be the best use of the funds**

New Jersey 2023 Opioid Abatement Report

1. In what county are you located? **Monmouth County**
2. For which eligible subdivision (county or municipality) are you reporting? **Tinton Falls Borough**
3. What is your subdivision's State ID? **NJ225**
4. As an eligible subdivision (county or municipality) receiving opioid abatement funds, please tell us the following:
Full name of individual in your subdivision authorized to report on the settlement funds your subdivision received ("administrator " managing/overseeing these funds): **Thomas Fallon**

Name of Administering Agency: **Tinton Falls Borough**

Business Address: **556 Tinton Avenue**

City/Town: **Tinton Falls, NJ**

Lead Contact Phone Number: **732-542-3400 ext. 224**
5. As an eligible subdivision receiving abatement funds, which of the following applies to your current status regarding those funds? **We are a municipality and did not transfer our funds.**
6. What amount of your opioid abatement funds did you transfer to the county?
7. Please tell us the full amount of opioid abatement funds you received as of 6/30/23. **\$37,070.51**
8. Please tell us the amount of opioid abatement funds you have expended (as of 6/30/23). **\$0.00**
9. Of the total opioid abatement funds, what amount was spent on program administrative expenses?
\$0.00
10. Please share brief information on your subdivision's overarching goals and priorities to provide context for this program year's spending decisions. **To Enhance the Borough's Educational Prevention and Outreach Efforts to those most vulnerable in our Community.**
11. (This question is for counties only) Have you established an Advisory Committee to inform allocation of funds?
12. Did your subdivision engage the public (e.g., town hall meeting, online survey, convened stakeholders) prior to deciding how to use the opioid abatement funds you received? **No, but plan to in the future.**
13. Please describe your public engagement/input efforts?
14. Does your county/subdivision have a strategic plan? **No, but plan to develop one in the future.**
15. Can we post your strategic plan online?
16. Have you completed a risk assessment profile for demographic or geographic impact? **No**

New Jersey 2023 Opioid Abatement Report

17. Can we post your risk assessment online?

18. Please tell us your overall rationale for prioritizing the use of the opioid abatement funds that you received (e.g., are you using a needs assessment, a strategic or other plan, or an epidemiological analysis)? [Needs Assessment](#)

New Jersey 2023 Opioid Abatement Report

1. In what county are you located? **Monmouth County**
2. For which eligible subdivision (county or municipality) are you reporting? **Wall Township**
3. What is your subdivision's State ID? **NJ238**
4. As an eligible subdivision (county or municipality) receiving opioid abatement funds, please tell us the following:
Full name of individual in your subdivision authorized to report on the settlement funds your subdivision received ("administrator " managing/overseeing these funds): **Thomas O'Hara**

Name of Administering Agency: **Wall Township**

Business Address: **2700 Allaire Rd.**

City/Town: **Wall**

Lead Contact Phone Number: **732-449-8444**
5. As an eligible subdivision receiving abatement funds, which of the following applies to your current status regarding those funds? **We are a municipality and did not transfer our funds.**
6. What amount of your opioid abatement funds did you transfer to the county?
7. Please tell us the full amount of opioid abatement funds you received as of 6/30/23. **\$69,413.55**
8. Please tell us the amount of opioid abatement funds you have expended (as of 6/30/23). **\$0.00**
9. Of the total opioid abatement funds, what amount was spent on program administrative expenses?
\$0.00
10. Please share brief information on your subdivision's overarching goals and priorities to provide context for this program year's spending decisions. **Formal goals and priorities have not yet been finalized**
11. (This question is for counties only) Have you established an Advisory Committee to inform allocation of funds? **n/a**
12. Did your subdivision engage the public (e.g., town hall meeting, online survey, convened stakeholders) prior to deciding how to use the opioid abatement funds you received? **No, but plan to in the future.**
13. Please describe your public engagement/input efforts?
14. Does your county/subdivision have a strategic plan? **No, but plan to develop one in the future.**
15. Can we post your strategic plan online?
16. Have you completed a risk assessment profile for demographic or geographic impact? **No, but we plan to in the future.**

New Jersey 2023 Opioid Abatement Report

17. Can we post your risk assessment online?

18. Please tell us your overall rationale for prioritizing the use of the opioid abatement funds that you received (e.g., are you using a needs assessment, a strategic or other plan, or an epidemiological analysis)? **No priorities finalized. No funds spent.**

New Jersey 2023 Opioid Abatement Report

1. In what county are you located? **Morris County**
2. For which eligible subdivision (county or municipality) are you reporting? **Chatham Township**
3. What is your subdivision's State ID? **NJ29**
4. As an eligible subdivision (county or municipality) receiving opioid abatement funds, please tell us the following:
 - Full name of individual in your subdivision authorized to report on the settlement funds your subdivision received ("administrator " managing/overseeing these funds): **Debra A. King**
 - Name of Administering Agency: **Chatham Township**
 - Business Address: **58 Meyersville Road**
 - City/Town: **Chatham Township**
 - Lead Contact Phone Number: **973-635-3208**
5. As an eligible subdivision receiving abatement funds, which of the following applies to your current status regarding those funds? **We are a municipality and did not transfer our funds.**
6. What amount of your opioid abatement funds did you transfer to the county?
7. Please tell us the full amount of opioid abatement funds you received as of 6/30/23. **\$20,962.26**
8. Please tell us the amount of opioid abatement funds you have expended (as of 6/30/23). **\$846.91**
9. Of the total opioid abatement funds, what amount was spent on program administrative expenses? **\$0.00**
10. Please share brief information on your subdivision's overarching goals and priorities to provide context for this program year's spending decisions.
11. (This question is for counties only) Have you established an Advisory Committee to inform allocation of funds?
12. Did your subdivision engage the public (e.g., town hall meeting, online survey, convened stakeholders) prior to deciding how to use the opioid abatement funds you received? **Yes**
13. Please describe your public engagement/input efforts? **Township Committee Meetings**
14. Does your county/subdivision have a strategic plan? **No, but plan to develop one in the future.**
15. Can we post your strategic plan online?
16. Have you completed a risk assessment profile for demographic or geographic impact? **No, but we plan to in the future.**
17. Can we post your risk assessment online?

New Jersey 2023 Opioid Abatement Report

18. Please tell us your overall rationale for prioritizing the use of the opioid abatement funds that you received (e.g., are you using a needs assessment, a strategic or other plan, or an epidemiological analysis)? **For the initial expenditure, our immediate priority was public education and awareness. We wanted to empower and create a partnership with the public and first responder efforts.**

Program 1

19. Program name/title: **Public Education and Collaboration Campaign**

Agency/funding recipient name: **Chatham Township**

Primary problem being addressed by this program: **Lack of information and tools to respond to overdose.**

Brief program description: **Postcard mailing and Public Service Announcement production, promotion and NARCAN kit education and giveaway.**

Program target population: **10,000**

Date this program was funded (please use M/D/Y): **6/1/23**

Amount of funding for this program: **\$2,765.91 (spent \$846.91 as of 6/30/23)**

Program launch date: **6/1/23**

If program has started, how many clients have been seen as of 6/30/2023: **107**

What key performance indicators are you tracking to ensure success of the program? **Number of PSA views and responses for NARCAN kit requests**

Please state this program's statement of impact: **Education and prevention**

How do you plan to measure or track success and impact of this program? **Requests for kits, use of kits, feedback from residents**

20. Primary Category (Please select the category that fits the primary focus of this program).
Prevention and Education

21. The following are other categories that may apply (include all categories with the exception of the Primary category you chose above). **Overdose Prevention**

22. Please choose the length of time of this program's duration: **1 year**

Other (please specify):

23. How often are you disbursing funds to this program? **One time only**

Other (please specify):

24. Rationale for Program

What is the reason for this program spending choice? **Immediate impact to the community**

New Jersey 2023 Opioid Abatement Report

What outcomes or impact does the program aim to achieve? **Preventing overdose deaths**

What is the anticipated number of unduplicated clients this program will reach annually? **N/A**

25. Do you have other programs you are funding and/or operating with opioid abatement funds? **No**

New Jersey 2023 Opioid Abatement Report

1. In what county are you located? **Morris County**
2. For which eligible subdivision (county or municipality) are you reporting? **Denville Township**
3. What is your subdivision's State ID? **NJ41**
4. As an eligible subdivision (county or municipality) receiving opioid abatement funds, please tell us the following:
 - Full name of individual in your subdivision authorized to report on the settlement funds your subdivision received ("administrator " managing/overseeing these funds): **Steven Ward**
 - Name of Administering Agency: **Township of Denville**
 - Business Address: **1 St. Mary's Place**
 - City/Town: **Denville**
 - Lead Contact Phone Number: **973-625-8300 x 222**
5. As an eligible subdivision receiving abatement funds, which of the following applies to your current status regarding those funds? **We are a municipality and did not transfer our funds.**
6. What amount of your opioid abatement funds did you transfer to the county?
7. Please tell us the full amount of opioid abatement funds you received as of 6/30/23. **\$31,778.06**
8. Please tell us the amount of opioid abatement funds you have expended (as of 6/30/23). **\$0.00**
9. Of the total opioid abatement funds, what amount was spent on program administrative expenses?
\$0.00
10. Please share brief information on your subdivision's overarching goals and priorities to provide context for this program year's spending decisions. **We are currently in discussion with Morris County to potentially reallocate our funds to a larger Opioid program/initiative they are working on**
11. (This question is for counties only) Have you established an Advisory Committee to inform allocation of funds?
12. Did your subdivision engage the public (e.g., town hall meeting, online survey, convened stakeholders) prior to deciding how to use the opioid abatement funds you received? **No, but plan to in the future.**
13. Please describe your public engagement/input efforts?
14. Does your county/subdivision have a strategic plan? **No, but plan to develop one in the future.**
15. Can we post your strategic plan online?
16. Have you completed a risk assessment profile for demographic or geographic impact? **No**

New Jersey 2023 Opioid Abatement Report

17. Can we post your risk assessment online?

18. Please tell us your overall rationale for prioritizing the use of the opioid abatement funds that you received (e.g., are you using a needs assessment, a strategic or other plan, or an epidemiological analysis)? **Again, working with Morris County to potentially participate in larger County-wide initiative.**

New Jersey 2023 Opioid Abatement Report

1. In what county are you located? **Morris County**
2. For which eligible subdivision (county or municipality) are you reporting? **Dover Town**
3. What is your subdivision's State ID? **NJ43**
4. As an eligible subdivision (county or municipality) receiving opioid abatement funds, please tell us the following:
Full name of individual in your subdivision authorized to report on the settlement funds your subdivision received ("administrator " managing/overseeing these funds): **Kevin O'Reilly**

Name of Administering Agency: **Town of Dover**

Business Address: **37 N. Sussex St.**

City/Town: **Dover**

Lead Contact Phone Number: **973-366-2200/1179**
5. As an eligible subdivision receiving abatement funds, which of the following applies to your current status regarding those funds? **We are a municipality and did not transfer our funds.**
6. What amount of your opioid abatement funds did you transfer to the county?
7. Please tell us the full amount of opioid abatement funds you received as of 6/30/23. **\$35,471.61**
8. Please tell us the amount of opioid abatement funds you have expended (as of 6/30/23). **\$0.00**
9. Of the total opioid abatement funds, what amount was spent on program administrative expenses?
\$0.00
10. Please share brief information on your subdivision's overarching goals and priorities to provide context for this program year's spending decisions.
Our goal is the reduction of opioid use within the community through various outreach programs
11. (This question is for counties only) Have you established an Advisory Committee to inform allocation of funds?
12. Did your subdivision engage the public (e.g., town hall meeting, online survey, convened stakeholders) prior to deciding how to use the opioid abatement funds you received? **No, but plan to in the future.**
13. Please describe your public engagement/input efforts?
14. Does your county/subdivision have a strategic plan? **No, but plan to develop one in the future.**
15. Can we post your strategic plan online?
16. Have you completed a risk assessment profile for demographic or geographic impact? **No, but we plan to in the future.**

New Jersey 2023 Opioid Abatement Report

17. Can we post your risk assessment online?

18. Please tell us your overall rationale for prioritizing the use of the opioid abatement funds that you received (e.g., are you using a needs assessment, a strategic or other plan, or an epidemiological analysis)? **A county wide strategic plan is currently under review.**

New Jersey 2023 Opioid Abatement Report

1. In what county are you located? **Morris County**
2. For which eligible subdivision (county or municipality) are you reporting? **East Hanover Township**
3. What is your subdivision's State ID? **NJ47**
4. As an eligible subdivision (county or municipality) receiving opioid abatement funds, please tell us the following:
Full name of individual in your subdivision authorized to report on the settlement funds your subdivision received ("administrator " managing/overseeing these funds): **Kenneth Huelbig**

Name of Administering Agency: **Township of East Hanover**

Business Address: **411 Ridgedale Avenue**

City/Town: **East Hanover**

Lead Contact Phone Number: **973-888-6004**
5. As an eligible subdivision receiving abatement funds, which of the following applies to your current status regarding those funds? **We are a municipality and did not transfer our funds.**
6. What amount of your opioid abatement funds did you transfer to the county?
7. Please tell us the full amount of opioid abatement funds you received as of 6/30/23. **\$37,428.59**
8. Please tell us the amount of opioid abatement funds you have expended (as of 6/30/23). **\$0.00**
9. Of the total opioid abatement funds, what amount was spent on program administrative expenses?
\$0.00
10. Please share brief information on your subdivision's overarching goals and priorities to provide context for this program year's spending decisions. **We are in the processing of deciding whether to send funds to the County. At this time, we have not spent any funds.**
11. (This question is for counties only) Have you established an Advisory Committee to inform allocation of funds?
12. Did your subdivision engage the public (e.g., town hall meeting, online survey, convened stakeholders) prior to deciding how to use the opioid abatement funds you received? **No, but plan to in the future.**
13. Please describe your public engagement/input efforts?
14. Does your county/subdivision have a strategic plan? **No, but plan to develop one in the future.**
15. Can we post your strategic plan online?
16. Have you completed a risk assessment profile for demographic or geographic impact? **No**

New Jersey 2023 Opioid Abatement Report

17. Can we post your risk assessment online?

18. Please tell us your overall rationale for prioritizing the use of the opioid abatement funds that you received (e.g., are you using a needs assessment, a strategic or other plan, or an epidemiological analysis)? **Not sure yet.**

New Jersey 2023 Opioid Abatement Report

1. In what county are you located? **Morris County**
2. For which eligible subdivision (county or municipality) are you reporting? **Florham Park Borough**
3. What is your subdivision's State ID? **NJ63**
4. As an eligible subdivision (county or municipality) receiving opioid abatement funds, please tell us the following:
Full name of individual in your subdivision authorized to report on the settlement funds your subdivision received("administrator " managing/overseeing these funds): **Patrice Visco**

Name of Administering Agency: **Borough of Florham Park**

Business Address: **111 Ridgedale Ave.**

City/Town: **Borough of Florham Park**

Lead Contact Phone Number: **973-410-5318**
5. As an eligible subdivision receiving abatement funds, which of the following applies to your current status regarding those funds? **We are a municipality and did not transfer our funds.**
6. What amount of your opioid abatement funds did you transfer to the county?
7. Please tell us the full amount of opioid abatement funds you received as of 6/30/23. **\$40,098.97**
8. Please tell us the amount of opioid abatement funds you have expended (as of 6/30/23). **\$0.00**
9. Of the total opioid abatement funds, what amount was spent on program administrative expenses?
\$0.00
10. Please share brief information on your subdivision's overarching goals and priorities to provide context for this program year's spending decisions.
11. (This question is for counties only) Have you established an Advisory Committee to inform allocation of funds?
12. Did your subdivision engage the public (e.g., town hall meeting, online survey, convened stakeholders) prior to deciding how to use the opioid abatement funds you received? **No**
13. Please describe your public engagement/input efforts?
14. Does your county/subdivision have a strategic plan? **No, but plan to develop one in the future.**
15. Can we post your strategic plan online?
16. Have you completed a risk assessment profile for demographic or geographic impact? **No**
17. Can we post your risk assessment online?

New Jersey 2023 Opioid Abatement Report

18. Please tell us your overall rationale for prioritizing the use of the opioid abatement funds that you received (e.g., are you using a needs assessment, a strategic or other plan, or an epidemiological analysis)? **Our Police Chief is in the process of developing a plan**

New Jersey 2023 Opioid Abatement Report

1. In what county are you located? **Morris County**
2. For which eligible subdivision (county or municipality) are you reporting? **Hanover Township**
3. What is your subdivision's State ID? **NJ84**
4. As an eligible subdivision (county or municipality) receiving opioid abatement funds, please tell us the following:
 - Full name of individual in your subdivision authorized to report on the settlement funds your subdivision received ("administrator " managing/overseeing these funds): **Silvio Esposito**
 - Name of Administering Agency: **Hanover Township**
 - Business Address: **1000 Route 10 - PO Box 250**
 - City/Town: **Whippany**
 - Lead Contact Phone Number: **973-428-2483**
5. As an eligible subdivision receiving abatement funds, which of the following applies to your current status regarding those funds? **We are a municipality and did not transfer our funds.**
6. What amount of your opioid abatement funds did you transfer to the county?
7. Please tell us the full amount of opioid abatement funds you received as of 6/30/23. **\$23,542.29**
8. Please tell us the amount of opioid abatement funds you have expended (as of 6/30/23). **\$0.00**
9. Of the total opioid abatement funds, what amount was spent on program administrative expenses?
\$0.00
10. Please share brief information on your subdivision's overarching goals and priorities to provide context for this program year's spending decisions. **Prevention**
11. (This question is for counties only) Have you established an Advisory Committee to inform allocation of funds?
12. Did your subdivision engage the public (e.g., town hall meeting, online survey, convened stakeholders) prior to deciding how to use the opioid abatement funds you received? **No, but plan to in the future.**
13. Please describe your public engagement/input efforts?
14. Does your county/subdivision have a strategic plan? **No, but plan to develop one in the future.**
15. Can we post your strategic plan online?
16. Have you completed a risk assessment profile for demographic or geographic impact? **No, but we plan to in the future.**

New Jersey 2023 Opioid Abatement Report

17. Can we post your risk assessment online?

18. Please tell us your overall rationale for prioritizing the use of the opioid abatement funds that you received (e.g., are you using a needs assessment, a strategic or other plan, or an epidemiological analysis)? **A strategic plan**

New Jersey 2023 Opioid Abatement Report

1. In what county are you located? **Morris County**
2. For which eligible subdivision (county or municipality) are you reporting? **Jefferson Township**
3. What is your subdivision's State ID? **NJ103**
4. As an eligible subdivision (county or municipality) receiving opioid abatement funds, please tell us the following:
Full name of individual in your subdivision authorized to report on the settlement funds your subdivision received ("administrator " managing/overseeing these funds): **Bill Eagen**

Name of Administering Agency: **Township of Jefferson**

Business Address: **1033 Weldon Road**

City/Town: **Lake Hopatcong**

Lead Contact Phone Number: **973-208-6136**
5. As an eligible subdivision receiving abatement funds, which of the following applies to your current status regarding those funds? **We are a municipality and did not transfer our funds.**
6. What amount of your opioid abatement funds did you transfer to the county?
7. Please tell us the full amount of opioid abatement funds you received as of 6/30/23. **\$30,480.54**
8. Please tell us the amount of opioid abatement funds you have expended (as of 6/30/23). **\$0.00**
9. Of the total opioid abatement funds, what amount was spent on program administrative expenses? **\$0.00**
10. Please share brief information on your subdivision's overarching goals and priorities to provide context for this program year's spending decisions.
The Township is working with the Municipal Alliance and JT Connect to come up with goals for spending of the money.
11. (This question is for counties only) Have you established an Advisory Committee to inform allocation of funds?
12. Did your subdivision engage the public (e.g., town hall meeting, online survey, convened stakeholders) prior to deciding how to use the opioid abatement funds you received? **Yes**
13. Please describe your public engagement/input efforts? **Meeting with the Municipal Alliance and JT Connect representatives.**
14. Does your county/subdivision have a strategic plan? **No**
15. Can we post your strategic plan online?
16. Have you completed a risk assessment profile for demographic or geographic impact? **No**

New Jersey 2023 Opioid Abatement Report

17. Can we post your risk assessment online?

18. Please tell us your overall rationale for prioritizing the use of the opioid abatement funds that you received (e.g., are you using a needs assessment, a strategic or other plan, or an epidemiological analysis)?

The Township is still developing goals for the utilization of the money with the Municipal Alliance and JT. Connect. Have begun some community outreach regarding opioid awareness.

New Jersey 2023 Opioid Abatement Report

1. In what county are you located? **Morris County**
2. For which eligible subdivision (county or municipality) are you reporting? **Lincoln Park Borough**
3. What is your subdivision's State ID? **NJ109**
4. As an eligible subdivision (county or municipality) receiving opioid abatement funds, please tell us the following:
Full name of individual in your subdivision authorized to report on the settlement funds your subdivision received ("administrator " managing/overseeing these funds): **Fabiana Mello**

Name of Administering Agency: **Borough of Lincoln Park**

Business Address: **34 Chapel Hill Road**

City/Town: **Lincoln Park**

Lead Contact Phone Number: **973-270-2021**
5. As an eligible subdivision receiving abatement funds, which of the following applies to your current status regarding those funds? **We are a municipality and did not transfer our funds.**
6. What amount of your opioid abatement funds did you transfer to the county?
7. Please tell us the full amount of opioid abatement funds you received as of 6/30/23. **\$25,029.09**
8. Please tell us the amount of opioid abatement funds you have expended (as of 6/30/23). **\$0.00**
9. Of the total opioid abatement funds, what amount was spent on program administrative expenses?
\$0.00
10. Please share brief information on your subdivision's overarching goals and priorities to provide context for this program year's spending decisions. **The Borough of Lincoln Park is investigating teaming up with the County of Morris to pool our funds, along with other interested municipalities, to maximize the benefit of dollars spent on identified initiatives and not duplicate efforts.**
11. (This question is for counties only) Have you established an Advisory Committee to inform allocation of funds?
12. Did your subdivision engage the public (e.g., town hall meeting, online survey, convened stakeholders) prior to deciding how to use the opioid abatement funds you received? **No, but plan to in the future.**
13. Please describe your public engagement/input efforts?
14. Does your county/subdivision have a strategic plan? **No, but plan to develop one in the future.**
15. Can we post your strategic plan online?

New Jersey 2023 Opioid Abatement Report

16. Have you completed a risk assessment profile for demographic or geographic impact? **No, but we plan to in the future.**

17. Can we post your risk assessment online?

18. Please tell us your overall rationale for prioritizing the use of the opioid abatement funds that you received (e.g., are you using a needs assessment, a strategic or other plan, or an epidemiological analysis)? **At this time, we have not developed a rationale for prioritizing the use of the opioid abatement funds. We are discussing with the County of Morris to develop a countywide plan.**

New Jersey 2023 Opioid Abatement Report

1. In what county are you located? **Morris County**
2. For which eligible subdivision (county or municipality) are you reporting? **Madison Borough**
3. What is your subdivision's State ID? **NJ121**
4. As an eligible subdivision (county or municipality) receiving opioid abatement funds, please tell us the following:
Full name of individual in your subdivision authorized to report on the settlement funds your subdivision received ("administrator " managing/overseeing these funds): **Christine Mahler**

Name of Administering Agency: **Borough of Madison**

Business Address: **50 Kings Rd**

City/Town: **Madison**

Lead Contact Phone Number: **973-593-3054**
5. As an eligible subdivision receiving abatement funds, which of the following applies to your current status regarding those funds? **We are a municipality and did not transfer our funds.**
6. What amount of your opioid abatement funds did you transfer to the county?
7. Please tell us the full amount of opioid abatement funds you received as of 6/30/23. **\$59,914.36**
8. Please tell us the amount of opioid abatement funds you have expended (as of 6/30/23). **\$0.00**
9. Of the total opioid abatement funds, what amount was spent on program administrative expenses?
\$0.00
10. Please share brief information on your subdivision's overarching goals and priorities to provide context for this program year's spending decisions. **N/A - No spending planned for this year.**
11. (This question is for counties only) Have you established an Advisory Committee to inform allocation of funds?
12. Did your subdivision engage the public (e.g., town hall meeting, online survey, convened stakeholders) prior to deciding how to use the opioid abatement funds you received? **No, but plan to in the future.**
13. Please describe your public engagement/input efforts?
14. Does your county/subdivision have a strategic plan? **No, but plan to develop one in the future.**
15. Can we post your strategic plan online?
16. Have you completed a risk assessment profile for demographic or geographic impact? **No**
17. Can we post your risk assessment online?

New Jersey 2023 Opioid Abatement Report

18. Please tell us your overall rationale for prioritizing the use of the opioid abatement funds that you received (e.g., are you using a needs assessment, a strategic or other plan, or an epidemiological analysis)? **N/A - We have not decided how we will be spending funds yet.**

New Jersey 2023 Opioid Abatement Report

1. In what county are you located? **Morris County**
2. For which eligible subdivision (county or municipality) are you reporting? **Montville Township**
3. What is your subdivision's State ID? **NJ145**
4. As an eligible subdivision (county or municipality) receiving opioid abatement funds, please tell us the following:
Full name of individual in your subdivision authorized to report on the settlement funds your subdivision received ("administrator " managing/overseeing these funds): **June E. Hercek**

Name of Administering Agency: **Montville Township**

Business Address: **195 Changebridge Road**

City/Town: **Montville**

Lead Contact Phone Number: **973-331-3302**
5. As an eligible subdivision receiving abatement funds, which of the following applies to your current status regarding those funds? **We are a municipality and did not transfer our funds.**
6. What amount of your opioid abatement funds did you transfer to the county?
7. Please tell us the full amount of opioid abatement funds you received as of 6/30/23. **\$28,889.91**
8. Please tell us the amount of opioid abatement funds you have expended (as of 6/30/23). **\$0.00**
9. Of the total opioid abatement funds, what amount was spent on program administrative expenses?
\$0.00
10. Please share brief information on your subdivision's overarching goals and priorities to provide context for this program year's spending decisions. **The Township would likely provide Morris County with our funds as we feel the County has established programs that benefit the Township and our residents.**
11. (This question is for counties only) Have you established an Advisory Committee to inform allocation of funds?
12. Did your subdivision engage the public (e.g., town hall meeting, online survey, convened stakeholders) prior to deciding how to use the opioid abatement funds you received? **No**
13. Please describe your public engagement/input efforts?
14. Does your county/subdivision have a strategic plan? **Yes**
15. Can we post your strategic plan online? **Yes, you may post it.**
16. Have you completed a risk assessment profile for demographic or geographic impact? **No**
17. Can we post your risk assessment online?

New Jersey 2023 Opioid Abatement Report

18. Please tell us your overall rationale for prioritizing the use of the opioid abatement funds that you received (e.g., are you using a needs assessment, a strategic or other plan, or an epidemiological analysis)? **We are using our internal policies as guidance.**

New Jersey 2023 Opioid Abatement Report

1. In what county are you located? **Morris County**
2. For which eligible subdivision (county or municipality) are you reporting? **Morris County**
3. What is your subdivision's State ID? **NJ147**
4. As an eligible subdivision (county or municipality) receiving opioid abatement funds, please tell us the following:
 - Full name of individual in your subdivision authorized to report on the settlement funds your subdivision received ("administrator " managing/overseeing these funds): **Addictions Coordinator, Rosalyn Suarez**
 - Name of Administering Agency: **Morris County Department of Human Services, Division of Community and Behavioral Health**
 - Business Address: **1 Medical Drive**
 - City/Town: **Morris Plains**
 - Lead Contact Phone Number: **(973) 285-6867**
5. As an eligible subdivision receiving abatement funds, which of the following applies to your current status regarding those funds? **We are a county and did not transfer our funds.**
6. What amount of your opioid abatement funds did you transfer to the county?
7. Please tell us the full amount of opioid abatement funds you received as of 6/30/23. **\$991,295.21**
8. Please tell us the amount of opioid abatement funds you have expended (as of 6/30/23). **\$0.00**
9. Of the total opioid abatement funds, what amount was spent on program administrative expenses? **\$0.00**
10. Please share brief information on your subdivision's overarching goals and priorities to provide context for this program year's spending decisions. **The County of Morris will post opioid settlement funding information on the County website which will include, but not be limited to, applications, awards, and State funding requirements. The County is going to focus on recommendation on treatment, prevention and other strategies to combat the opioid epidemic.**
11. (This question is for counties only) Have you established an Advisory Committee to inform allocation of funds? **We are in the process of doing this and will have our first meeting in September 2023.**
12. Did your subdivision engage the public (e.g., town hall meeting, online survey, convened stakeholders) prior to deciding how to use the opioid abatement funds you received? **No, but plan to in the future.**
13. Please describe your public engagement/input efforts?
14. Does your county/subdivision have a strategic plan? **No, but plan to develop one in the future.**
15. Can we post your strategic plan online?

New Jersey 2023 Opioid Abatement Report

16. Have you completed a risk assessment profile for demographic or geographic impact? **No, but we plan to in the future.**

17. Can we post your risk assessment online?

18. Please tell us your overall rationale for prioritizing the use of the opioid abatement funds that you received (e.g., are you using a needs assessment, a strategic or other plan, or an epidemiological analysis)? **The County will gather public input to develop priorities for the opioid settlement funds using current documents as well as newly gathered feedback which include the following: yearly priorities used in determining County and State funding recommendations, public hearings and surveys to gather input from the community.**

New Jersey 2023 Opioid Abatement Report

1. In what county are you located? **Morris County**
2. For which eligible subdivision (county or municipality) are you reporting? **Morris Township**
3. What is your subdivision's State ID? **NJ148**
4. As an eligible subdivision (county or municipality) receiving opioid abatement funds, please tell us the following:
Full name of individual in your subdivision authorized to report on the settlement funds your subdivision received ("administrator " managing/overseeing these funds): **Timothy Quinn**

Name of Administering Agency: **Morris Township**

Business Address: **P.O. Box 7603**

City/Town: **Convent Station**

Lead Contact Phone Number: **973-326-7360**
5. As an eligible subdivision receiving abatement funds, which of the following applies to your current status regarding those funds? **We are a municipality and did not transfer our funds.**
6. What amount of your opioid abatement funds did you transfer to the county?
7. Please tell us the full amount of opioid abatement funds you received as of 6/30/23. **\$39,613.04**
8. Please tell us the amount of opioid abatement funds you have expended (as of 6/30/23). **\$0.00**
9. Of the total opioid abatement funds, what amount was spent on program administrative expenses?
\$0.00
10. Please share brief information on your subdivision's overarching goals and priorities to provide context for this program year's spending decisions.
11. (This question is for counties only) Have you established an Advisory Committee to inform allocation of funds?
12. Did your subdivision engage the public (e.g., town hall meeting, online survey, convened stakeholders) prior to deciding how to use the opioid abatement funds you received? **No**
13. Please describe your public engagement/input efforts?
14. Does your county/subdivision have a strategic plan? **No, but plan to develop one in the future.**
15. Can we post your strategic plan online?
16. Have you completed a risk assessment profile for demographic or geographic impact? **No, but we plan to in the future.**
17. Can we post your risk assessment online?

New Jersey 2023 Opioid Abatement Report

18. Please tell us your overall rationale for prioritizing the use of the opioid abatement funds that you received (e.g., are you using a needs assessment, a strategic or other plan, or an epidemiological analysis)? **Needs assessment**

New Jersey 2023 Opioid Abatement Report

1. In what county are you located? **Morris County**
2. For which eligible subdivision (county or municipality) are you reporting? **MORRISTOWN**
3. What is your subdivision's State ID? **NJ149**
4. As an eligible subdivision (county or municipality) receiving opioid abatement funds, please tell us the following:
 - Full name of individual in your subdivision authorized to report on the settlement funds your subdivision received ("administrator " managing/overseeing these funds): **FRANK MASON**
 - Name of Administering Agency: **TOWN OF MORRISTOWN**
 - Business Address: **200 SOUTH ST PO BOX 914**
 - City/Town: **MORRISTOWN 07963-0914**
 - Lead Contact Phone Number: **973-292-6661**
5. As an eligible subdivision receiving abatement funds, which of the following applies to your current status regarding those funds? **We are a municipality and did not transfer our funds.**
6. What amount of your opioid abatement funds did you transfer to the county?
7. Please tell us the full amount of opioid abatement funds you received as of 6/30/23. **\$69,945.42**
8. Please tell us the amount of opioid abatement funds you have expended (as of 6/30/23). **\$0.00**
9. Of the total opioid abatement funds, what amount was spent on program administrative expenses?
\$0.00
10. Please share brief information on your subdivision's overarching goals and priorities to provide context for this program year's spending decisions. **PROVIDE OPIOID SAFETY**
11. (This question is for counties only) Have you established an Advisory Committee to inform allocation of funds?
12. Did your subdivision engage the public (e.g., town hall meeting, online survey, convened stakeholders) prior to deciding how to use the opioid abatement funds you received? **No**
13. Please describe your public engagement/input efforts?
14. Does your county/subdivision have a strategic plan? **No**
15. Can we post your strategic plan online?
16. Have you completed a risk assessment profile for demographic or geographic impact? **No**
17. Can we post your risk assessment online?

New Jersey 2023 Opioid Abatement Report

18. Please tell us your overall rationale for prioritizing the use of the opioid abatement funds that you received (e.g., are you using a needs assessment, a strategic or other plan, or an epidemiological analysis)?

New Jersey 2023 Opioid Abatement Report

1. In what county are you located? **Morris County**
2. For which eligible subdivision (county or municipality) are you reporting? **Mount Olive Township**
3. What is your subdivision's State ID? **NJ151**
4. As an eligible subdivision (county or municipality) receiving opioid abatement funds, please tell us the following:
Full name of individual in your subdivision authorized to report on the settlement funds your subdivision received ("administrator " managing/overseeing these funds): **Administrator**

Name of Administering Agency: **Mount Olive Township**

Business Address: **204 Flanders-Drakestown Road**

City/Town: **Budd Lake**

Lead Contact Phone Number: **19736910900**
5. As an eligible subdivision receiving abatement funds, which of the following applies to your current status regarding those funds? **We are a municipality and did not transfer our funds.**
6. What amount of your opioid abatement funds did you transfer to the county?
7. Please tell us the full amount of opioid abatement funds you received as of 6/30/23. **\$44,940.15**
8. Please tell us the amount of opioid abatement funds you have expended (as of 6/30/23). **n/a**
9. Of the total opioid abatement funds, what amount was spent on program administrative expenses?
n/a
10. Please share brief information on your subdivision's overarching goals and priorities to provide context for this program year's spending decisions. **n/a**
11. (This question is for counties only) Have you established an Advisory Committee to inform allocation of funds? **n/a**
12. Did your subdivision engage the public (e.g., town hall meeting, online survey, convened stakeholders) prior to deciding how to use the opioid abatement funds you received? **No**
13. Please describe your public engagement/input efforts?
14. Does your county/subdivision have a strategic plan? **No**
15. Can we post your strategic plan online?
16. Have you completed a risk assessment profile for demographic or geographic impact? **No**
17. Can we post your risk assessment online?

New Jersey 2023 Opioid Abatement Report

18. Please tell us your overall rationale for prioritizing the use of the opioid abatement funds that you received (e.g., are you using a needs assessment, a strategic or other plan, or an epidemiological analysis)? **n/a**

New Jersey 2023 Opioid Abatement Report

1. In what county are you located? **Morris County**
2. For which eligible subdivision (county or municipality) are you reporting? **Parsippany-Troy Hills Township**
3. What is your subdivision's State ID? **NJ170**
4. As an eligible subdivision (county or municipality) receiving opioid abatement funds, please tell us the following:
 - Full name of individual in your subdivision authorized to report on the settlement funds your subdivision received ("administrator " managing/overseeing these funds): **James Cryan**
 - Name of Administering Agency: **Township of Parsippany - Troy Hills**
 - Business Address: **1001 Parsippany Blvd**
 - City/Town: **Parsippany**
 - Lead Contact Phone Number: **973-263-4391**
5. As an eligible subdivision receiving abatement funds, which of the following applies to your current status regarding those funds? **We are a municipality and did not transfer our funds.**
6. What amount of your opioid abatement funds did you transfer to the county?
7. Please tell us the full amount of opioid abatement funds you received as of 6/30/23. **\$82,443.67**
8. Please tell us the amount of opioid abatement funds you have expended (as of 6/30/23). **\$0.00**
9. Of the total opioid abatement funds, what amount was spent on program administrative expenses? **\$0.00**
10. Please share brief information on your subdivision's overarching goals and priorities to provide context for this program year's spending decisions.
11. (This question is for counties only) Have you established an Advisory Committee to inform allocation of funds?
12. Did your subdivision engage the public (e.g., town hall meeting, online survey, convened stakeholders) prior to deciding how to use the opioid abatement funds you received? **No**
13. Please describe your public engagement/input efforts?
14. Does your county/subdivision have a strategic plan? **No**
15. Can we post your strategic plan online?
16. Have you completed a risk assessment profile for demographic or geographic impact? **No**
17. Can we post your risk assessment online?

New Jersey 2023 Opioid Abatement Report

18. Please tell us your overall rationale for prioritizing the use of the opioid abatement funds that you received (e.g., are you using a needs assessment, a strategic or other plan, or an epidemiological analysis)? **Other plan**

New Jersey 2023 Opioid Abatement Report

1. In what county are you located? **Morris County**
2. For which eligible subdivision (county or municipality) are you reporting? **Pequannock Township**
3. What is your subdivision's State ID? **NJ177**
4. As an eligible subdivision (county or municipality) receiving opioid abatement funds, please tell us the following:
Full name of individual in your subdivision authorized to report on the settlement funds your subdivision received ("administrator " managing/overseeing these funds): **Adam Brewer**

Name of Administering Agency: **Township of Pequannock**

Business Address: **530 Newark-Pompton Tpk**

City/Town: **Pompton Plains**

Lead Contact Phone Number: **973-835-5700**
5. As an eligible subdivision receiving abatement funds, which of the following applies to your current status regarding those funds? **We are a county and did not transfer our funds.**
6. What amount of your opioid abatement funds did you transfer to the county?
7. Please tell us the full amount of opioid abatement funds you received as of 6/30/23. **\$39,844.66**
8. Please tell us the amount of opioid abatement funds you have expended (as of 6/30/23). **\$0.00**
9. Of the total opioid abatement funds, what amount was spent on program administrative expenses? **\$0.00**
10. Please share brief information on your subdivision's overarching goals and priorities to provide context for this program year's spending decisions.
11. (This question is for counties only) Have you established an Advisory Committee to inform allocation of funds?
12. Did your subdivision engage the public (e.g., town hall meeting, online survey, convened stakeholders) prior to deciding how to use the opioid abatement funds you received? **No**
13. Please describe your public engagement/input efforts?
14. Does your county/subdivision have a strategic plan? **No**
15. Can we post your strategic plan online?
16. Have you completed a risk assessment profile for demographic or geographic impact? **No**
17. Can we post your risk assessment online?

New Jersey 2023 Opioid Abatement Report

18. Please tell us your overall rationale for prioritizing the use of the opioid abatement funds that you received (e.g., are you using a needs assessment, a strategic or other plan, or an epidemiological analysis)?

New Jersey 2023 Opioid Abatement Report

1. In what county are you located? **Morris County**
2. For which eligible subdivision (county or municipality) are you reporting? **Randolph Township**
3. What is your subdivision's State ID? **NJ190**
4. As an eligible subdivision (county or municipality) receiving opioid abatement funds, please tell us the following:
Full name of individual in your subdivision authorized to report on the settlement funds your subdivision received ("administrator " managing/overseeing these funds): **Gregory V Poff II**

Name of Administering Agency: **Randolph Township**

Business Address: **502 Millbrook Avenue**

City/Town: **Randolph**

Lead Contact Phone Number: **973-989-7060**
5. As an eligible subdivision receiving abatement funds, which of the following applies to your current status regarding those funds? **We are a municipality and did not transfer our funds.**
6. What amount of your opioid abatement funds did you transfer to the county?
7. Please tell us the full amount of opioid abatement funds you received as of 6/30/23. **\$35,880.24**
8. Please tell us the amount of opioid abatement funds you have expended (as of 6/30/23). **\$0.00**
9. Of the total opioid abatement funds, what amount was spent on program administrative expenses?
\$0.00
10. Please share brief information on your subdivision's overarching goals and priorities to provide context for this program year's spending decisions.
Support county and local initiatives through evidence informed programs and strategies
11. (This question is for counties only) Have you established an Advisory Committee to inform allocation of funds?
12. Did your subdivision engage the public (e.g., town hall meeting, online survey, convened stakeholders) prior to deciding how to use the opioid abatement funds you received? **No, but plan to in the future.**
13. Please describe your public engagement/input efforts?
14. Does your county/subdivision have a strategic plan? **No**
15. Can we post your strategic plan online?
16. Have you completed a risk assessment profile for demographic or geographic impact? **No**

New Jersey 2023 Opioid Abatement Report

17. Can we post your risk assessment online?

18. Please tell us your overall rationale for prioritizing the use of the opioid abatement funds that you received (e.g., are you using a needs assessment, a strategic or other plan, or an epidemiological analysis)? **Conduct a local needs assessment and consult with county officials**

Program 1

19. Program name/title: **Drug take-back disposal**

Agency/funding recipient name: **Randolph Township**

Primary problem being addressed by this program: **Prevent misuse of opioids**

Brief program description: **Install drug-take back receptacle in police department**

Program target population: **General population**

Date this program was funded (please use M/D/Y): **0/0/0**

Amount of funding for this program: **TBD**

Program launch date: **TBD**

If program has started, how many clients have been seen as of 6/30/2023: **NA**

What key performance indicators are you tracking to ensure success of the program? **Amount of drugs collected/destroyed**

Please state this program's statement of impact: **Supports efforts to discourage or prevent misuse of opioids**

How do you plan to measure or track success and impact of this program? **Amount of drugs collected/destroyed**

20. Primary Category (Please select the category that fits the primary focus of this program). **Harm Reduction**

21. The following are other categories that may apply (include all categories with the exception of the Primary category you chose above). **Overdose Prevention**

22. Please choose the length of time of this program's duration: **5+ years**

Other (please specify):

23. How often are you disbursing funds to this program? **Annually**

Other (please specify):

24. Rationale for Program

What is the reason for this program spending choice? **Meet community need**

New Jersey 2023 Opioid Abatement Report

What outcomes or impact does the program aim to achieve? **Supports efforts to discourage or prevent misuse of opioids**

What is the anticipated number of unduplicated clients this program will reach annually? **TBD**

25. Do you have other programs you are funding and/or operating with opioid abatement funds? **Yes**

Program 2

19. Program name/title: **Increased availability and distribution of naloxone**

Agency/funding recipient name: **Randolph Township**

Primary problem being addressed by this program: **Prevent overdose deaths and other harms**

Brief program description: **Increased availability and distribution of naloxone through health department and/or schools**

Program target population: **General population**

Date this program was funded (please use M/D/Y): **0/0/0**

Amount of funding for this program: **TBD**

Program launch date: **0/0/0**

If program has started, how many clients have been seen as of 6/30/2023: **NA**

What key performance indicators are you tracking to ensure success of the program? **Amount of naloxone distributed and number of people served**

Please state this program's statement of impact: **Prevent overdose deaths**

How do you plan to measure or track success and impact of this program? **Maintaining records of amount of naloxone distributed and number of people served**

20. Primary Category (Please select the category that fits the primary focus of this program). **Harm Reduction**

21. The following are other categories that may apply (include all categories with the exception of the Primary category you chose above). **Overdose Prevention**

22. Please choose the length of time of this program's duration: **4-5 years**

Other (please specify):

23. How often are you disbursing funds to this program? **Annually**

Other (please specify):

24. Rationale for Program

What is the reason for this program spending choice? **Prevent overdose deaths and other harms**

New Jersey 2023 Opioid Abatement Report

What outcomes or impact does the program aim to achieve? **Prevent or reduce overdose deaths or other related harms**

What is the anticipated number of unduplicated clients this program will reach annually? **TBD**

25. Do you have other programs you are funding and/or operating with opioid abatement funds? **Yes**

Program 3

19. Program name/title: **Other strategies for first responders**

Agency/funding recipient name: **Randolph Township**

Primary problem being addressed by this program: **Other strategies**

Brief program description: **Provision of wellness and support services for first responders and others who experience secondary trauma associated with opioid-related emergency events.**

Program target population: **First responders**

Date this program was funded (please use M/D/Y): **0/0/0**

Amount of funding for this program: **TBD**

Program launch date: **0/0/0**

If program has started, how many clients have been seen as of 6/30/2023: **NA**

What key performance indicators are you tracking to ensure success of the program? **Number of first responders served**

Please state this program's statement of impact: **Provision of wellness and support services for first responders and others who experience secondary trauma associated with opioid-related emergency events.**

How do you plan to measure or track success and impact of this program? **Number of first responders served**

20. Primary Category (Please select the category that fits the primary focus of this program). **Harm Reduction**

21. The following are other categories that may apply (include all categories with the exception of the Primary category you chose above). **None of the above**

22. Please choose the length of time of this program's duration: **4-5 years**

Other (please specify):

23. How often are you disbursing funds to this program? **Annually**

Other (please specify):

New Jersey 2023 Opioid Abatement Report

24. Rationale for Program

What is the reason for this program spending choice? **Assist first responders who experience secondary trauma associated with opioid-related emergency events.**

What outcomes or impact does the program aim to achieve? **Harm reduction through supporting first responders**

What is the anticipated number of unduplicated clients this program will reach annually? **TBD**

25. Do you have other programs you are funding and/or operating with opioid abatement funds? **Yes**

Program 4

19. Program name/title: **Treat opioid use disorder**

Agency/funding recipient name: **Morris County**

Primary problem being addressed by this program: **Support treatment of Opioid Use Disorder**

Brief program description: **Support and reimburse evidence-based services that adhere to the American Society of Addiction Medicine ("ASAM") continuum of care for OUD**

Program target population: **Opioid users**

Date this program was funded (please use M/D/Y): **0/0/0**

Amount of funding for this program: **TBD**

Program launch date: **0/0/0**

If program has started, how many clients have been seen as of 6/30/2023: **TBD**

What key performance indicators are you tracking to ensure success of the program? **Number of persons treated**

Please state this program's statement of impact: **Support treatment of Opioid Use Disorder**

How do you plan to measure or track success and impact of this program? **Number of persons treated**

20. Primary Category (Please select the category that fits the primary focus of this program).
Treatment

21. The following are other categories that may apply (include all categories with the exception of the Primary category you chose above). **None of the above**

22. Please choose the length of time of this program's duration: **4-5 years**

Other (please specify):

23. How often are you disbursing funds to this program? **Annually**

New Jersey 2023 Opioid Abatement Report

Other (please specify):

24. Rationale for Program

What is the reason for this program spending choice? **Support treatment of Opioid Use Disorder**

What outcomes or impact does the program aim to achieve? **Support and reimburse evidence-based services that adhere to the American Society of Addiction Medicine ("ASAM") continuum of care for OUD**

What is the anticipated number of unduplicated clients this program will reach annually? **TBD**

25. Do you have other programs you are funding and/or operating with opioid abatement funds? **No**

New Jersey 2023 Opioid Abatement Report

1. In what county are you located? **Morris County**
2. For which eligible subdivision (county or municipality) are you reporting? **Rockaway Township**
3. What is your subdivision's State ID? **NJ200**
4. As an eligible subdivision (county or municipality) receiving opioid abatement funds, please tell us the following:
 - Full name of individual in your subdivision authorized to report on the settlement funds your subdivision received ("administrator " managing/overseeing these funds): **Lisa Palmieri**
 - Name of Administering Agency: **Rockaway Township**
 - Business Address: **65 Mount Hope Road**
 - City/Town: **Rockaway**
 - Lead Contact Phone Number: **973-983-2825 ext. 2011**
5. As an eligible subdivision receiving abatement funds, which of the following applies to your current status regarding those funds? **We are a municipality and did not transfer our funds.**
6. What amount of your opioid abatement funds did you transfer to the county?
7. Please tell us the full amount of opioid abatement funds you received as of 6/30/23. **\$54,261.84**
8. Please tell us the amount of opioid abatement funds you have expended (as of 6/30/23). **\$0.00**
9. Of the total opioid abatement funds, what amount was spent on program administrative expenses? **\$0.00**
10. Please share brief information on your subdivision's overarching goals and priorities to provide context for this program year's spending decisions.
Rockaway Township aims to implement educational programs and training focused on prevention, support for dependents of those with OUD, and encouragement of alternate treatments where possible.
11. (This question is for counties only) Have you established an Advisory Committee to inform allocation of funds?
12. Did your subdivision engage the public (e.g., town hall meeting, online survey, convened stakeholders) prior to deciding how to use the opioid abatement funds you received? **No, but plan to in the future.**
13. Please describe your public engagement/input efforts?
14. Does your county/subdivision have a strategic plan? **No**
15. Can we post your strategic plan online?

New Jersey 2023 Opioid Abatement Report

16. Have you completed a risk assessment profile for demographic or geographic impact? **No, but we plan to in the future.**

17. Can we post your risk assessment online?

18. Please tell us your overall rationale for prioritizing the use of the opioid abatement funds that you received (e.g., are you using a needs assessment, a strategic or other plan, or an epidemiological analysis)?

We're currently in the process of creating a needs assessment; we are also developing a coalition for community input/involvement in prevention strategies.

Program 1

19. Program name/title: **7 Habits of Highly Effective Teens**

Agency/funding recipient name: **Prevention is Key**

Primary problem being addressed by this program: **Alcohol and drug use**

Brief program description: **Introducing seven healthy habits that will encourage resiliency, leadership and making healthy life choices.**

Program target population: **Middle and high school students**

Date this program was funded (please use M/D/Y): **TBD**

Amount of funding for this program: **\$1650 for 6 sessions**

Program launch date: **TBD**

If program has started, how many clients have been seen as of 6/30/2023: **N/A**

What key performance indicators are you tracking to ensure success of the program? **N/A**

Please state this program's statement of impact: **N/A**

How do you plan to measure or track success and impact of this program? **N/A**

20. Primary Category (Please select the category that fits the primary focus of this program).

Prevention and Education

21. The following are other categories that may apply (include all categories with the exception of the Primary category you chose above). **Harm Reduction, Overdose Prevention, Long-Term Resiliency**

22. Please choose the length of time of this program's duration: **Less than 1 year**

Other (please specify):

23. How often are you disbursing funds to this program? **One time only**

Other (please specify):

24. Rationale for Program

New Jersey 2023 Opioid Abatement Report

What is the reason for this program spending choice? **Spending time and money on prevention will hopefully lead to less of a need or spending on**

What outcomes or impact does the program aim to achieve? **More resilient, confident young adults who are less likely to succumb to an unhealthy "high."**

What is the anticipated number of unduplicated clients this program will reach annually? **N/A**

25. Do you have other programs you are funding and/or operating with opioid abatement funds? **Yes**

Program 2

19. Program name/title: **Cannabis 101**

Agency/funding recipient name: **Prevention is Key**

Primary problem being addressed by this program: **Impact of cannabis on adolescent brains.**

Brief program description: **Informative session touching on current use trends, various forms and potency of cannabis and the potential cognitive impacts on adolescents.**

Program target population: **Middle school and high school students.**

Date this program was funded (please use M/D/Y): **TBD**

Amount of funding for this program: **\$750/session**

Program launch date: **TBD**

If program has started, how many clients have been seen as of 6/30/2023: **N/A**

What key performance indicators are you tracking to ensure success of the program? **N/A**

Please state this program's statement of impact: **N/A**

How do you plan to measure or track success and impact of this program? **N/A**

20. Primary Category (Please select the category that fits the primary focus of this program). **Harm Reduction**

21. The following are other categories that may apply (include all categories with the exception of the Primary category you chose above). **Overdose Prevention, Prevention and Education**

22. Please choose the length of time of this program's duration: **Less than 1 year**

Other (please specify):

23. How often are you disbursing funds to this program? **One time only**

Other (please specify):

24. Rationale for Program

New Jersey 2023 Opioid Abatement Report

What is the reason for this program spending choice? **Ensuring that young adults are aware of the reality of cannabis use and its effects.**

What outcomes or impact does the program aim to achieve? **Helping young adults make informed, healthy decisions about what is safe and/or smart to ingest. To make them aware that even though cannabis is legal, that does not mean it is healthy for adolescents.**

What is the anticipated number of unduplicated clients this program will reach annually? **N/A**

25. Do you have other programs you are funding and/or operating with opioid abatement funds? **Yes**

Program 3

19. Program name/title: **Escape the Vape**

Agency/funding recipient name: **Prevention is Key**

Primary problem being addressed by this program: **Harm caused by electronic nicotine delivery systems.**

Brief program description: **Informative program that discusses marketing, FDA regulations and New Jersey state laws, as well as the harm caused by using these products.**

Program target population: **Middle and high school students**

Date this program was funded (please use M/D/Y): **TBD**

Amount of funding for this program: **\$750/session**

Program launch date: **TBD**

If program has started, how many clients have been seen as of 6/30/2023: **N/A**

What key performance indicators are you tracking to ensure success of the program? **N/A**

Please state this program's statement of impact: **N/A**

How do you plan to measure or track success and impact of this program? **N/A**

20. Primary Category (Please select the category that fits the primary focus of this program).
Prevention and Education

21. The following are other categories that may apply (include all categories with the exception of the Primary category you chose above). **Harm Reduction, Prevention and Education**

22. Please choose the length of time of this program's duration: **Less than 1 year**

Other (please specify):

23. How often are you disbursing funds to this program? **One time only**

Other (please specify):

New Jersey 2023 Opioid Abatement Report

24. Rationale for Program

What is the reason for this program spending choice? **The vape campaign in the United States is aimed towards adolescents and is harmfully deceptive.**

What outcomes or impact does the program aim to achieve? **We hope to give participants the opportunity to see the truth behind the clever marketing and make healthy choices moving forward.**

What is the anticipated number of unduplicated clients this program will reach annually? **N/A**

25. Do you have other programs you are funding and/or operating with opioid abatement funds? **No**

New Jersey 2023 Opioid Abatement Report

1. In what county are you located? **Morris County**
2. For which eligible subdivision (county or municipality) are you reporting? **Roxbury Township**
3. What is your subdivision's State ID? **NJ203**
4. As an eligible subdivision (county or municipality) receiving opioid abatement funds, please tell us the following:
 - Full name of individual in your subdivision authorized to report on the settlement funds your subdivision received ("administrator " managing/overseeing these funds): **Valarie Wyble**
 - Name of Administering Agency: **Township of Roxbury**
 - Business Address: **1715 Route 46**
 - City/Town: **Ledgewood**
 - Lead Contact Phone Number: **973-448-2005**
5. As an eligible subdivision receiving abatement funds, which of the following applies to your current status regarding those funds? **We are a municipality and did not transfer our funds.**
6. What amount of your opioid abatement funds did you transfer to the county?
7. Please tell us the full amount of opioid abatement funds you received as of 6/30/23. **\$59,958.66**
8. Please tell us the amount of opioid abatement funds you have expended (as of 6/30/23). **\$0.00**
9. Of the total opioid abatement funds, what amount was spent on program administrative expenses? **\$0.00**
10. Please share brief information on your subdivision's overarching goals and priorities to provide context for this program year's spending decisions.
11. (This question is for counties only) Have you established an Advisory Committee to inform allocation of funds?
12. Did your subdivision engage the public (e.g., town hall meeting, online survey, convened stakeholders) prior to deciding how to use the opioid abatement funds you received? **No, but plan to develop one in the future.**
13. Please describe your public engagement/input efforts?
14. Does your county/subdivision have a strategic plan? **No**
15. Can we post your strategic plan online?
16. Have you completed a risk assessment profile for demographic or geographic impact? **No, but we plan to in the future.**
17. Can we post your risk assessment online?

New Jersey 2023 Opioid Abatement Report

18. Please tell us your overall rationale for prioritizing the use of the opioid abatement funds that you received (e.g., are you using a needs assessment, a strategic or other plan, or an epidemiological analysis)? **Strategic or other plan**

New Jersey 2023 Opioid Abatement Report

1. In what county are you located? **Morris County**
2. For which eligible subdivision (county or municipality) are you reporting? **Washington Township**
3. What is your subdivision's State ID? **NJ245**
4. As an eligible subdivision (county or municipality) receiving opioid abatement funds, please tell us the following:
Full name of individual in your subdivision authorized to report on the settlement funds your subdivision received ("administrator " managing/overseeing these funds): **Administrator**

Name of Administering Agency: **Charles Daniel**

Business Address: **43 Schooley's Mountain Road**

City/Town: **Long Valley**

Lead Contact Phone Number: **908-876-8621**
5. As an eligible subdivision receiving abatement funds, which of the following applies to your current status regarding those funds? **We are a municipality and did not transfer our funds.**
6. What amount of your opioid abatement funds did you transfer to the county?
7. Please tell us the full amount of opioid abatement funds you received as of 6/30/23. **\$26,042.69**
8. Please tell us the amount of opioid abatement funds you have expended (as of 6/30/23). **\$0.00**
9. Of the total opioid abatement funds, what amount was spent on program administrative expenses?
\$0.00
10. Please share brief information on your subdivision's overarching goals and priorities to provide context for this program year's spending decisions.
Township committee will be assessing and prioritizing goals for the program's spending decisions.
11. (This question is for counties only) Have you established an Advisory Committee to inform allocation of funds?
12. Did your subdivision engage the public (e.g., town hall meeting, online survey, convened stakeholders) prior to deciding how to use the opioid abatement funds you received? **No, but plan to in the future.**
13. Please describe your public engagement/input efforts?
14. Does your county/subdivision have a strategic plan? **No, but plan to develop one in the future.**
15. Can we post your strategic plan online?
16. Have you completed a risk assessment profile for demographic or geographic impact? **No**

New Jersey 2023 Opioid Abatement Report

17. Can we post your risk assessment online?

18. Please tell us your overall rationale for prioritizing the use of the opioid abatement funds that you received (e.g., are you using a needs assessment, a strategic or other plan, or an epidemiological analysis)?

A needs assessment and strategy to implement the plan will be determined by the township committee.

New Jersey 2023 Opioid Abatement Report

1. In what county are you located? **Ocean County**
2. For which eligible subdivision (county or municipality) are you reporting? **BARNEGAT TOWNSHIP**
3. What is your subdivision's State ID? **NJ5**
4. As an eligible subdivision (county or municipality) receiving opioid abatement funds, please tell us the following:
Full name of individual in your subdivision authorized to report on the settlement funds your subdivision received ("administrator " managing/overseeing these funds): **THOMAS LOMBARSKI**

Name of Administering Agency: **BARNEGAT TOWNSHIP**

Business Address: **900 W. BAY AVENUE**

City/Town: **BARNEGAT**

Lead Contact Phone Number: **609-698-0080 ext. 160**
5. As an eligible subdivision receiving abatement funds, which of the following applies to your current status regarding those funds? **We are a municipality and did not transfer our funds.**
6. What amount of your opioid abatement funds did you transfer to the county?
7. Please tell us the full amount of opioid abatement funds you received as of 6/30/23. **\$68,395.63**
8. Please tell us the amount of opioid abatement funds you have expended (as of 6/30/23). **\$1,247.56**
9. Of the total opioid abatement funds, what amount was spent on program administrative expenses?
\$0.00
10. Please share brief information on your subdivision's overarching goals and priorities to provide context for this program year's spending decisions. **Mainly starting use of funds for Opioid prevention, education and awareness**
11. (This question is for counties only) Have you established an Advisory Committee to inform allocation of funds?
12. Did your subdivision engage the public (e.g., town hall meeting, online survey, convened stakeholders) prior to deciding how to use the opioid abatement funds you received? **No**
13. Please describe your public engagement/input efforts?
14. Does your county/subdivision have a strategic plan? **No, but plan to develop one in the future.**
15. Can we post your strategic plan online?
16. Have you completed a risk assessment profile for demographic or geographic impact? **No**
17. Can we post your risk assessment online?

New Jersey 2023 Opioid Abatement Report

18. Please tell us your overall rationale for prioritizing the use of the opioid abatement funds that you received (e.g., are you using a needs assessment, a strategic or other plan, or an epidemiological analysis)? **Needs assessment**

Program 1

19. Program name/title: **Participation in the DEA National Rx Drug Take Back Day**

Agency/funding recipient name: **Barnegat Police Department**

Primary problem being addressed by this program: **N/A**

Brief program description: **N/A**

Program target population: **Township – about 23,000**

Date this program was funded (please use M/D/Y): **4/22/2023**

Amount of funding for this program: **\$1,247.56**

Program launch date: **4/22/2023**

If program has started, how many clients have been seen as of 6/30/2023: **N/A**

What key performance indicators are you tracking to ensure success of the program? **N/A**

Please state this program's statement of impact: **N/A**

How do you plan to measure or track success and impact of this program? **N/A**

20. Primary Category (Please select the category that fits the primary focus of this program). **Harm Reduction**

21. The following are other categories that may apply (include all categories with the exception of the Primary category you chose above). **Overdose Prevention, Prevention and Education**

22. Please choose the length of time of this program's duration: **Less than 1 year**

Other (please specify):

23. How often are you disbursing funds to this program? **One time only**

Other (please specify):

24. Rationale for Program

What is the reason for this program spending choice? **N/A**

What outcomes or impact does the program aim to achieve? **N/A**

What is the anticipated number of unduplicated clients this program will reach annually? **N/A**

New Jersey 2023 Opioid Abatement Report

25. Do you have other programs you are funding and/or operating with opioid abatement funds? **No**

New Jersey 2023 Opioid Abatement Report

1. In what county are you located? **Ocean County**
2. For which eligible subdivision (county or municipality) are you reporting? **Beachwood Borough**
3. What is your subdivision's State ID? **NJ7**
4. As an eligible subdivision (county or municipality) receiving opioid abatement funds, please tell us the following:
Full name of individual in your subdivision authorized to report on the settlement funds your subdivision received ("administrator " managing/overseeing these funds): **Jennifer Martin**

Name of Administering Agency: **Beachwood Borough**

Business Address: **1600 Pinewald Road**

City/Town: **Beachwood**

Lead Contact Phone Number: **732-286-6000 x 212**
5. As an eligible subdivision receiving abatement funds, which of the following applies to your current status regarding those funds? **We are a municipality and did not transfer our funds.**
6. What amount of your opioid abatement funds did you transfer to the county?
7. Please tell us the full amount of opioid abatement funds you received as of 6/30/23. **\$6,169.85**
8. Please tell us the amount of opioid abatement funds you have expended (as of 6/30/23). **\$4,000.00**
9. Of the total opioid abatement funds, what amount was spent on program administrative expenses?
\$0.00
10. Please share brief information on your subdivision's overarching goals and priorities to provide context for this program year's spending decisions.
11. (This question is for counties only) Have you established an Advisory Committee to inform allocation of funds?
12. Did your subdivision engage the public (e.g., town hall meeting, online survey, convened stakeholders) prior to deciding how to use the opioid abatement funds you received? **No, but plan to in the future.**
13. Please describe your public engagement/input efforts?
14. Does your county/subdivision have a strategic plan? **No, but plan to develop one in the future.**
15. Can we post your strategic plan online?
16. Have you completed a risk assessment profile for demographic or geographic impact? **No, but we plan to in the future.**

New Jersey 2023 Opioid Abatement Report

17. Can we post your risk assessment online?

18. Please tell us your overall rationale for prioritizing the use of the opioid abatement funds that you received (e.g., are you using a needs assessment, a strategic or other plan, or an epidemiological analysis)? **Needs assessment**

Program 1

19. Program name/title: **MA Enhancement/Prevention and education**

Agency/funding recipient name: **Health Department**

Primary problem being addressed by this program: **Education and prevention**

Brief program description: **To enhance our Municipal Alliance program already in place**

Program target population: **Community**

Date this program was funded (please use M/D/Y): **8/18/2023**

Amount of funding for this program: **\$4,000.00**

Program launch date: **Already in place**

If program has started, how many clients have been seen as of 6/30/2023: **n/a**

What key performance indicators are you tracking to ensure success of the program? **n/a**

Please state this program's statement of impact: **n/a**

How do you plan to measure or track success and impact of this program? **n/a**

20. Primary Category (Please select the category that fits the primary focus of this program).
Prevention and Education

21. The following are other categories that may apply (include all categories with the exception of the Primary category you chose above). **Prevention and Education**

22. Please choose the length of time of this program's duration: **5+ years**

Other (please specify):

23. How often are you disbursing funds to this program? **One time only**

Other (please specify):

24. Rationale for Program

What is the reason for this program spending choice? **Enhance knowledge to the community**

What outcomes or impact does the program aim to achieve? **Education and prevention**

What is the anticipated number of unduplicated clients this program will reach annually? **250**

New Jersey 2023 Opioid Abatement Report

25. Do you have other programs you are funding and/or operating with opioid abatement funds? **No**

New Jersey 2023 Opioid Abatement Report

1. In what county are you located? **Ocean County**
2. For which eligible subdivision (county or municipality) are you reporting? **Berkeley Township**
3. What is your subdivision's State ID? **NJ13**

NO REPORT RECEIVED

New Jersey 2023 Opioid Abatement Report

1. In what county are you located? **Ocean County**
2. For which eligible subdivision (county or municipality) are you reporting? **Brick Township**
3. What is your subdivision's State ID? **NJ19**
4. As an eligible subdivision (county or municipality) receiving opioid abatement funds, please tell us the following:
Full name of individual in your subdivision authorized to report on the settlement funds your subdivision received ("administrator " managing/overseeing these funds): **Maureen Laffey-Berg**

Name of Administering Agency: **Brick Township**

Business Address: **401 Chambersbridge Rd**

City/Town: **Brick**

Lead Contact Phone Number: **732-262-1077**
5. As an eligible subdivision receiving abatement funds, which of the following applies to your current status regarding those funds? **We are a municipality and did not transfer our funds.**
6. What amount of your opioid abatement funds did you transfer to the county?
7. Please tell us the full amount of opioid abatement funds you received as of 6/30/23. **\$12,452.57**
8. Please tell us the amount of opioid abatement funds you have expended (as of 6/30/23). **\$0.00**
9. Of the total opioid abatement funds, what amount was spent on program administrative expenses?
\$0.00
10. Please share brief information on your subdivision's overarching goals and priorities to provide context for this program year's spending decisions.
Emphasis on existing opioid programs already in place and expand our community outreach through education and support services.
11. (This question is for counties only) Have you established an Advisory Committee to inform allocation of funds?
12. Did your subdivision engage the public (e.g., town hall meeting, online survey, convened stakeholders) prior to deciding how to use the opioid abatement funds you received? **No, but plan to in the future.**
13. Please describe your public engagement/input efforts?
14. Does your county/subdivision have a strategic plan? **No, but plan to develop one in the future.**
15. Can we post your strategic plan online?
16. Have you completed a risk assessment profile for demographic or geographic impact? **No, but we plan to in the future.**

New Jersey 2023 Opioid Abatement Report

17. Can we post your risk assessment online?

18. Please tell us your overall rationale for prioritizing the use of the opioid abatement funds that you received (e.g., are you using a needs assessment, a strategic or other plan, or an epidemiological analysis)? **Needs assessment**

Program 1

19. Program name/title: **Brick Municipal Anti-Drug Coalition (BMAC)**

Agency/funding recipient name: **Brick Township**

Primary problem being addressed by this program: **Drug addiction**

Brief program description: **Provide substance abuse prevention programs and services for the community**

Program target population: **Youth and adults**

Date this program was funded (please use M/D/Y): **01/01/2023**

Amount of funding for this program: **\$0.00**

Program launch date: **01/01/2023**

If program has started, how many clients have been seen as of 6/30/2023: **Unknown**

What key performance indicators are you tracking to ensure success of the program? **Volume and calls for service, decrease in recidivism**

Please state this program's statement of impact: **Provide substance abuse prevention programs and services for the community. Reducing prescription medication misuse, particularly opiates.**

How do you plan to measure or track success and impact of this program? **Volume and calls for service, decrease in recidivism**

20. Primary Category (Please select the category that fits the primary focus of this program).
Prevention and Education

21. The following are other categories that may apply (include all categories with the exception of the Primary category you chose above). **Overdose Prevention**

22. Please choose the length of time of this program's duration: **5+ years**

Other (please specify):

23. How often are you disbursing funds to this program? **Annually**

Other (please specify):

24. Rationale for Program

New Jersey 2023 Opioid Abatement Report

What is the reason for this program spending choice? **Provide substance abuse prevention programs and services for the community**

What outcomes or impact does the program aim to achieve? **Reducing prescription medication misuse, particularly opiates.**

What is the anticipated number of unduplicated clients this program will reach annually?

25. Do you have other programs you are funding and/or operating with opioid abatement funds? **No**

New Jersey 2023 Opioid Abatement Report

1. In what county are you located? **Ocean County**
2. For which eligible subdivision (county or municipality) are you reporting? **Jackson Township**
3. What is your subdivision's State ID? **NJ102**
4. As an eligible subdivision (county or municipality) receiving opioid abatement funds, please tell us the following:
 - Full name of individual in your subdivision authorized to report on the settlement funds your subdivision received ("administrator " managing/overseeing these funds): **Terence M. Wall**
 - Name of Administering Agency: **Jackson Township**
 - Business Address: **95 West Veterans Highway**
 - City/Town: **Jackson**
 - Lead Contact Phone Number: **732-928-1200 ext. 1310**
5. As an eligible subdivision receiving abatement funds, which of the following applies to your current status regarding those funds? **We are a municipality and did not transfer our funds.**
6. What amount of your opioid abatement funds did you transfer to the county?
7. Please tell us the full amount of opioid abatement funds you received as of 6/30/23. **\$112,270.15**
8. Please tell us the amount of opioid abatement funds you have expended (as of 6/30/23). **\$0.00**
9. Of the total opioid abatement funds, what amount was spent on program administrative expenses?
\$0.00
10. Please share brief information on your subdivision's overarching goals and priorities to provide context for this program year's spending decisions. **N/A**
11. (This question is for counties only) Have you established an Advisory Committee to inform allocation of funds?
12. Did your subdivision engage the public (e.g., town hall meeting, online survey, convened stakeholders) prior to deciding how to use the opioid abatement funds you received? **No, but plan to in the future.**
13. Please describe your public engagement/input efforts?
14. Does your county/subdivision have a strategic plan? **No**
15. Can we post your strategic plan online?
16. Have you completed a risk assessment profile for demographic or geographic impact? **No**
17. Can we post your risk assessment online?

New Jersey 2023 Opioid Abatement Report

18. Please tell us your overall rationale for prioritizing the use of the opioid abatement funds that you received (e.g., are you using a needs assessment, a strategic or other plan, or an epidemiological analysis)? **Overall rationale is intended to be tied to education, recovery and enforcement related to opioids-program to be determined.**

New Jersey 2023 Opioid Abatement Report

1. In what county are you located? **Ocean County**
2. For which eligible subdivision (county or municipality) are you reporting? **Lacey Township**
3. What is your subdivision's State ID? **NJ106**
4. As an eligible subdivision (county or municipality) receiving opioid abatement funds, please tell us the following:
Full name of individual in your subdivision authorized to report on the settlement funds your subdivision received ("administrator " managing/overseeing these funds): **VERONICA LAUREIGH**

Name of Administering Agency: **LACEY TOWNSHIP**

Business Address: **818 LACEY ROAD**

City/Town: **Forked River**

Lead Contact Phone Number: **609-693-1100**
5. As an eligible subdivision receiving abatement funds, which of the following applies to your current status regarding those funds? **We are a municipality and did not transfer our funds.**
6. What amount of your opioid abatement funds did you transfer to the county?
7. Please tell us the full amount of opioid abatement funds you received as of 6/30/23. **\$63,167.60**
8. Please tell us the amount of opioid abatement funds you have expended (as of 6/30/23). **\$7,993.09**
9. Of the total opioid abatement funds, what amount was spent on program administrative expenses?
\$0.00
10. Please share brief information on your subdivision's overarching goals and priorities to provide context for this program year's spending decisions.
Our goal is to reduce the impact of opioids, stimulants and other substances on individuals, families and our community by supporting comprehensive collaborative initiatives. Expanding our comprehensive programs in response to illicit opioid, stimulants or other substance abuse by expanding our outreach related to intervention to prevent people from developing opioid use disorder, including the funding of media campaigns and school-based prevention programs to prevent youth and other individuals from misusing prescription drugs.
Goals:
Prevent cases and addiction and misuse: Educating the community of all ages of opioid risks; increase family and youth knowledge of opioid risk and benefits; increase public safety knowledge of opioid risk and benefits.
Improve early identification & intervention of addiction: Improve identification of and provision of services to youth at high-risk for opioid addiction and their families. Expand access to services that support recovery. Provide overdose education to individuals of high risk for opioid overdoses and their families/friends. Utilize the Behavioral Health On-point program to contact with the high-risk community and provide support and information for recovery support services. Community outreach through on Municipal Alliance Program.
11. (This question is for counties only) Have you established an Advisory Committee to inform allocation of funds?

New Jersey 2023 Opioid Abatement Report

12. Did your subdivision engage the public (e.g., town hall meeting, online survey, convened stakeholders) prior to deciding how to use the opioid abatement funds you received? **No**
13. Please describe your public engagement/input efforts?
14. Does your county/subdivision have a strategic plan? **No**
15. Can we post your strategic plan online?
16. Have you completed a risk assessment profile for demographic or geographic impact? **No**
17. Can we post your risk assessment online?
18. Please tell us your overall rationale for prioritizing the use of the opioid abatement funds that you received (e.g., are you using a needs assessment, a strategic or other plan, or an epidemiological analysis)? **The emphasis of the program in fifth grade is to help students recognize and resist the many direct and subtle pressures that influence them to experiment with alcohol, tobacco, marijuana, inhalants, or other drugs or to engage in violence. Students in this age category are vulnerable.**

Program 1

19. Program name/title: **L.E.A.D. Program**

Agency/funding recipient name: **Lacey Township in cooperation with the Lacey Board of Education**

Primary problem being addressed by this program: **Youth at the vulnerable age of 5th grade to recognize and resist the many direct & subtle pressures that influence them to experiment with alcohol, tobacco, marijuana, inhalants, or other drugs or to engage in violence.**

Brief program description: **The LEAD program offers preventive strategies to enhance protective factors – especially bonding to the family, school, and community – which has been proven to help foster the development of resiliency in young people who may be at risk for substance abuse or other problem behaviors.**

Program target population: **Middle School age children in the 5th and 6th grades**

Date this program was funded (please use M/D/Y): **04/01/2023- 6/30/2023**

Amount of funding for this program: **\$7,993.09**

Program launch date: **04/01/2023**

If program has started, how many clients have been seen as of 6/30/2023: **300 5th graders**

What key performance indicators are you tracking to ensure success of the program? **To be determined**

Please state this program's statement of impact: **To be determined**

How do you plan to measure or track success and impact of this program? **To be determined**

20. Primary Category (Please select the category that fits the primary focus of this program).
Prevention and Education

New Jersey 2023 Opioid Abatement Report

21. The following are other categories that may apply (include all categories with the exception of the Primary category you chose above). **Prevention and Education**

22. Please choose the length of time of this program's duration: **Less than 1 year**

Other (please specify):

23. How often are you disbursing funds to this program? **Annually**

Other (please specify):

24. Rationale for Program

What is the reason for this program spending choice? **To deter the vulnerable population of the youth from resisting the pressures of populations to utilize substance abuse as a means of social activity and fitting in to society and culture of their peers.**

What outcomes or impact does the program aim to achieve? **To reduce substance abuse and to have knowledge of the signs of users and issues these matters cause in the family and social environment**

What is the anticipated number of unduplicated clients this program will reach annually? **Unsure**

25. Do you have other programs you are funding and/or operating with opioid abatement funds? **No**

New Jersey 2023 Opioid Abatement Report

1. In what county are you located? **Ocean County**
2. For which eligible subdivision (county or municipality) are you reporting? **Lakewood Township**
3. What is your subdivision's State ID? **NJ107**
4. As an eligible subdivision (county or municipality) receiving opioid abatement funds, please tell us the following:
Full name of individual in your subdivision authorized to report on the settlement funds your subdivision received ("administrator " managing/overseeing these funds): **Evan Cornell**

Name of Administering Agency: **Township of Lakewood**

Business Address: **231 Third Street**

City/Town: **Lakewood**

Lead Contact Phone Number: **732-288-6312**
5. As an eligible subdivision receiving abatement funds, which of the following applies to your current status regarding those funds? **We are a municipality and did not transfer our funds.**
6. What amount of your opioid abatement funds did you transfer to the county?
7. Please tell us the full amount of opioid abatement funds you received as of 6/30/23. **\$308,733.73**
8. Please tell us the amount of opioid abatement funds you have expended (as of 6/30/23). **\$0**
9. Of the total opioid abatement funds, what amount was spent on program administrative expenses?
\$0
10. Please share brief information on your subdivision's overarching goals and priorities to provide context for this program year's spending decisions. **We are currently looking into how we can utilize these funds for proper usage such as partnering with local organizations that assist with citizens in regards to opioid usage, etc.**
11. (This question is for counties only) Have you established an Advisory Committee to inform allocation of funds?
12. Did your subdivision engage the public (e.g., town hall meeting, online survey, convened stakeholders) prior to deciding how to use the opioid abatement funds you received? **No**
13. Please describe your public engagement/input efforts?
14. Does your county/subdivision have a strategic plan? **No**
15. Can we post your strategic plan online?
16. Have you completed a risk assessment profile for demographic or geographic impact? **No**

New Jersey 2023 Opioid Abatement Report

17. Can we post your risk assessment online?

18. Please tell us your overall rationale for prioritizing the use of the opioid abatement funds that you received (e.g., are you using a needs assessment, a strategic or other plan, or an epidemiological analysis)? **Other plans**

New Jersey 2023 Opioid Abatement Report

1. In what county are you located? **Ocean County**
2. For which eligible subdivision (county or municipality) are you reporting? **Little Egg Harbor Township**
3. What is your subdivision's State ID? **NJ112**
4. As an eligible subdivision (county or municipality) receiving opioid abatement funds, please tell us the following:
 - Full name of individual in your subdivision authorized to report on the settlement funds your subdivision received ("administrator " managing/overseeing these funds): **Rodney Haines**
 - Name of Administering Agency: **Little Egg Harbor Township**
 - Business Address: **665 Radio Road**
 - City/Town: **Little Egg Harbor**
 - Lead Contact Phone Number: **609-296-7241 x 226**
5. As an eligible subdivision receiving abatement funds, which of the following applies to your current status regarding those funds? **We are a municipality and did not transfer our funds.**
6. What amount of your opioid abatement funds did you transfer to the county?
7. Please tell us the full amount of opioid abatement funds you received as of 6/30/23. **\$75,906.61**
8. Please tell us the amount of opioid abatement funds you have expended (as of 6/30/23). **\$0.00**
9. Of the total opioid abatement funds, what amount was spent on program administrative expenses? **\$0.00**
10. Please share brief information on your subdivision's overarching goals and priorities to provide context for this program year's spending decisions. **To develop programs and information availability to reduce opioid dependency in the Township**
11. (This question is for counties only) Have you established an Advisory Committee to inform allocation of funds?
12. Did your subdivision engage the public (e.g., town hall meeting, online survey, convened stakeholders) prior to deciding how to use the opioid abatement funds you received? **No, but we plan to in the future.**
13. Please describe your public engagement/input efforts?
14. Does your county/subdivision have a strategic plan? **No, but we plan to develop one in the future.**
15. Can we post your strategic plan online?
16. Have you completed a risk assessment profile for demographic or geographic impact? **No**

New Jersey 2023 Opioid Abatement Report

17. Can we post your risk assessment online?

18. Please tell us your overall rationale for prioritizing the use of the opioid abatement funds that you received (e.g., are you using a needs assessment, a strategic or other plan, or an epidemiological analysis)? **We are still working on a plan.**

Program 1

19. Program name/title: **Reduction of Opioid Dependency Education**

Agency/funding recipient name: **Little Egg Harbor Township**

Primary problem being addressed by this program: **Opioid Dependency**

Brief program description: **Educate the Township residents**

Program target population: **Unknown**

Date this program was funded (please use M/D/Y): **Not started yet**

Amount of funding for this program: **Unknown**

Program launch date: **TBD**

If program has started, how many clients have been seen as of 6/30/2023: **Not started**

What key performance indicators are you tracking to ensure success of the program? **TBD**

Please state this program's statement of impact: **Reduce opioid related deaths in the township**

How do you plan to measure or track success and impact of this program? **TBD**

20. Primary Category (Please select the category that fits the primary focus of this program).
Prevention and Education

21. The following are other categories that may apply (include all categories with the exception of the Primary category you chose above). **Overdose Prevention, Prevention and Education, Recovery and Support**

22. Please choose the length of time of this program's duration: **5+ years**

Other (please specify):

23. How often are you disbursing funds to this program? **Other (please specify)**

Other (please specify): **As needed**

24. Rationale for Program

What is the reason for this program spending choice? **Educate the residents of the municipality**

What outcomes or impact does the program aim to achieve? **Fewer opioid and other drug-related medical emergencies.**

New Jersey 2023 Opioid Abatement Report

What is the anticipated number of unduplicated clients this program will reach annually?

Unknown

25. Do you have other programs you are funding and/or operating with opioid abatement funds? **No**

New Jersey 2023 Opioid Abatement Report

1. In what county are you located? **Ocean County**
2. For which eligible subdivision (county or municipality) are you reporting? **Manchester Township**
3. What is your subdivision's State ID? **NJ124**
4. As an eligible subdivision (county or municipality) receiving opioid abatement funds, please tell us the following:
Full name of individual in your subdivision authorized to report on the settlement funds your subdivision received ("administrator " managing/overseeing these funds): **Diane Lapp**

Name of Administering Agency: **Manchester Township**

Business Address: **1 Colonial Drive**

City/Town: **Manchester**

Lead Contact Phone Number: **732-657-8121**
5. As an eligible subdivision receiving abatement funds, which of the following applies to your current status regarding those funds? **We are a municipality and did not transfer our funds.**
6. What amount of your opioid abatement funds did you transfer to the county?
7. Please tell us the full amount of opioid abatement funds you received as of 6/30/23. **\$89,846.53**
8. Please tell us the amount of opioid abatement funds you have expended (as of 6/30/23). **\$35,000.00**
9. Of the total opioid abatement funds, what amount was spent on program administrative expenses? **\$0.00**
10. Please share brief information on your subdivision's overarching goals and priorities to provide context for this program year's spending decisions. **Training of first responders and lay personnel and all township for utilization of Narcan deployment kits, purchase of high-fidelity simulation mannequins for realistic training purposes**
11. (This question is for counties only) Have you established an Advisory Committee to inform allocation of funds?
12. Did your subdivision engage the public (e.g., town hall meeting, online survey, convened stakeholders) prior to deciding how to use the opioid abatement funds you received? **No, but plan to in the future.**
13. Please describe your public engagement/input efforts?
14. Does your county/subdivision have a strategic plan? **No, but plan to develop one in the future.**
15. Can we post your strategic plan online?

New Jersey 2023 Opioid Abatement Report

16. Have you completed a risk assessment profile for demographic or geographic impact? **No, but we plan to in the future.**

17. Can we post your risk assessment online?

18. Please tell us your overall rationale for prioritizing the use of the opioid abatement funds that you received (e.g., are you using a needs assessment, a strategic or other plan, or an epidemiological analysis)? **needs assessment, counseling services**

Program 1

19. Program name/title: **Counseling Services**

Agency/funding recipient name: **OMNIPOINT**

Primary problem being addressed by this program: **ADDICTION**

Brief program description: **Counseling of individuals who are suffering**

Program target population: **10,000**

Date this program was funded (please use M/D/Y): **01/01/2023**

Amount of funding for this program: **\$35,000.00**

Program launch date: **01/01/2023**

If program has started, how many clients have been seen as of 6/30/2023: **Do not know**

What key performance indicators are you tracking to ensure success of the program? **Do not know**

Please state this program's statement of impact: **Do not know**

How do you plan to measure or track success and impact of this program? **Do not know**

20. Primary Category (Please select the category that fits the primary focus of this program).
Prevention and Education

21. The following are other categories that may apply (include all categories with the exception of the Primary category you chose above). **Prevention and Education**

22. Please choose the length of time of this program's duration: **5+ years**

Other (please specify):

23. How often are you disbursing funds to this program? **Quarterly**

Other (please specify):

24. Rationale for Program

What is the reason for this program spending choice? **Preventive measures**

New Jersey 2023 Opioid Abatement Report

What outcomes or impact does the program aim to achieve? **Assist our residents**

What is the anticipated number of unduplicated clients this program will reach annually? **Do not know**

25. Do you have other programs you are funding and/or operating with opioid abatement funds? **No**

New Jersey 2023 Opioid Abatement Report

1. In what county are you located? **Ocean County**
2. For which eligible subdivision (county or municipality) are you reporting? **Ocean County**
3. What is your subdivision's State ID? **NJ164**
4. As an eligible subdivision (county or municipality) receiving opioid abatement funds, please tell us the following:
Full name of individual in your subdivision authorized to report on the settlement funds your subdivision received ("administrator " managing/overseeing these funds): **Jamie Busch**

Name of Administering Agency: **Ocean County Dept of Human Services**

Business Address: **PO Box 2191**

City/Town: **Toms River**

Lead Contact Phone Number: **732-506-5374**
5. As an eligible subdivision receiving abatement funds, which of the following applies to your current status regarding those funds? **We are a county and did not transfer our funds.**
6. What amount of your opioid abatement funds did you transfer to the county?
7. Please tell us the full amount of opioid abatement funds you received as of 6/30/23. **\$2,563,043.10**
8. Please tell us the amount of opioid abatement funds you have expended (as of 6/30/23). **\$0.00**
9. Of the total opioid abatement funds, what amount was spent on program administrative expenses? **\$0.00**
10. Please share brief information on your subdivision's overarching goals and priorities to provide context for this program year's spending decisions. **Ocean County's goals for 2023 were to establish an advisory body in compliance with the settlement, create bylaws to build a framework for the Council that will help ensure it meets its responsibilities, and execute a community needs assessment and strategic planning process, inclusive of public input, to inform the use of funds. It is the intention of the OCOAC to facilitate and enhance the delivery of Opioid Use Disorder (OUD), and subsequently Substance Use Disorder, services through collaborative relationships in the community and between local, county, state and federal agencies. The OCOAC seeks to utilize these relationships to identify high priority needs and improve access for target populations through its planning, coordinating, enhancing and implementation of initiatives at the county level. Ocean County's functional network of agencies and organizations are dedicated to delivering strong programs and services to the community and its most vulnerable residents.**
11. (This question is for counties only) Have you established an Advisory Committee to inform allocation of funds? **Yes, Ocean County established its Opioid Advisory Council (OCOAC) in early 2023 for the purposes of advising the Board of Commissioners and participating municipalities on the use of settlement funds.**

New Jersey 2023 Opioid Abatement Report

12. Did your subdivision engage the public (e.g., town hall meeting, online survey, convened stakeholders) prior to deciding how to use the opioid abatement funds you received? **Yes**

13. Please describe your public engagement/input efforts?

- **An online needs assessment survey was developed to seek broad input on the importance of the Approved Uses of settlement funds for the residents of Ocean County. Survey respondents were prompted to anonymously rate each category of Approved Uses and individual Approved Uses with respect to their opinion of its importance to be developed or expanded in Ocean County.**
- **A series of forums were held to facilitate public participation in the planning process. Two were in-person and one was conducted via WebEx. All attendees were given the opportunity to speak. Attendees were also invited to complete the survey and submit written testimony. A report and thematic analysis of the feedback gathered through the public forums and a list of participants was shared with the Council in preparation for its executive planning session.**
- **Written testimony was invited from the public alongside the announcements regarding the survey and public forums. A dedicated email address was created to receive the feedback: OCOAC@co.ocean.nj.us. A qualitative, thematic analysis of the feedback was shared with the Council in preparation for its executive planning session.**

14. Does your county/subdivision have a strategic plan? **Yes - Strategic Plan**

15. Can we post your strategic plan online? **Yes, you may post it.**

16. Have you completed a risk assessment profile for demographic or geographic impact? **Yes**

17. Can we post your risk assessment online? **Yes.**

18. Please tell us your overall rationale for prioritizing the use of the opioid abatement funds that you received (e.g., are you using a needs assessment, a strategic or other plan, or an epidemiological analysis)? **A wealth of information, data, and feedback were gathered in the development of a strategic Plan. A comprehensive community needs assessment process was undertaken to identify needed services and target groups, existing services and service availability, and priorities for resource development and funding. To inform the Council and provide context for the Plan, pertinent data points and trends, such as opioid use disorder treatment access, drug related deaths, drug related arrests, incidence of neonatal abstinence syndrome, and so forth were gathered. This background information was presented alongside the identified gaps, priorities for funding, and recommendations identified in other related plans and planning bodies, such as the Comprehensive Alcohol and Drug Abuse Services Plan and annual report of the Opioid Fatality Review Team. Information was cross referenced with the Approved Uses, needs assessment survey results, and forum feedback on funding priorities. The Council presented a Strategic Plan at its open public meeting on May 25, 2023. It was approved by the Board of Commissioners on August 2, 2023. The Plan is posted publicly as a file of interest on the Council's website: <https://www.co.ocean.nj.us/OC/OCDHS/frmOpioid Council.aspx>. Ocean County intends to subcontract the settlement funds to partner community based organizations that will carry out programming that fall within the priority uses identified in the Plan. An open competitive contracting process is slated for the fall of 2023 with services to begin January 1, 2024.**

New Jersey 2023 Opioid Abatement Report

1. In what county are you located? **Ocean County**
2. For which eligible subdivision (county or municipality) are you reporting? **Borough of Point Pleasant**
3. What is your subdivision's State ID? **NJ185**
4. As an eligible subdivision (county or municipality) receiving opioid abatement funds, please tell us the following:
Full name of individual in your subdivision authorized to report on the settlement funds your subdivision received("administrator " managing/overseeing these funds): **Frank Pannucci**

Name of Administering Agency: **Ocean County for Point Pleasant**

Business Address: **2233 Bridge Avenue**

City/Town: **Point Pleasant**

Lead Contact Phone Number: **732-892-3434**

REPORT INCOMPLETE

New Jersey 2023 Opioid Abatement Report

1. In what county are you located? **Ocean County**
2. For which eligible subdivision (county or municipality) are you reporting? **Stafford Township**
3. What is your subdivision's State ID? **NJ220**
4. As an eligible subdivision (county or municipality) receiving opioid abatement funds, please tell us the following:
Full name of individual in your subdivision authorized to report on the settlement funds your subdivision received ("administrator " managing/overseeing these funds): **Matthew von der Hayden**

Name of Administering Agency: **Township of Stafford**

Business Address: **260 East Bay Avenue**

City/Town: **Manahawkin**

Lead Contact Phone Number: **609-597-1000 Ext 8516**
5. As an eligible subdivision receiving abatement funds, which of the following applies to your current status regarding those funds? **We are a municipality and did not transfer our funds.**
6. What amount of your opioid abatement funds did you transfer to the county?
7. Please tell us the full amount of opioid abatement funds you received as of 6/30/23. **\$90,616.61**
8. Please tell us the amount of opioid abatement funds you have expended (as of 6/30/23). **\$0.00**
9. Of the total opioid abatement funds, what amount was spent on program administrative expenses?
\$0.00
10. Please share brief information on your subdivision's overarching goals and priorities to provide context for this program year's spending decisions. **N/A - Looking for input on how to spend funds**
11. (This question is for counties only) Have you established an Advisory Committee to inform allocation of funds?
12. Did your subdivision engage the public (e.g., town hall meeting, online survey, convened stakeholders) prior to deciding how to use the opioid abatement funds you received? **No, but plan to in the future.**
13. Please describe your public engagement/input efforts?
14. Does your county/subdivision have a strategic plan? **Yes**
15. Can we post your strategic plan online? **No.**
16. Have you completed a risk assessment profile for demographic or geographic impact? **No**
17. Can we post your risk assessment online?

New Jersey 2023 Opioid Abatement Report

18. Please tell us your overall rationale for prioritizing the use of the opioid abatement funds that you received (e.g., are you using a needs assessment, a strategic or other plan, or an epidemiological analysis)? **Needs assessment/plan**

New Jersey 2023 Opioid Abatement Report

1. In what county are you located? **Ocean County**
2. For which eligible subdivision (county or municipality) are you reporting? **Toms River Township**
3. What is your subdivision's State ID? **NJ226**
4. As an eligible subdivision (county or municipality) receiving opioid abatement funds, please tell us the following:
Full name of individual in your subdivision authorized to report on the settlement funds your subdivision received ("administrator " managing/overseeing these funds): **Judith Tutela**

Name of Administering Agency: **Judith Tutela**

Business Address: **33 Washington St**

City/Town: **Toms River**

Lead Contact Phone Number: **732-341-1000 x 8405**
5. As an eligible subdivision receiving abatement funds, which of the following applies to your current status regarding those funds? **We are a municipality and did not transfer our funds.**
6. What amount of your opioid abatement funds did you transfer to the county?
7. Please tell us the full amount of opioid abatement funds you received as of 6/30/23. **\$236,344.89**
8. Please tell us the amount of opioid abatement funds you have expended (as of 6/30/23). **\$0.00**
9. Of the total opioid abatement funds, what amount was spent on program administrative expenses? **\$0.00**
10. Please share brief information on your subdivision's overarching goals and priorities to provide context for this program year's spending decisions.
11. (This question is for counties only) Have you established an Advisory Committee to inform allocation of funds?
12. Did your subdivision engage the public (e.g., town hall meeting, online survey, convened stakeholders) prior to deciding how to use the opioid abatement funds you received? **No**
13. Please describe your public engagement/input efforts?
14. Does your county/subdivision have a strategic plan? **No**
15. Can we post your strategic plan online?
16. Have you completed a risk assessment profile for demographic or geographic impact? **No**
17. Can we post your risk assessment online?

New Jersey 2023 Opioid Abatement Report

18. Please tell us your overall rationale for prioritizing the use of the opioid abatement funds that you received (e.g., are you using a needs assessment, a strategic or other plan, or an epidemiological analysis)? **No funds have been spent**

New Jersey 2023 Opioid Abatement Report

1. In what county are you located? **Passaic County**
2. For which eligible subdivision (county or municipality) are you reporting? **Clifton City**
3. What is your subdivision's State ID? **NJ34**
4. As an eligible subdivision (county or municipality) receiving opioid abatement funds, please tell us the following:
Full name of individual in your subdivision authorized to report on the settlement funds your subdivision received ("administrator " managing/overseeing these funds): **Joseph D. Kunz**

Name of Administering Agency: **Joseph D. Kunz**

Business Address: **900 Clifton Avenue**

City/Town: **Clifton**

Lead Contact Phone Number: **1-973-470-5787**
5. As an eligible subdivision receiving abatement funds, which of the following applies to your current status regarding those funds? **We are a municipality and did not transfer our funds.**
6. What amount of your opioid abatement funds did you transfer to the county?
7. Please tell us the full amount of opioid abatement funds you received as of 6/30/23. **\$148,647.76**
8. Please tell us the amount of opioid abatement funds you have expended (as of 6/30/23). **\$0.00**
9. Of the total opioid abatement funds, what amount was spent on program administrative expenses?
\$0.00
10. Please share brief information on your subdivision's overarching goals and priorities to provide context for this program year's spending decisions. **N/A**
11. (This question is for counties only) Have you established an Advisory Committee to inform allocation of funds?
12. Did your subdivision engage the public (e.g., town hall meeting, online survey, convened stakeholders) prior to deciding how to use the opioid abatement funds you received? **No**
13. Please describe your public engagement/input efforts?
14. Does your county/subdivision have a strategic plan? **No**
15. Can we post your strategic plan online?
16. Have you completed a risk assessment profile for demographic or geographic impact? **No**
17. Can we post your risk assessment online?

New Jersey 2023 Opioid Abatement Report

18. Please tell us your overall rationale for prioritizing the use of the opioid abatement funds that you received (e.g., are you using a needs assessment, a strategic or other plan, or an epidemiological analysis)? **Not sure at the moment**

New Jersey 2023 Opioid Abatement Report

1. In what county are you located? **Passaic County**
2. For which eligible subdivision (county or municipality) are you reporting? **Hawthorne Borough**
3. What is your subdivision's State ID? **NJ88**
4. As an eligible subdivision (county or municipality) receiving opioid abatement funds, please tell us the following:
Full name of individual in your subdivision authorized to report on the settlement funds your subdivision received ("administrator " managing/overseeing these funds): **Eric Maurer**

Name of Administering Agency: **Borough of Hawthorne**

Business Address: **445 Lafayette Ave**

City/Town: **Hawthorne**

Lead Contact Phone Number: **973-427-1168**
5. As an eligible subdivision receiving abatement funds, which of the following applies to your current status regarding those funds? **We are a municipality and did not transfer our funds.**
6. What amount of your opioid abatement funds did you transfer to the county?
7. Please tell us the full amount of opioid abatement funds you received as of 6/30/23. **\$10,125.29**
8. Please tell us the amount of opioid abatement funds you have expended (as of 6/30/23). **\$0.00**
9. Of the total opioid abatement funds, what amount was spent on program administrative expenses?
\$0.00
10. Please share brief information on your subdivision's overarching goals and priorities to provide context for this program year's spending decisions. **The Borough intends to prevent the misuse of opioids by educating youth, parents and other adults**
11. (This question is for counties only) Have you established an Advisory Committee to inform allocation of funds?
12. Did your subdivision engage the public (e.g., town hall meeting, online survey, convened stakeholders) prior to deciding how to use the opioid abatement funds you received? **No, but plan to in the future.**
13. Please describe your public engagement/input efforts?
14. Does your county/subdivision have a strategic plan? **No**
15. Can we post your strategic plan online?
16. Have you completed a risk assessment profile for demographic or geographic impact? **No**

New Jersey 2023 Opioid Abatement Report

17. Can we post your risk assessment online?

18. Please tell us your overall rationale for prioritizing the use of the opioid abatement funds that you received (e.g., are you using a needs assessment, a strategic or other plan, or an epidemiological analysis)? **Borough will use the input from the coalition of stakeholders that make up our Municipal Alliance Committee**

Program 1

19. Program name/title: **Combatting the Opioid Epidemic**

Agency/funding recipient name: **Hawthorne Municipal Alliance Committee**

Primary problem being addressed by this program: **Dangers of substance use**

Brief program description: **Prevention of drug use and its consequence by educating youth and parents**

Program target population: **Students, athletes, parents, community**

Date this program was funded (please use M/D/Y): **9/1/2023**

Amount of funding for this program: **\$10,125.21**

Program launch date: **10/1/2023**

If program has started, how many clients have been seen as of 6/30/2023: **N/A**

What key performance indicators are you tracking to ensure success of the program? **# of activities and participants**

Please state this program's statement of impact: **TBD**

How do you plan to measure or track success and impact of this program? **# of activities and participants**

20. Primary Category (Please select the category that fits the primary focus of this program).
Prevention and Education

21. The following are other categories that may apply (include all categories with the exception of the Primary category you chose above). **Overdose Prevention**

22. Please choose the length of time of this program's duration: **2-3 years**

Other (please specify):

23. How often are you disbursing funds to this program? **Other (please specify)**

Other (please specify): **As needed**

24. Rationale for Program

What is the reason for this program spending choice? **We believe prevention education before drug use starts is the key to minimizing drug abuse**

New Jersey 2023 Opioid Abatement Report

What outcomes or impact does the program aim to achieve? **Less use of opioids and other drugs by youth and adults**

What is the anticipated number of unduplicated clients this program will reach annually? **300**

25. Do you have other programs you are funding and/or operating with opioid abatement funds? **No**

New Jersey 2023 Opioid Abatement Report

1. In what county are you located? **Passaic County**
2. For which eligible subdivision (county or municipality) are you reporting? **Little Falls Township**
3. What is your subdivision's State ID? **NJ113**
4. As an eligible subdivision (county or municipality) receiving opioid abatement funds, please tell us the following:
Full name of individual in your subdivision authorized to report on the settlement funds your subdivision received ("administrator " managing/overseeing these funds): **Charles Cuccia**

Name of Administering Agency: **Charles Cuccia**

Business Address: **225 Main Street**

City/Town: **Little Falls**

Lead Contact Phone Number: **973-890-4500**
5. As an eligible subdivision receiving abatement funds, which of the following applies to your current status regarding those funds? **We are a municipality and did not transfer our funds.**
6. What amount of your opioid abatement funds did you transfer to the county?
7. Please tell us the full amount of opioid abatement funds you received as of 6/30/23. **\$10,878.00**
8. Please tell us the amount of opioid abatement funds you have expended (as of 6/30/23). **\$0.00**
9. Of the total opioid abatement funds, what amount was spent on program administrative expenses?
\$0.00
10. Please share brief information on your subdivision's overarching goals and priorities to provide context for this program year's spending decisions. **N/A**
11. (This question is for counties only) Have you established an Advisory Committee to inform allocation of funds?
12. Did your subdivision engage the public (e.g., town hall meeting, online survey, convened stakeholders) prior to deciding how to use the opioid abatement funds you received? **No**
13. Please describe your public engagement/input efforts?
14. Does your county/subdivision have a strategic plan? **No**
15. Can we post your strategic plan online?
16. Have you completed a risk assessment profile for demographic or geographic impact? **No**
17. Can we post your risk assessment online?

New Jersey 2023 Opioid Abatement Report

18. Please tell us your overall rationale for prioritizing the use of the opioid abatement funds that you received (e.g., are you using a needs assessment, a strategic or other plan, or an epidemiological analysis)? **NEEDS ASSESSMENT**

New Jersey 2023 Opioid Abatement Report

1. In what county are you located? **Passaic County**
2. For which eligible subdivision (county or municipality) are you reporting? **Passaic City**
3. What is your subdivision's State ID? **NJ171**

NO REPORT RECEIVED

New Jersey 2023 Opioid Abatement Report

1. In what county are you located? **Passaic County**
2. For which eligible subdivision (county or municipality) are you reporting? **Passaic County**
3. What is your subdivision's State ID? **NJ172**
4. As an eligible subdivision (county or municipality) receiving opioid abatement funds, please tell us the following:

Full name of individual in your subdivision authorized to report on the settlement funds your subdivision received ("administrator " managing/overseeing these funds): **Dr. Arti Kakkar**

Name of Administering Agency: **Dr. Arti Kakkar**

Business Address: **401 Grand Street, Room 506**

City/Town: **Paterson**

Lead Contact Phone Number: **973-881-2834**

5. As an eligible subdivision receiving abatement funds, which of the following applies to your current status regarding those funds? **We are a county and did not transfer our funds.**
6. What amount of your opioid abatement funds did you transfer to the county?
7. Please tell us the full amount of opioid abatement funds you received as of 6/30/23. **\$916,860.68**
8. Please tell us the amount of opioid abatement funds you have expended (as of 6/30/23). **\$99,616.09**
9. Of the total opioid abatement funds, what amount was spent on program administrative expenses? **\$5,352.64**
10. Please share brief information on your subdivision's overarching goals and priorities to provide context for this program year's spending decisions. **To facilitate appropriate educational and individualized services to Passaic County residents struggling with substance use, misuse, and co-occurring morbidities for a better quality of life.**
11. (This question is for counties only) Have you established an Advisory Committee to inform allocation of funds? **Passaic County's Opioid advisory board approved the creation of the Office of Recovery in October 2022.**
12. Did your subdivision engage the public (e.g., town hall meeting, online survey, convened stakeholders) prior to deciding how to use the opioid abatement funds you received? **Yes**
13. Please describe your public engagement/input efforts? **The Passaic County Division of Mental Health and Addiction Services (PCDMHAS) conducted a needs assessment and completed the County Comprehensive Plan in 2020. In addition, PCDMHAS also has an open discussion in several public meetings, such as Local Advisory Council on Alcoholism & Drug Abuse (LACADA and Mental Health Board (MHB) on forming an advisory board. On 9/27, the county formed the Opioid Recovery and Remediation Fund Local Advisory Council.**

New Jersey 2023 Opioid Abatement Report

14. Does your county/subdivision have a strategic plan? **Yes**
15. Can we post your strategic plan online? **Yes, you may post it.**
16. Have you completed a risk assessment profile for demographic or geographic impact? **No, but we plan to in the future.**
17. Can we post your risk assessment online?
18. Please tell us your overall rationale for prioritizing the use of the opioid abatement funds that you received (e.g., are you using a needs assessment, a strategic or other plan, or an epidemiological analysis)? **To Provide Passaic County residents a seamless process to Support Health through Identification, Networking, and Education. The Passaic County Division of Mental Health and Addiction Services (PCDMHAS) conducted a needs assessment and completed the County Comprehensive Plan in 2020. We are in the process of conducting risk assessments by analyzing qualitative and qualitative data from the New Jersey Substance Abuse Monitoring System (NJSAMs), Intoxicated Driver Resource Center (IDRC), New Jersey Division of Mental Health and Addiction Services, Passaic County Overdose Fatality Review Team (OFRT) and the New Jersey State Police. In addition, focused groups and key informant interviews have been held in each municipality to assess risks and identify gaps.**

Program 1

19. Program name/title: **Office of Recovery**

Agency/funding recipient name: **Passaic County Department of Human Services, Division of Mental Health and Addiction Services**

Primary problem being addressed by this program: **Stigma, lack of knowledge and resources among residents, geographic barriers to some municipalities**

Brief program description: **9/1/2022 to 12/31/2023**

Program target population: **County residents who suffer from Substance Use Disorders and co-occurring disorders and their families.**

Date this program was funded (please use M/D/Y): **9/1/2022**

Amount of funding for this program: **\$137,440.00 (spent \$44,278.45 as of 6/30/23)**

Program launch date: **10/1/2022**

If program has started, how many clients have been seen as of 6/30/2023:

- **Four Key informant meetings**
- **One Hundred Fifty Narcan® kits distributed.**
- **One Hundred Forty individuals trained in the use of Narcan®**
- **Eight Focus groups held.**
- **6 Residents currently enroll in case management services.**

What key performance indicators are you tracking to ensure success of the program? **Identified gaps in services to be education regarding Harm Reduction, attainability of Narcan®, availability of immediate services, less services in upper county.**

New Jersey 2023 Opioid Abatement Report

Please state this program's statement of impact: **Through this wellness initiative, the office of recovery pledges to promote wellness for community members struggling with behavioral health conditions by motivating Passaic County residents to act and work toward improved quality of life.**

How do you plan to measure or track success and impact of this program? **Follow up with residents we serve and calculate the successful rate.**

20. Primary Category (Please select the category that fits the primary focus of this program). **Recovery and Support**

21. The following are other categories that may apply (include all categories with the exception of the Primary category you chose above). **Harm Reduction, Overdose Prevention, Diversion from Incarceration, Prevention and Education**

22. Please choose the length of time of this program's duration: **5+ years**

Other (please specify):

23. How often are you disbursing funds to this program? **Annually**

Other (please specify):

24. Rationale for Program

What is the reason for this program spending choice? **Identified gaps in services to be education regarding Harm Reduction, attainability of Narcan®, availability of immediate services, less services in upper county.**

What outcomes or impact does the program aim to achieve? **Through this wellness initiative, the office of recovery pledges to promote wellness for community members struggling with behavioral health conditions by motivating Passaic County residents to act and work toward improved quality of life.**

What is the anticipated number of unduplicated clients this program will reach annually? **Four Key informant meetings, Two Hundred Fifty Narcan® kits distribution. Two Hundred Fifty individuals trained in the use of Narcan®, Hold Eight Focus groups. 50 Residents screen, intervene and refer to treatment.**

25. Do you have other programs you are funding and/or operating with opioid abatement funds? **Yes**

Program 2

19. Program name/title: **Sober Housing**

Agency/funding recipient name: **STRUCTURED RESIDENCE RECOVERY**

Primary problem being addressed by this program: **Lack of housing while residents receiving treatment for substance use disorders.**

Brief program description: **Homelessness while receiving treatment**

Program target population: **Homeless**

New Jersey 2023 Opioid Abatement Report

Date this program was funded (please use M/D/Y): **6/1/2023**

Amount of funding for this program: **\$49,985.00 (encumbered)**

Program launch date: **6/1/2023**

If program has started, how many clients have been seen as of 6/30/2023: **0**

What key performance indicators are you tracking to ensure success of the program? **Linkage to resources, rate of completing treatment.**

Please state this program's statement of impact: **Increase treatment completion rate.**

How do you plan to measure or track success and impact of this program? **Annual monitor the contracted provider on the objectives set on the contract.**

20. Primary Category (Please select the category that fits the primary focus of this program). **Recovery and Support**

21. The following are other categories that may apply (include all categories with the exception of the Primary category you chose above). **Harm Reduction, Overdose Prevention**

22. Please choose the length of time of this program's duration: **4-5 years**

Other (please specify):

23. How often are you disbursing funds to this program? **Annually**

Other (please specify):

24. Rationale for Program

What is the reason for this program spending choice? **Lack of housing identified by need assessment**

What outcomes or impact does the program aim to achieve? **Increase treatment completion rate.**

What is the anticipated number of unduplicated clients this program will reach annually? **Provide 1000 bed days annually.**

25. Do you have other programs you are funding and/or operating with opioid abatement funds? **No**

New Jersey 2023 Opioid Abatement Report

1. In what county are you located? **Passaic County**
2. For which eligible subdivision (county or municipality) are you reporting? **Paterson City**
3. What is your subdivision's State ID? **NJ173**
4. As an eligible subdivision (county or municipality) receiving opioid abatement funds, please tell us the following:
Full name of individual in your subdivision authorized to report on the settlement funds your subdivision received ("administrator " managing/overseeing these funds): **Kathleen M. Long**

Name of Administering Agency: **Business Administration**

Business Address: **155 Market Street**

City/Town: **Paterson**

Lead Contact Phone Number: **973-321-1370**
5. As an eligible subdivision receiving abatement funds, which of the following applies to your current status regarding those funds? **We are a municipality and did not transfer our funds.**
6. What amount of your opioid abatement funds did you transfer to the county?
7. Please tell us the full amount of opioid abatement funds you received as of 6/30/23. **\$391,628.14**
8. Please tell us the amount of opioid abatement funds you have expended (as of 6/30/23). **\$0.00**
9. Of the total opioid abatement funds, what amount was spent on program administrative expenses?
\$0.00
10. Please share brief information on your subdivision's overarching goals and priorities to provide context for this program year's spending decisions. **The City of Paterson is committed to spending is settlement funds in support of its numerous programs addressing opioid use disorder - including but not limited to our ORT (opioid response team), our "RealFix" program providing MAT (medication assisted treatment) in real time, and our community court.**
11. (This question is for counties only) Have you established an Advisory Committee to inform allocation of funds? **N/A**
12. Did your subdivision engage the public (e.g., town hall meeting, online survey, convened stakeholders) prior to deciding how to use the opioid abatement funds you received? **No, but plan to in the future.**
13. Please describe your public engagement/input efforts?
14. Does your county/subdivision have a strategic plan? **No, but plan to develop one in the future.**
15. Can we post your strategic plan online?

New Jersey 2023 Opioid Abatement Report

16. Have you completed a risk assessment profile for demographic or geographic impact? **No, but we plan to in the future.**

17. Can we post your risk assessment online?

18. Please tell us your overall rationale for prioritizing the use of the opioid abatement funds that you received (e.g., are you using a needs assessment, a strategic or other plan, or an epidemiological analysis)? **Our advisory committee will provide recommendations to the Mayor on areas of promise or in need of gap funding for current pilot programs in ORT, MAT, and community court.**

New Jersey 2023 Opioid Abatement Report

1. In what county are you located? **Passaic County**
2. For which eligible subdivision (county or municipality) are you reporting? **Pompton Lakes Borough**
3. What is your subdivision's State ID? **NJ186**
4. As an eligible subdivision (county or municipality) receiving opioid abatement funds, please tell us the following:
Full name of individual in your subdivision authorized to report on the settlement funds your subdivision received ("administrator " managing/overseeing these funds): **Paula Cozzarelli**

Name of Administering Agency: **Paula Cozzarelli**

Business Address: **25 LENOX AVE**

City/Town: **POMPTON LAKES**

Lead Contact Phone Number: **973-835-0143**
5. As an eligible subdivision receiving abatement funds, which of the following applies to your current status regarding those funds? **We are a municipality and did not transfer our funds.**
6. What amount of your opioid abatement funds did you transfer to the county?
7. Please tell us the full amount of opioid abatement funds you received as of 6/30/23. **\$14,434.00**
8. Please tell us the amount of opioid abatement funds you have expended (as of 6/30/23). **\$0.00**
9. Of the total opioid abatement funds, what amount was spent on program administrative expenses?
\$0.00
10. Please share brief information on your subdivision's overarching goals and priorities to provide context for this program year's spending decisions. **The Borough is in the process of working with its professionals regarding a plan that will best utilize opioid monies.**
11. (This question is for counties only) Have you established an Advisory Committee to inform allocation of funds?
12. Did your subdivision engage the public (e.g., town hall meeting, online survey, convened stakeholders) prior to deciding how to use the opioid abatement funds you received? **No, but plan to in the future.**
13. Please describe your public engagement/input efforts?
14. Does your county/subdivision have a strategic plan? **No, but plan to develop one in the future.**
15. Can we post your strategic plan online?
16. Have you completed a risk assessment profile for demographic or geographic impact? **No, but we plan to in the future.**

New Jersey 2023 Opioid Abatement Report

17. Can we post your risk assessment online?

18. Please tell us your overall rationale for prioritizing the use of the opioid abatement funds that you received (e.g., are you using a needs assessment, a strategic or other plan, or an epidemiological analysis)? **The Borough just received funding and is working with its professionals to determine the best use of the funds.**

New Jersey 2023 Opioid Abatement Report

1. In what county are you located? **Passaic County**
2. For which eligible subdivision (county or municipality) are you reporting? **Ringwood Borough**
3. What is your subdivision's State ID? **NJ197**
4. As an eligible subdivision (county or municipality) receiving opioid abatement funds, please tell us the following:
Full name of individual in your subdivision authorized to report on the settlement funds your subdivision received ("administrator " managing/overseeing these funds): **Jeannette C Davison**

Name of Administering Agency: **Ringwood Health Department**

Business Address: **60 Margaret King Ave**

City/Town: **Ringwood**

Lead Contact Phone Number: **1-973-962-4343**
5. As an eligible subdivision receiving abatement funds, which of the following applies to your current status regarding those funds? **We are a municipality and did not transfer our funds.**
6. What amount of your opioid abatement funds did you transfer to the county?
7. Please tell us the full amount of opioid abatement funds you received as of 6/30/23. **\$16,043.07**
8. Please tell us the amount of opioid abatement funds you have expended (as of 6/30/23). **\$0.00**
9. Of the total opioid abatement funds, what amount was spent on program administrative expenses?
\$0.00
10. Please share brief information on your subdivision's overarching goals and priorities to provide context for this program year's spending decisions.
11. (This question is for counties only) Have you established an Advisory Committee to inform allocation of funds?
12. Did your subdivision engage the public (e.g., town hall meeting, online survey, convened stakeholders) prior to deciding how to use the opioid abatement funds you received? **No**
13. Please describe your public engagement/input efforts?
14. Does your county/subdivision have a strategic plan? **No, but plan to develop one in the future.**
15. Can we post your strategic plan online?
16. Have you completed a risk assessment profile for demographic or geographic impact? **No, but we plan to in the future.**
17. Can we post your risk assessment online?

New Jersey 2023 Opioid Abatement Report

18. Please tell us your overall rationale for prioritizing the use of the opioid abatement funds that you received (e.g., are you using a needs assessment, a strategic or other plan, or an epidemiological analysis)? **Unknown at this time**

New Jersey 2023 Opioid Abatement Report

1. In what county are you located? **Passaic County**
2. For which eligible subdivision (county or municipality) are you reporting? **Totowa Borough**
3. What is your subdivision's State ID? **NJ227**
4. As an eligible subdivision (county or municipality) receiving opioid abatement funds, please tell us the following:
Full name of individual in your subdivision authorized to report on the settlement funds your subdivision received ("administrator " managing/overseeing these funds): **Joseph Wassel**

Name of Administering Agency: **Totowa Borough**

Business Address: **537 Totowa Road**

City/Town: **Totowa**

Lead Contact Phone Number: **973-956-1000 x 1004**
5. As an eligible subdivision receiving abatement funds, which of the following applies to your current status regarding those funds? **We are a municipality and did not transfer our funds.**
6. What amount of your opioid abatement funds did you transfer to the county?
7. Please tell us the full amount of opioid abatement funds you received as of 6/30/23. **\$17,737.53**
8. Please tell us the amount of opioid abatement funds you have expended (as of 6/30/23). **\$0.00**
9. Of the total opioid abatement funds, what amount was spent on program administrative expenses? **\$0.00**
10. Please share brief information on your subdivision's overarching goals and priorities to provide context for this program year's spending decisions. **N/A**
11. (This question is for counties only) Have you established an Advisory Committee to inform allocation of funds? **N/A**
12. Did your subdivision engage the public (e.g., town hall meeting, online survey, convened stakeholders) prior to deciding how to use the opioid abatement funds you received? **No**
13. Please describe your public engagement/input efforts?
14. Does your county/subdivision have a strategic plan? **No**
15. Can we post your strategic plan online?
16. Have you completed a risk assessment profile for demographic or geographic impact? **No**
17. Can we post your risk assessment online?

New Jersey 2023 Opioid Abatement Report

18. Please tell us your overall rationale for prioritizing the use of the opioid abatement funds that you received (e.g., are you using a needs assessment, a strategic or other plan, or an epidemiological analysis)? **Will develop a plan for prioritizing the use of opioid abatement funds going forward.**

New Jersey 2023 Opioid Abatement Report

1. In what county are you located? **Passaic County**
2. For which eligible subdivision (county or municipality) are you reporting? **Wanaque Borough**
3. What is your subdivision's State ID? **NJ240**

NO REPORT RECEIVED

New Jersey 2023 Opioid Abatement Report

1. In what county are you located? **Passaic County**
2. For which eligible subdivision (county or municipality) are you reporting? **Wayne Township**
3. What is your subdivision's State ID? **NJ247**
4. As an eligible subdivision (county or municipality) receiving opioid abatement funds, please tell us the following:
Full name of individual in your subdivision authorized to report on the settlement funds your subdivision received ("administrator " managing/overseeing these funds): **Heather McNamara**

Name of Administering Agency: **Wayne Township**

Business Address: **475 Valley Rd**

City/Town: **Wayne**

Lead Contact Phone Number: **973-694-1800**
5. As an eligible subdivision receiving abatement funds, which of the following applies to your current status regarding those funds? **We are a municipality and did not transfer our funds.**
6. What amount of your opioid abatement funds did you transfer to the county?
7. Please tell us the full amount of opioid abatement funds you received as of 6/30/23. **\$72,508.10**
8. Please tell us the amount of opioid abatement funds you have expended (as of 6/30/23). **\$0.00**
9. Of the total opioid abatement funds, what amount was spent on program administrative expenses?
\$0.00
10. Please share brief information on your subdivision's overarching goals and priorities to provide context for this program year's spending decisions. **We will be working with the Municipal Alliance to formulate programs that fit our communities needs**
11. (This question is for counties only) Have you established an Advisory Committee to inform allocation of funds?
12. Did your subdivision engage the public (e.g., town hall meeting, online survey, convened stakeholders) prior to deciding how to use the opioid abatement funds you received? **No, but plan to in the future.**
13. Please describe your public engagement/input efforts?
14. Does your county/subdivision have a strategic plan? **No, but plan to develop one in the future.**
15. Can we post your strategic plan online?
16. Have you completed a risk assessment profile for demographic or geographic impact? **No, but we plan to in the future.**

New Jersey 2023 Opioid Abatement Report

17. Can we post your risk assessment online?

18. Please tell us your overall rationale for prioritizing the use of the opioid abatement funds that you received (e.g., are you using a needs assessment, a strategic or other plan, or an epidemiological analysis)? **Strategic Other Plan**

New Jersey 2023 Opioid Abatement Report

1. In what county are you located? **Passaic County**
2. For which eligible subdivision (county or municipality) are you reporting? **West Milford Township**
3. What is your subdivision's State ID? **NJ251**
4. As an eligible subdivision (county or municipality) receiving opioid abatement funds, please tell us the following:
Full name of individual in your subdivision authorized to report on the settlement funds your subdivision received ("administrator " managing/overseeing these funds): **Ellen Mageean**

Name of Administering Agency: **Township of West Milford**

Business Address: **1480 Union Valley Road**

City/Town: **West Milford**

Lead Contact Phone Number: **973-728-2752**
5. As an eligible subdivision receiving abatement funds, which of the following applies to your current status regarding those funds? **We are a municipality and did not transfer our funds.**
6. What amount of your opioid abatement funds did you transfer to the county?
7. Please tell us the full amount of opioid abatement funds you received as of 6/30/23. **\$27,110.05**
8. Please tell us the amount of opioid abatement funds you have expended (as of 6/30/23). **\$0.00**
9. Of the total opioid abatement funds, what amount was spent on program administrative expenses?
\$0.00
10. Please share brief information on your subdivision's overarching goals and priorities to provide context for this program year's spending decisions.
11. (This question is for counties only) Have you established an Advisory Committee to inform allocation of funds?
12. Did your subdivision engage the public (e.g., town hall meeting, online survey, convened stakeholders) prior to deciding how to use the opioid abatement funds you received? **No**
13. Please describe your public engagement/input efforts?
14. Does your county/subdivision have a strategic plan? **No, but plan to develop one in the future.**
15. Can we post your strategic plan online?
16. Have you completed a risk assessment profile for demographic or geographic impact? **No, but we plan to in the future.**
17. Can we post your risk assessment online?

New Jersey 2023 Opioid Abatement Report

18. Please tell us your overall rationale for prioritizing the use of the opioid abatement funds that you received (e.g., are you using a needs assessment, a strategic or other plan, or an epidemiological analysis)? **We have not yet determined the prioritizing the use of the funds**

New Jersey 2023 Opioid Abatement Report

1. In what county are you located? **Passaic County**
2. For which eligible subdivision (county or municipality) are you reporting? **Woodland Park Borough**
3. What is your subdivision's State ID? **NJ260**

NO REPORT RECEIVED

New Jersey 2023 Opioid Abatement Report

1. In what county are you located? **Salem County**
2. For which eligible subdivision (county or municipality) are you reporting? **Pennsville Township**
3. What is your subdivision's State ID? **NJ176**
4. As an eligible subdivision (county or municipality) receiving opioid abatement funds, please tell us the following:
Full name of individual in your subdivision authorized to report on the settlement funds your subdivision received ("administrator " managing/overseeing these funds): **John Willadsen**

Name of Administering Agency: **Pennsville Twp**

Business Address: **90 N Broadway**

City/Town: **Pennsville**

Lead Contact Phone Number: **856-678-3089**
5. As an eligible subdivision receiving abatement funds, which of the following applies to your current status regarding those funds? **We are a municipality and did not transfer our funds.**
6. What amount of your opioid abatement funds did you transfer to the county?
7. Please tell us the full amount of opioid abatement funds you received as of 6/30/23. **\$7,005.65**
8. Please tell us the amount of opioid abatement funds you have expended (as of 6/30/23). **\$0.00**
9. Of the total opioid abatement funds, what amount was spent on program administrative expenses?
\$0.00
10. Please share brief information on your subdivision's overarching goals and priorities to provide context for this program year's spending decisions.
11. (This question is for counties only) Have you established an Advisory Committee to inform allocation of funds?
12. Did your subdivision engage the public (e.g., town hall meeting, online survey, convened stakeholders) prior to deciding how to use the opioid abatement funds you received? **No, but plan to in the future.**
13. Please describe your public engagement/input efforts?
14. Does your county/subdivision have a strategic plan? **No**
15. Can we post your strategic plan online?
16. Have you completed a risk assessment profile for demographic or geographic impact? **No**
17. Can we post your risk assessment online?

New Jersey 2023 Opioid Abatement Report

18. Please tell us your overall rationale for prioritizing the use of the opioid abatement funds that you received (e.g., are you using a needs assessment, a strategic or other plan, or an epidemiological analysis)? **Needs Assessment**

Program 1

19. Program name/title: **National Night Out**

Agency/funding recipient name: **Pennsville Police Department**

Primary problem being addressed by this program: **Addiction**

Brief program description: **Bring awareness to addiction during a community event.**

Program target population: **Children and young adults**

Date this program was funded (please use M/D/Y): **07/28/2023**

Amount of funding for this program: **\$2,615.10**

Program launch date: **08/01/2023**

If program has started, how many clients have been seen as of 6/30/2023: **N/A**

What key performance indicators are you tracking to ensure success of the program? **N/A**

Please state this program's statement of impact: **N/A**

How do you plan to measure or track success and impact of this program? **N/A**

20. Primary Category (Please select the category that fits the primary focus of this program).

Prevention and Education

21. The following are other categories that may apply (include all categories with the exception of the Primary category you chose above). **Treatment**

22. Please choose the length of time of this program's duration: **Other (please specify)**

Other (please specify): **Once a year**

23. How often are you disbursing funds to this program? **Annually**

Other (please specify):

24. Rationale for Program

What is the reason for this program spending choice? **Education and prevention**

What outcomes or impact does the program aim to achieve? **Educate youth about addiction.**

What is the anticipated number of unduplicated clients this program will reach annually? **50**

New Jersey 2023 Opioid Abatement Report

25. Do you have other programs you are funding and/or operating with opioid abatement funds? **No**

New Jersey 2023 Opioid Abatement Report

1. In what county are you located? **Salem County**
2. For which eligible subdivision (county or municipality) are you reporting? **Salem County**
3. What is your subdivision's State ID? **NJ206**
4. As an eligible subdivision (county or municipality) receiving opioid abatement funds, please tell us the following:
 - Full name of individual in your subdivision authorized to report on the settlement funds your subdivision received ("administrator " managing/overseeing these funds): **June Sieber**
 - Name of Administering Agency: **Salem County Department of Health & Human Services**
 - Business Address: **110 Fifth Street**
 - City/Town: **Salem**
 - Lead Contact Phone Number: **856-935-7510 x 8623**
5. As an eligible subdivision receiving abatement funds, which of the following applies to your current status regarding those funds? **We are a county and did not transfer our funds.**
6. What amount of your opioid abatement funds did you transfer to the county?
7. Please tell us the full amount of opioid abatement funds you received as of 6/30/23. **\$309,112.48**
8. Please tell us the amount of opioid abatement funds you have expended (as of 6/30/23). **\$18,186.51**
9. Of the total opioid abatement funds, what amount was spent on program administrative expenses?
\$0.00
10. Please share brief information on your subdivision's overarching goals and priorities to provide context for this program year's spending decisions. **Our main goal is to prevent future opioid overdose deaths in Salem County through awareness, community engagement and harm reduction. Many individuals suffer in silence, without knowledge on what treatment, supports or information is available. By expanding our outreach efforts in the community, our County residents can be better equipped to avoid opioid overdose deaths.**
11. (This question is for counties only) Have you established an Advisory Committee to inform allocation of funds? **Yes**
12. Did your subdivision engage the public (e.g., town hall meeting, online survey, convened stakeholders) prior to deciding how to use the opioid abatement funds you received? **No, but plan to in the future.**
13. Please describe your public engagement/input efforts?
14. Does your county/subdivision have a strategic plan? **No, but plan to develop one in the future.**
15. Can we post your strategic plan online?

New Jersey 2023 Opioid Abatement Report

16. Have you completed a risk assessment profile for demographic or geographic impact? **No, but we plan to in the future.**

17. Can we post your risk assessment online?

18. Please tell us your overall rationale for prioritizing the use of the opioid abatement funds that you received (e.g., are you using a needs assessment, a strategic or other plan, or an epidemiological analysis)? **In a rural community like Salem County, it can be challenging to reach the targeted audience to share Opioid Use Disorder treatment resources, available recovery supports and harm reduction supplies. Through expanded outreach and meeting our residents where they are, we can spread greater awareness and reduce opioid overdose deaths.**

Program 1

19. Program name/title: **Expanded Community Outreach/ Engagement**

Agency/funding recipient name: **Salem County Department of Health & Human Services**

Primary problem being addressed by this program: **The primary problem being addressed is the lack of community knowledge around OUD treatment options, recovery supports, and harm reduction supplies.**

Brief program description: **Strategic community outreach by trained recovery coach to share OUD treatment options, recovery supports and harm reduction supplies. Locations of outreach chosen based on areas of high traffic and increased opioid overdoses.**

Program target population: **People who use drugs and their family members.**

Date this program was funded (please use M/D/Y): **01/01/2023**

Amount of funding for this program: **\$16,476.51**

Program launch date: **01/01/2023**

If program has started, how many clients have been seen as of 6/30/2023: **285 contacts made**

What key performance indicators are you tracking to ensure success of the program? **Number of contacts made, number of individuals that accept treatment, number of harm reduction supplies dispersed.**

Please state this program's statement of impact: **Meeting people who use drugs where they are, in the community, and offering options without stigma or judgment allow individuals to feel seen/heard and make educated decisions regarding their use and recovery.**

How do you plan to measure or track success and impact of this program? **We plan to measure or track the success and impact of this program by evaluating the number of Salem County residents that receive OUD treatment and by analyzing opioid overdose deaths in the coming years.**

20. Primary Category (Please select the category that fits the primary focus of this program). **Recovery and Support**

New Jersey 2023 Opioid Abatement Report

21. The following are other categories that may apply (include all categories with the exception of the Primary category you chose above). **Harm Reduction, Overdose Prevention, Prevention and Education, Treatment**

22. Please choose the length of time of this program's duration: **Less than 1 year**

Other (please specify):

23. How often are you disbursing funds to this program? **Other (please specify)**

Other (please specify): **As needed, this is an internally ran program**

24. Rationale for Program

What is the reason for this program spending choice? **To expand outreach and meet our community members where they are. This is an effort that has not been previously funded. This is a necessary action needed to reach our targeted audience.**

What outcomes or impact does the program aim to achieve? **To connect individuals to OUD treatment, recovery supports and harm reduction supplies.**

What is the anticipated number of unduplicated clients this program will reach annually? **500**

25. Do you have other programs you are funding and/or operating with opioid abatement funds? **Yes**

Program 2

19. Program name/title: **Harm Reduction Supply Distribution**

Agency/funding recipient name: **Salem County Department of Health & Human Services**

Primary problem being addressed by this program: **The primary problem being addressed is lack of harm reduction supplies in the community.**

Brief program description: **Narcan boxes are purchased and distributed throughout the community to locations such as schools, bars, restaurants and hotels. The boxes are stocked with Narcan. Narcan training administration is given to staff members.**

Program target population: **All Salem County residents**

Date this program was funded (please use M/D/Y): **06/01/2023**

Amount of funding for this program: **\$1,710.00**

Program launch date: **06/01/2023**

If program has started, how many clients have been seen as of 6/30/2023: **None in FY23. Supplies are being purchased to implement this program.**

What key performance indicators are you tracking to ensure success of the program? **We are tracking several key performance indicators such as how many schools, businesses, bars, restaurants, etc. accept the Narcan box placement and training as well as utilization of the harm reduction supplies.**

New Jersey 2023 Opioid Abatement Report

Please state this program's statement of impact: **Increased access to harm reduction supplies, including Narcan, exponentially decreased the risk for opioid overdose deaths. Through harm reduction supply distribution, including Narcan box placement, less lives can be lost to opioid overdose deaths.**

How do you plan to measure or track success and impact of this program? **We plan to track success/impact of this program through the utilization of harm reduction supplies as reported to our agency as well as by analyzing opioid overdose deaths in the coming years.**

20. Primary Category (Please select the category that fits the primary focus of this program). **Harm Reduction**

21. The following are other categories that may apply (include all categories with the exception of the Primary category you chose above). **Overdose Prevention, Prevention and Education**

22. Please choose the length of time of this program's duration: **Less than 1 year**

Other (please specify):

23. How often are you disbursing funds to this program? **Annually**

Other (please specify):

24. Rationale for Program

What is the reason for this program spending choice? **The reason for this program spending is to widely disperse harm reduction supplies throughout Salem County.**

What outcomes or impact does the program aim to achieve? **By increasing access to harm reduction supplies, such as Narcan, we can prevent opioid overdose deaths.**

What is the anticipated number of unduplicated clients this program will reach annually? **The initial goal is 25 Narcan boxes distributed annually.**

25. Do you have other programs you are funding and/or operating with opioid abatement funds? **No**

New Jersey 2023 Opioid Abatement Report

1. In what county are you located? **Somerset County**
2. For which eligible subdivision (county or municipality) are you reporting? **Bernards Township**
3. What is your subdivision's State ID? **NJ14**
4. As an eligible subdivision (county or municipality) receiving opioid abatement funds, please tell us the following:
Full name of individual in your subdivision authorized to report on the settlement funds your subdivision received ("administrator " managing/overseeing these funds): **Sean McCarthy**

Name of Administering Agency: **Bernards Township**

Business Address: **1 Collyer Lane**

City/Town: **Basking Ridge**

Lead Contact Phone Number: **908-204-4605**
5. As an eligible subdivision receiving abatement funds, which of the following applies to your current status regarding those funds? **We are a municipality and did not transfer our funds.**
6. What amount of your opioid abatement funds did you transfer to the county?
7. Please tell us the full amount of opioid abatement funds you received as of 6/30/23. **\$38,287.22**
8. Please tell us the amount of opioid abatement funds you have expended (as of 6/30/23). **\$0.00**
9. Of the total opioid abatement funds, what amount was spent on program administrative expenses?
\$0.00
10. Please share brief information on your subdivision's overarching goals and priorities to provide context for this program year's spending decisions. **Prevent Misuse of Opioids**
11. (This question is for counties only) Have you established an Advisory Committee to inform allocation of funds?
12. Did your subdivision engage the public (e.g., town hall meeting, online survey, convened stakeholders) prior to deciding how to use the opioid abatement funds you received? **No, but plan to in the future.**
13. Please describe your public engagement/input efforts?
14. Does your county/subdivision have a strategic plan? **No, but plan to develop one in the future.**
15. Can we post your strategic plan online?
16. Have you completed a risk assessment profile for demographic or geographic impact? **No, but we plan to in the future.**

New Jersey 2023 Opioid Abatement Report

17. Can we post your risk assessment online?

18. Please tell us your overall rationale for prioritizing the use of the opioid abatement funds that you received (e.g., are you using a needs assessment, a strategic or other plan, or an epidemiological analysis)? **To be determined**

New Jersey 2023 Opioid Abatement Report

1. In what county are you located? **Somerset County**
2. For which eligible subdivision (county or municipality) are you reporting? **Bound Brook Borough**
3. What is your subdivision's State ID? **NJ17**
4. As an eligible subdivision (county or municipality) receiving opioid abatement funds, please tell us the following:
 - Full name of individual in your subdivision authorized to report on the settlement funds your subdivision received ("administrator " managing/overseeing these funds): **Natasha Turchan**
 - Name of Administering Agency: **Borough of Bound Brook**
 - Business Address: **230 Hamilton Sr**
 - City/Town: **Bound Brook**
 - Lead Contact Phone Number: **908-216-8447**
5. As an eligible subdivision receiving abatement funds, which of the following applies to your current status regarding those funds? **We are a municipality and did not transfer our funds.**
6. What amount of your opioid abatement funds did you transfer to the county?
7. Please tell us the full amount of opioid abatement funds you received as of 6/30/23. **\$27,294.27**
8. Please tell us the amount of opioid abatement funds you have expended (as of 6/30/23). **\$0.00**
9. Of the total opioid abatement funds, what amount was spent on program administrative expenses?
\$0.00
10. Please share brief information on your subdivision's overarching goals and priorities to provide context for this program year's spending decisions. **N/A**
11. (This question is for counties only) Have you established an Advisory Committee to inform allocation of funds?
12. Did your subdivision engage the public (e.g., town hall meeting, online survey, convened stakeholders) prior to deciding how to use the opioid abatement funds you received? **No**
13. Please describe your public engagement/input efforts?
14. Does your county/subdivision have a strategic plan? **No**
15. Can we post your strategic plan online?
16. Have you completed a risk assessment profile for demographic or geographic impact? **No**
17. Can we post your risk assessment online?

New Jersey 2023 Opioid Abatement Report

18. Please tell us your overall rationale for prioritizing the use of the opioid abatement funds that you received (e.g., are you using a needs assessment, a strategic or other plan, or an epidemiological analysis)? **N/A**

Program 1

19. Program name/title: **CPAC**

Agency/funding recipient name: **Somerset County**

Primary problem being addressed by this program: **Drug abuse**

Brief program description: **The program employs a social worker that will work closely with the police department to assist in reduction of drug abuse**

Program target population: **Residents of Bound Brook**

Date this program was funded (please use M/D/Y): **1/1/2024**

Amount of funding for this program: **\$27,294.27**

Program launch date: **1/1/2024**

If program has started, how many clients have been seen as of 6/30/2023: **N/A**

What key performance indicators are you tracking to ensure success of the program? **Number of drug arrests**

Please state this program's statement of impact: **Reduction in drug arrests**

How do you plan to measure or track success and impact of this program? **Evaluating the number of drug arrests**

20. Primary Category (Please select the category that fits the primary focus of this program). **Diversion from Incarceration**

21. The following are other categories that may apply (include all categories with the exception of the Primary category you chose above). **Harm Reduction**

22. Please choose the length of time of this program's duration: **Other (please specify)**

Other (please specify): **On going**

23. How often are you disbursing funds to this program? **Other (please specify)**

Other (please specify): **as billed**

24. Rationale for Program

What is the reason for this program spending choice? **It allows us to decrease the number of arrests and reduction in drug usage**

What outcomes or impact does the program aim to achieve? **Reduction in drug use and arrests**

New Jersey 2023 Opioid Abatement Report

What is the anticipated number of unduplicated clients this program will reach annually?

Unknown

25. Do you have other programs you are funding and/or operating with opioid abatement funds? **No**

New Jersey 2023 Opioid Abatement Report

1. In what county are you located? **Somerset County**
2. For which eligible subdivision (county or municipality) are you reporting? **Branchburg Township**
3. What is your subdivision's State ID? **NJ18**
4. As an eligible subdivision (county or municipality) receiving opioid abatement funds, please tell us the following:
Full name of individual in your subdivision authorized to report on the settlement funds your subdivision received ("administrator " managing/overseeing these funds): **Diane Schubach**

Name of Administering Agency: **Branchburg Township**

Business Address: **1077 Rt. 202 North**

City/Town: **Branchburg**

Lead Contact Phone Number: **908-526-1300**
5. As an eligible subdivision receiving abatement funds, which of the following applies to your current status regarding those funds? **We are a municipality and did not transfer our funds.**
6. What amount of your opioid abatement funds did you transfer to the county?
7. Please tell us the full amount of opioid abatement funds you received as of 6/30/23. **\$23,589.52**
8. Please tell us the amount of opioid abatement funds you have expended (as of 6/30/23). **\$0.00**
9. Of the total opioid abatement funds, what amount was spent on program administrative expenses?
\$0.00
10. Please share brief information on your subdivision's overarching goals and priorities to provide context for this program year's spending decisions. **Prevention activities**
11. (This question is for counties only) Have you established an Advisory Committee to inform allocation of funds?
12. Did your subdivision engage the public (e.g., town hall meeting, online survey, convened stakeholders) prior to deciding how to use the opioid abatement funds you received? **No, but plan to in the future.**
13. Please describe your public engagement/input efforts?
14. Does your county/subdivision have a strategic plan? **No, but plan to develop one in the future.**
15. Can we post your strategic plan online?
16. Have you completed a risk assessment profile for demographic or geographic impact? **No, but we plan to in the future.**

New Jersey 2023 Opioid Abatement Report

17. Can we post your risk assessment online?

18. Please tell us your overall rationale for prioritizing the use of the opioid abatement funds that you received (e.g., are you using a needs assessment, a strategic or other plan, or an epidemiological analysis)? **Needs assessment**

New Jersey 2023 Opioid Abatement Report

1. In what county are you located? **Somerset County**
2. For which eligible subdivision (county or municipality) are you reporting? **Bridgewater Township**
3. What is your subdivision's State ID? **NJ21**
4. As an eligible subdivision (county or municipality) receiving opioid abatement funds, please tell us the following:
 - Full name of individual in your subdivision authorized to report on the settlement funds your subdivision received ("administrator " managing/overseeing these funds): **Wells Winegar**
 - Name of Administering Agency: **Administration**
 - Business Address: **100 Commons Way**
 - City/Town: **Bridgewater**
 - Lead Contact Phone Number: **908-625-9860**
5. As an eligible subdivision receiving abatement funds, which of the following applies to your current status regarding those funds? **We are a municipality and did not transfer our funds.**
6. What amount of your opioid abatement funds did you transfer to the county?
7. Please tell us the full amount of opioid abatement funds you received as of 6/30/23. **\$76,864.72**
8. Please tell us the amount of opioid abatement funds you have expended (as of 6/30/23). **\$0.00**
9. Of the total opioid abatement funds, what amount was spent on program administrative expenses?
\$0.00
10. Please share brief information on your subdivision's overarching goals and priorities to provide context for this program year's spending decisions.
11. (This question is for counties only) Have you established an Advisory Committee to inform allocation of funds?
12. Did your subdivision engage the public (e.g., town hall meeting, online survey, convened stakeholders) prior to deciding how to use the opioid abatement funds you received? **No**
13. Please describe your public engagement/input efforts?
14. Does your county/subdivision have a strategic plan? **No, but plan to develop one in the future.**
15. Can we post your strategic plan online?
16. Have you completed a risk assessment profile for demographic or geographic impact? **No**
17. Can we post your risk assessment online?

New Jersey 2023 Opioid Abatement Report

18. Please tell us your overall rationale for prioritizing the use of the opioid abatement funds that you received (e.g., are you using a needs assessment, a strategic or other plan, or an epidemiological analysis)? **Needs Assessment**

New Jersey 2023 Opioid Abatement Report

1. In what county are you located? **Somerset County**
2. For which eligible subdivision (county or municipality) are you reporting? **Franklin Township**
3. What is your subdivision's State ID? **NJ67**
4. As an eligible subdivision (county or municipality) receiving opioid abatement funds, please tell us the following:
Full name of individual in your subdivision authorized to report on the settlement funds your subdivision received ("administrator " managing/overseeing these funds): **Quovella Maeweather**

Name of Administering Agency: **Franklin Township**

Business Address: **141 Grantham Drive**

City/Town: **Franklin Township**

Lead Contact Phone Number: **732-873-5533 ext. 2118**
5. As an eligible subdivision receiving abatement funds, which of the following applies to your current status regarding those funds? **We are a municipality and did not transfer our funds.**
6. What amount of your opioid abatement funds did you transfer to the county?
7. Please tell us the full amount of opioid abatement funds you received as of 6/30/23. **\$160,705.52**
8. Please tell us the amount of opioid abatement funds you have expended (as of 6/30/23). **\$0.00**
9. Of the total opioid abatement funds, what amount was spent on program administrative expenses?
\$0.00
10. Please share brief information on your subdivision's overarching goals and priorities to provide context for this program year's spending decisions. **Through our partnership with the educators, community leads and families within Franklin Township. We will provide proven and effective programming to deter youth and adults from drug use. We are committed to maintaining connections and relationships with youth in our community to prevent the usage and impact of drugs in our township.**
11. (This question is for counties only) Have you established an Advisory Committee to inform allocation of funds? **N/A**
12. Did your subdivision engage the public (e.g., town hall meeting, online survey, convened stakeholders) prior to deciding how to use the opioid abatement funds you received? **No**
13. Please describe your public engagement/input efforts?
14. Does your county/subdivision have a strategic plan? **No, but plan to develop one in the future.**
15. Can we post your strategic plan online?

New Jersey 2023 Opioid Abatement Report

16. Have you completed a risk assessment profile for demographic or geographic impact? **No, but we plan to in the future.**

17. Can we post your risk assessment online?

18. Please tell us your overall rationale for prioritizing the use of the opioid abatement funds that you received (e.g., are you using a needs assessment, a strategic or other plan, or an epidemiological analysis)? **We plan to utilize a needs assessment.**

Program 1

19. Program name/title: **Drug Education, Awareness & Prevention**

Agency/funding recipient name: **Franklin Township Police Department**

Primary problem being addressed by this program: **To create safer, healthier communities free of drugs, bullying, and violence throughout our township and state.**

Brief program description: **Our program will provide resources and educational training to 14 schools within Franklin Township, including public and private high schools. To educate approximately 9,000 students as to the dangers of drugs, related crimes and bullying. To develop and initiate a community awareness and prevention programs that bring together law enforcement with the local citizens.**

Program target population: **70,000**

Date this program was funded (please use M/D/Y): **N/A**

Amount of funding for this program: **N/A**

Program launch date: **N/A**

If program has started, how many clients have been seen as of 6/30/2023: **N/A**

What key performance indicators are you tracking to ensure success of the program? **Number of training sessions completed; the number of Narcan usage; and number of youth and adult drug related encounters.**

Please state this program's statement of impact: **Lack of youth and community activities for approximately 9,000 students within the township were factors considered in recommending the creation of programming to provide resources and educational training.**

How do you plan to measure or track success and impact of this program? **Number of training sessions completed; the number of Narcan usage; and number of youth and adult drug related encounters.**

20. Primary Category (Please select the category that fits the primary focus of this program).
Prevention and Education

21. The following are other categories that may apply (include all categories with the exception of the Primary category you chose above). **Harm Reduction, Overdose Prevention, Diversion from Incarceration, Prevention and Education**

New Jersey 2023 Opioid Abatement Report

22. Please choose the length of time of this program's duration: **5+ years**

Other (please specify):

23. How often are you disbursing funds to this program? **Annually**

Other (please specify):

24. Rationale for Program

What is the reason for this program spending choice? **There are a lack of resources and programming for YOUTH prevention of drug use and abuse.**

What outcomes or impact does the program aim to achieve? **Reduce and eliminate the number of YOUTH engaged in drug usage.**

What is the anticipated number of unduplicated clients this program will reach annually? **20,000**

25. Do you have other programs you are funding and/or operating with opioid abatement funds? **No**

New Jersey 2023 Opioid Abatement Report

1. In what county are you located? **Somerset County**
2. For which eligible subdivision (county or municipality) are you reporting? **Hillsborough Township**
3. What is your subdivision's State ID? **NJ91**
4. As an eligible subdivision (county or municipality) receiving opioid abatement funds, please tell us the following:
Full name of individual in your subdivision authorized to report on the settlement funds your subdivision received ("administrator " managing/overseeing these funds): **Minda Maggio**

Name of Administering Agency: **Hillsborough Municipal Alliance**

Business Address: **379 South Branch Road**

City/Town: **Hillsborough**

Lead Contact Phone Number: **908-431-6600 ext. 2809**
5. As an eligible subdivision receiving abatement funds, which of the following applies to your current status regarding those funds? **We are a municipality and did not transfer our funds.**
6. What amount of your opioid abatement funds did you transfer to the county?
7. Please tell us the full amount of opioid abatement funds you received as of 6/30/23. **\$72,758.94**
8. Please tell us the amount of opioid abatement funds you have expended (as of 6/30/23).
\$12,365.00
9. Of the total opioid abatement funds, what amount was spent on program administrative expenses?
\$0.00
10. Please share brief information on your subdivision's overarching goals and priorities to provide context for this program year's spending decisions. **We have created a subcommittee including various members in our community (Municipal Alliance, Youth Services Commission, Township CFO & Clerk, Police Dept, etc.). The goal of the group is to determine our communities' priorities, review the trends/data in our community and determine the needs in our community. We plan to create a 5-year plan for now that will include prevention education, treatment support and mental health awareness.**
11. (This question is for counties only) Have you established an Advisory Committee to inform allocation of funds?
12. Did your subdivision engage the public (e.g., town hall meeting, online survey, convened stakeholders) prior to deciding how to use the opioid abatement funds you received? **Yes**
13. Please describe your public engagement/input efforts? **Ongoing meetings of the Municipal Alliance and Youth Services Commission which include many community members. We have also connected with our County colleagues to have discussions about their perspective and knowledge in the community.**

New Jersey 2023 Opioid Abatement Report

14. Does your county/subdivision have a strategic plan? **No, but plan to develop one in the future.**
15. Can we post your strategic plan online?
16. Have you completed a risk assessment profile for demographic or geographic impact? **No**
17. Can we post your risk assessment online?
18. Please tell us your overall rationale for prioritizing the use of the opioid abatement funds that you received (e.g., are you using a needs assessment, a strategic or other plan, or an epidemiological analysis)? **We are in the process of creating a strategic plan.**

Program 1

19. Program name/title: **Steered Straight Assembly Program**

Agency/funding recipient name: **Steered Straight**

Primary problem being addressed by this program: **Prevention education for High School students**

Brief program description: **As assembly for alcohol/opioid/drug awareness and prevention that uses real life stories so students understand the importance of making healthy life choices, asking for help when they need it, supporting classmates, etc. The program provides students with young adults who share their real-life story to try to educate and make students aware of the disease of addiction.**

Program target population: **High School Students**

Date this program was funded (please use M/D/Y): **03/28/23**

Amount of funding for this program: **\$4,500.00**

Program launch date: **3/28/23**

If program has started, how many clients have been seen as of 6/30/2023: **Approximately 1,200 students and many/various staff members at Hillsborough High School**

What key performance indicators are you tracking to ensure success of the program? **Online program evaluation - students complete an online evaluation after the presentation**

Please state this program's statement of impact: **Based on the evaluation, 92% of students found the presentation informative/very informative.**

How do you plan to measure or track success and impact of this program? **Student evaluation**

20. Primary Category (Please select the category that fits the primary focus of this program).
Prevention and Education

21. The following are other categories that may apply (include all categories with the exception of the Primary category you chose above). **Overdose Prevention, Recovery and Support**

22. Please choose the length of time of this program's duration: **Other (please specify)**

New Jersey 2023 Opioid Abatement Report

Other (please specify): **TBD**

23. How often are you disbursing funds to this program? **Other (please specify)**

Other (please specify): **TBD**

24. Rationale for Program

What is the reason for this program spending choice? **TBD**

What outcomes or impact does the program aim to achieve? **TBD**

What is the anticipated number of unduplicated clients this program will reach annually? **TBD**

25. Do you have other programs you are funding and/or operating with opioid abatement funds? **Yes**

Program 2

19. Program name/title: **Opioid Education - with Hillsborough Police Department**

Agency/funding recipient name: **Various**

Primary problem being addressed by this program: **Opioid Education**

Brief program description: **Fatal Vision Opioid Program/Education - These educational kit/materials model how opioid abuse depresses the central nervous system causing attention failure, impairment, etc. These impairments can negatively impact an individual's health, quality of life and safety. By experiencing the behavioral effects of opioid use, participants are more aware of people's susceptibility and knowledgeable of the severe consequences associated with using opioids.**

Program target population: **Students and parents**

Date this program was funded (please use M/D/Y): **4/1/23**

Amount of funding for this program: **\$7,865.00**

Program launch date: **Fall 2023**

If program has started, how many clients have been seen as of 6/30/2023: **TBD**

What key performance indicators are you tracking to ensure success of the program? **Student and parent evaluations**

Please state this program's statement of impact: **TBD**

How do you plan to measure or track success and impact of this program? **TBD**

20. Primary Category (Please select the category that fits the primary focus of this program).

Prevention and Education

21. The following are other categories that may apply (include all categories with the exception of the Primary category you chose above). **Recovery and Support**

New Jersey 2023 Opioid Abatement Report

22. Please choose the length of time of this program's duration:

Other (please specify):

23. How often are you disbursing funds to this program?

Other (please specify):

24. Rationale for Program

What is the reason for this program spending choice? **Collaborating with the Hillsborough Police Department to educate students and parents the dangers of opioid abuse**

What outcomes or impact does the program aim to achieve? **Education/Awareness**

What is the anticipated number of unduplicated clients this program will reach annually? **TBD**

25. Do you have other programs you are funding and/or operating with opioid abatement funds? **No**

New Jersey 2023 Opioid Abatement Report

1. In what county are you located? **Somerset County**
2. For which eligible subdivision (county or municipality) are you reporting? **Manville Borough**
3. What is your subdivision's State ID? **NJ126**
4. As an eligible subdivision (county or municipality) receiving opioid abatement funds, please tell us the following:
Full name of individual in your subdivision authorized to report on the settlement funds your subdivision received ("administrator " managing/overseeing these funds): **Stephanie Cornelson**

Name of Administering Agency: **Manville Recreation Department**

Business Address: **325 North Main Street**

City/Town: **Manville**

Lead Contact Phone Number: **908-725-9478 Ext. 121**
5. As an eligible subdivision receiving abatement funds, which of the following applies to your current status regarding those funds? **We are a municipality and did not transfer our funds.**
6. What amount of your opioid abatement funds did you transfer to the county?
7. Please tell us the full amount of opioid abatement funds you received as of 6/30/23. **\$19,006.22**
8. Please tell us the amount of opioid abatement funds you have expended (as of 6/30/23). **\$0.00**
9. Of the total opioid abatement funds, what amount was spent on program administrative expenses?
\$0.00
10. Please share brief information on your subdivision's overarching goals and priorities to provide context for this program year's spending decisions. **Our goals are to provide resources to residents and community leaders to help prevent opioid abuse. We also want to provide programs and outlets for our community to connect with our local police department and share awareness resources.**
11. (This question is for counties only) Have you established an Advisory Committee to inform allocation of funds?
12. Did your subdivision engage the public (e.g., town hall meeting, online survey, convened stakeholders) prior to deciding how to use the opioid abatement funds you received? **Yes**
13. Please describe your public engagement/input efforts? **We met with our Manville Municipal Alliance members and Youth Services Commission to get input on what our goals should be.**
14. Does your county/subdivision have a strategic plan? **No, but plan to develop one in the future.**
15. Can we post your strategic plan online?

New Jersey 2023 Opioid Abatement Report

16. Have you completed a risk assessment profile for demographic or geographic impact? **No, but we plan to in the future.**

17. Can we post your risk assessment online?

18. Please tell us your overall rationale for prioritizing the use of the opioid abatement funds that you received (e.g., are you using a needs assessment, a strategic or other plan, or an epidemiological analysis)? **We are aware that we have a high population of residents who can be considered "at risk" due to favorable attitude towards drug use, high number of suicides, high number of students with learning disabilities, large population who are ESL and many families who work several jobs and children are left unsupervised at times. Our priority is to provide a way for residents to connect more with our police department by providing programs that gives them the opportunity to make connections with role models. We also want to be able to provide outlets where we can share information about opioid abuse so that the awareness of the dangers can be known.**

Program 1

19. Program name/title: **National Night Out - Community Connection**

Agency/funding recipient name: **4Imprint**

Primary problem being addressed by this program: **Residents not connecting with our local police department and using them as a resource if they need help with issues concerning drugs and opioid abuse.**

Brief program description: **We purchased Manville PD materials with their logo on it. We expanded our National Night Out this year to include games that involved getting to know our local police department better such as National Night Out Bingo where residents were asked to introduce themselves to an officer and find out which square on their bingo card matched them. We also had a dodgeball game where all children were asked to join and play against our local officers and first responders. All participants received a giveaway.**

Program target population: **All residents of all ages**

Date this program was funded (please use M/D/Y): **07/14/2023**

Amount of funding for this program: **\$3,528.96**

Program launch date: **August 1, 2023**

If program has started, how many clients have been seen as of 6/30/2023: **250 - 300 residents attended**

What key performance indicators are you tracking to ensure success of the program? **We are hoping to see more of an interest about the dangers of opioid abuse and for the public to be aware they can use our local PD as a resource if in need. The Manville PD will keep us informed on details.**

Please state this program's statement of impact: **With the expansion of our National Night Out / Police & Residents Connecting, it is our intent to provide more awareness about the dangers and to make sure they know they have a resource if they are in need.**

New Jersey 2023 Opioid Abatement Report

How do you plan to measure or track success and impact of this program? **We plan to keep in contact with the Manville Pd for reporting. We have a Manville PD representative who is part of our Manville Municipal Alliance & Youth Services Commission.**

20. Primary Category (Please select the category that fits the primary focus of this program).

Prevention and Education

21. The following are other categories that may apply (include all categories with the exception of the Primary category you chose above). **Harm Reduction, Overdose Prevention, Recovery and Support**

22. Please choose the length of time of this program's duration: **Other (please specify)**

Other (please specify): **We believe this to be an ongoing program with the National Night out event being the beginning of building relationships.**

23. How often are you disbursing funds to this program? **One time only**

Other (please specify):

24. Rationale for Program

What is the reason for this program spending choice? **To give our residents the chance to build positive relationships with our local police officers as a way of providing awareness, resources and prevention.**

What outcomes or impact does the program aim to achieve? **Trust within the community between those who may need help in relation to drug / opioid abuse and with a resource in our town that can help them.**

What is the anticipated number of unduplicated clients this program will reach annually? **We will continue to offer this opportunity in our upcoming years events so the hope is to reach a new 200 people every year.**

25. Do you have other programs you are funding and/or operating with opioid abatement funds? **Yes**

Program 2

19. Program name/title: **Forensics / Murder Mystery Summer Camp**

Agency/funding recipient name: **Carolina Biological & Mrs. Lauren Kurzius**

Primary problem being addressed by this program: **Lack of education of how opioid abuse can affect lives.**

Brief program description: **We worked with the Manville Police Department, Manville Recreation and the Manville School District to sponsor a week-long summer camp training middle school aged students on how to solve a murder mystery by using forensics. Along with providing our students with a chance to connect with our police department, we also included the information on the dangers of opioid abuse and how it can affect your body.**

Program target population: **Middle school students, grades 5th - 8th grade**

New Jersey 2023 Opioid Abatement Report

Date this program was funded (please use M/D/Y): **Funds have been encumbered but not expended.**

Amount of funding for this program: **\$651.81**

Program launch date: **July 31, 2023**

If program has started, how many clients have been seen as of 6/30/2023: **0**

What key performance indicators are you tracking to ensure success of the program? **Our middle school science teacher led this camp. She will report to the committee if she has seen a difference with students' behavior towards drug/opioid abuse.**

Please state this program's statement of impact: **By creating this camp, it is our intention to help our middle school students build strong relationships with community leaders and the police department and to also inform them of the dangers of opioid abuse.**

How do you plan to measure or track success and impact of this program? **We will ask the middle school teacher to report to the committee if she has seen a difference / impact on her students.**

20. Primary Category (Please select the category that fits the primary focus of this program).

Prevention and Education

21. The following are other categories that may apply (include all categories with the exception of the Primary category you chose above). **Harm Reduction, Overdose Prevention, Diversion from Incarceration**

22. Please choose the length of time of this program's duration: **Less than 1 year**

Other (please specify):

23. How often are you disbursing funds to this program? **One time only**

Other (please specify):

24. Rationale for Program

What is the reason for this program spending choice? **To spread awareness and help our middle school aged residents build strong relationships with community leaders.**

What outcomes or impact does the program aim to achieve? **To prevent our youth from using opioids.**

What is the anticipated number of unduplicated clients this program will reach annually? **Up to 50 students. We will be having this camp again next year and can expand the camp if there is a higher enrollment.**

25. Do you have other programs you are funding and/or operating with opioid abatement funds? **Yes**

Program 3

19. Program name/title: **DARE**

New Jersey 2023 Opioid Abatement Report

Agency/funding recipient name: **Manville Police Department / Creative Solutions**

Primary problem being addressed by this program: **Students abusing drugs / opioids**

Brief program description: **DARE is annual workshop that is held in our school system teaching students to make healthy living choices and to prevent them from using drugs / opioids.**

Program target population: **All 4th Grade students**

Date this program was funded (please use M/D/Y): **Funds have been encumbered but not expended**

Amount of funding for this program: **\$5,997.18**

Program launch date: **Spring 2024**

If program has started, how many clients have been seen as of 6/30/2023:

What key performance indicators are you tracking to ensure success of the program? **Feedback from the school district and the Manville PD to see if drug use is decreasing.**

Please state this program's statement of impact: **We wish to support our Manville Police Department in helping them to provide awareness of the dangers of drug/opioid abuse and how to make healthy living choices.**

How do you plan to measure or track success and impact of this program? **We will ask the Manville PD to report back to the Manville Municipal Alliance & Youth Services Commission.**

20. Primary Category (Please select the category that fits the primary focus of this program).
Prevention and Education

21. The following are other categories that may apply (include all categories with the exception of the Primary category you chose above). **Harm Reduction, Overdose Prevention, Diversion from Incarceration**

22. Please choose the length of time of this program's duration: **Less than 1 year**

Other (please specify):

23. How often are you disbursing funds to this program? **Annually**

Other (please specify):

24. Rationale for Program

What is the reason for this program spending choice? **To provide awareness and prevent drug / opioid abuse**

What outcomes or impact does the program aim to achieve? **Healthy and productive life choices from participants**

What is the anticipated number of unduplicated clients this program will reach annually? **Up to 150**

New Jersey 2023 Opioid Abatement Report

25. Do you have other programs you are funding and/or operating with opioid abatement funds? **No**

New Jersey 2023 Opioid Abatement Report

1. In what county are you located? **Somerset County**
2. For which eligible subdivision (county or municipality) are you reporting? **Montgomery Township**
3. What is your subdivision's State ID? **NJ144**
4. As an eligible subdivision (county or municipality) receiving opioid abatement funds, please tell us the following:
Full name of individual in your subdivision authorized to report on the settlement funds your subdivision received ("administrator " managing/overseeing these funds): **Erika Van Wagner**

Name of Administering Agency: **Montgomery Township**

Business Address: **100 Community Dr**

City/Town: **Skillman**

Lead Contact Phone Number: **908-359-8211 x 2299**
5. As an eligible subdivision receiving abatement funds, which of the following applies to your current status regarding those funds? **We are a municipality and did not transfer our funds.**
6. What amount of your opioid abatement funds did you transfer to the county?
7. Please tell us the full amount of opioid abatement funds you received as of 6/30/23. **\$33,876.03**
8. Please tell us the amount of opioid abatement funds you have expended (as of 6/30/23). **\$0.00**
9. Of the total opioid abatement funds, what amount was spent on program administrative expenses?
\$0.00
10. Please share brief information on your subdivision's overarching goals and priorities to provide context for this program year's spending decisions. **Prevention education for the community through our municipal alliance.**
11. (This question is for counties only) Have you established an Advisory Committee to inform allocation of funds?
12. Did your subdivision engage the public (e.g., town hall meeting, online survey, convened stakeholders) prior to deciding how to use the opioid abatement funds you received? **Yes**
13. Please describe your public engagement/input efforts? **We have heard from attendees at municipal alliance meetings, board of health, community leaders, youth action board and have heard from the EMS regarding programs they would like to see.**
14. Does your county/subdivision have a strategic plan? **No, but plan to develop one in the future.**
15. Can we post your strategic plan online?

New Jersey 2023 Opioid Abatement Report

16. Have you completed a risk assessment profile for demographic or geographic impact? **No, but we plan to in the future.**

17. Can we post your risk assessment online?

18. Please tell us your overall rationale for prioritizing the use of the opioid abatement funds that you received (e.g., are you using a needs assessment, a strategic or other plan, or an epidemiological analysis)? **We are planning to use all of the above to educate the community.**

New Jersey 2023 Opioid Abatement Report

1. In what county are you located? **Somerset County**
2. For which eligible subdivision (county or municipality) are you reporting? **North Plainfield Borough**
3. What is your subdivision's State ID? **NJ160**
4. As an eligible subdivision (county or municipality) receiving opioid abatement funds, please tell us the following:
Full name of individual in your subdivision authorized to report on the settlement funds your subdivision received ("administrator " managing/overseeing these funds): **Patrick J. Deblasio**

Name of Administering Agency: **Borough of North Plainfield**

Business Address: **263 Somerset Street**

City/Town: **North Plainfield**

Lead Contact Phone Number: **908-769-2952**
5. As an eligible subdivision receiving abatement funds, which of the following applies to your current status regarding those funds? **We are a municipality and did not transfer our funds.**
6. What amount of your opioid abatement funds did you transfer to the county?
7. Please tell us the full amount of opioid abatement funds you received as of 6/30/23. **\$61,176.23**
8. Please tell us the amount of opioid abatement funds you have expended (as of 6/30/23). **\$0.00**
9. Of the total opioid abatement funds, what amount was spent on program administrative expenses?
\$0.00
10. Please share brief information on your subdivision's overarching goals and priorities to provide context for this program year's spending decisions. **N/A**
11. (This question is for counties only) Have you established an Advisory Committee to inform allocation of funds?
12. Did your subdivision engage the public (e.g., town hall meeting, online survey, convened stakeholders) prior to deciding how to use the opioid abatement funds you received? **No, but plan to in the future.**
13. Please describe your public engagement/input efforts?
14. Does your county/subdivision have a strategic plan? **No, but plan to develop one in the future.**
15. Can we post your strategic plan online?
16. Have you completed a risk assessment profile for demographic or geographic impact? **No, but we plan to in the future.**

New Jersey 2023 Opioid Abatement Report

17. Can we post your risk assessment online?

18. Please tell us your overall rationale for prioritizing the use of the opioid abatement funds that you received (e.g., are you using a needs assessment, a strategic or other plan, or an epidemiological analysis)? **N/A**

New Jersey 2023 Opioid Abatement Report

1. In what county are you located? **Somerset County**
2. For which eligible subdivision (county or municipality) are you reporting? **Somerset County**
3. What is your subdivision's State ID? **NJ211**
4. As an eligible subdivision (county or municipality) receiving opioid abatement funds, please tell us the following:
Full name of individual in your subdivision authorized to report on the settlement funds your subdivision received ("administrator " managing/overseeing these funds): **Lisa Federico**

Name of Administering Agency: **Somerset County DHS**

Business Address: **27 Warren St**

City/Town: **Somerville**

Lead Contact Phone Number: **908-704-6309**
5. As an eligible subdivision receiving abatement funds, which of the following applies to your current status regarding those funds? **We are a county and did not transfer our funds.**
6. What amount of your opioid abatement funds did you transfer to the county?
7. Please tell us the full amount of opioid abatement funds you received as of 6/30/23. **\$468,750.64**
8. Please tell us the amount of opioid abatement funds you have expended (as of 6/30/23). **\$42,654.52 (\$146,583.70 encumbered for CY23)**
9. Of the total opioid abatement funds, what amount was spent on program administrative expenses? **\$1,746.00**
10. Please share brief information on your subdivision's overarching goals and priorities to provide context for this program year's spending decisions. **Somerset County has focused on connection care, mobile recovery support services, and recovery housing**
11. (This question is for counties only) Have you established an Advisory Committee to inform allocation of funds? **Yes**
12. Did your subdivision engage the public (e.g., town hall meeting, online survey, convened stakeholders) prior to deciding how to use the opioid abatement funds you received? **Yes**
13. Please describe your public engagement/input efforts? **County-wide survey, over 300 responses, focus groups, key informant interviews**
14. Does your county/subdivision have a strategic plan? **No, but plan to develop one in the future.**
15. Can we post your strategic plan online?
16. Have you completed a risk assessment profile for demographic or geographic impact? **No, but we plan to in the future.**

New Jersey 2023 Opioid Abatement Report

17. Can we post your risk assessment online?

18. Please tell us your overall rationale for prioritizing the use of the opioid abatement funds that you received (e.g., are you using a needs assessment, a strategic or other plan, or an epidemiological analysis)? **The County Drug and Alcohol Director utilized the County Comprehensive Plan (CCP), 2021 Human Services Needs Assessment, Community surveillance, county-wide opiate survey, analytical gap analysis, and council feedback.**

Program 1

19. Program name/title: **Behavioral Health System Navigator (BHSN)**

Agency/funding recipient name: **Somerset County Department of Human Services**

Primary problem being addressed by this program: **Connection to care, system navigation**

Brief program description: **The Behavioral Health System Navigator serves as a point-of-contact for individuals who live or work in Somerset County in need of accessing an often-complex behavioral health system. The Navigator will help any resident or community partner by providing information, brief support, referral, consultation, and liaison services. If you or a loved one are seeking help with connecting to substance use and/or mental health treatment, or support**

Program target population: **County-wide**

Date this program was funded (please use M/D/Y): **10/25/2022**

Amount of funding for this program: **\$40,908.52 spent as of 6/30/2023 (98,000.00 encumbered)**

Program launch date: **10/22/2022**

If program has started, how many clients have been seen as of 6/30/2023: **As of 8/1/2023: 97 Mental Health related calls, and 34 Substance Use related calls (131 total and this number doesn't include calls with providers)**

What key performance indicators are you tracking to ensure success of the program? **If a client is connected to treatment or support services, follow-up calls, community contacts, number of calls per month**

Please state this program's statement of impact: **More residents who engage in treatment or support services, reduction in recidivism, increase in consumer knowledge of services available to them, warm-hand off**

How do you plan to measure or track success and impact of this program? **Collect data from calls received and outgoing, collect data from resources engaged, treatment admissions, overdose data, naloxone data**

20. Primary Category (Please select the category that fits the primary focus of this program). **Long-Term Resiliency**

New Jersey 2023 Opioid Abatement Report

21. The following are other categories that may apply (include all categories with the exception of the Primary category you chose above). **Prevention and Education, Recovery and Support, Treatment, Connection to Care**

22. Please choose the length of time of this program's duration: **Other (please specify)**

Other (please specify): **Ongoing**

23. How often are you disbursing funds to this program? **Quarterly**

Other (please specify):

24. Rationale for Program

What is the reason for this program spending choice? **Across needs assessments, one of the most identified barriers to treatment is navigating the complex behavioral health system. Although state warmlines and hotlines are helpful, data and research have shown that a local navigator, with roots in the community can be more effective.**

What outcomes or impact does the program aim to achieve? **More residents who engage in treatment or support services, reduction in recidivism, increase in consumer knowledge of services available to them, warm-hand off**

What is the anticipated number of unduplicated clients this program will reach annually? **150**

25. Do you have other programs you are funding and/or operating with opioid abatement funds? **Yes**

Program 2

19. Program name/title: **Peer Recovery Pop-Up**

Agency/funding recipient name: **Community in Crisis**

Primary problem being addressed by this program: **The Peer Recovery Pop Up will be open to all individuals at all stages of recovery, from those making the initial steps to those sustaining recovery. Family members and friends directly and indirectly affected will also find resources and support at the PRPU.**

Brief program description: **Implement Peer Recovery Pop Up (PRPU) locations throughout Somerset County bringing recovery services directly to underserved communities. Peer Recovery Pop Ups are a temporary resource site without walls, offered on a monthly basis at predetermined locations. The PRPUs will serve to supplement Somerset County's Community Peer Recovery Center. They will be set up and implemented within a highly visible, well-trafficked location, thereby removing barriers, such as transportation, lack of insurance, and stigma, and enhancing community access. Local representation helps to build community trust and nurture a willingness to access recovery services.**

New Jersey 2023 Opioid Abatement Report

Program target population: **Provide resources to those towns in Somerset County with the highest incidence of fatal overdoses in 2021, as reported by the Drug Monitoring Initiative (DMI): Bound Brook/South Bound Brook (7) Somerset (6), Hillsborough (3) and Manville (3), as well as the least underserved areas by recovery support services. These communities have greater BIPOC populations, lower socioeconomic demographics, and greater health disparities than the County average.**

Date this program was funded (please use M/D/Y): **03/1/2023**

Amount of funding for this program: **\$0.00 spent as of 6/30/2023; (30,000.00 encumbered)**

Program launch date: **03/01/2023**

If program has started, how many clients have been seen as of 6/30/2023: **N/a**

What key performance indicators are you tracking to ensure success of the program? **N/a**

Please state this program's statement of impact: **The Peer Recovery Pop Up will be open to all individuals at all stages of recovery, from those making the initial steps to those sustaining recovery. Family members and friends directly and indirectly affected will also find resources and support at the PRPU. The Peer Recovery Pop Up offers a space for social connection and a place of belonging where participants can experience the process of recovery by fostering a sense of empowerment and independence.**

How do you plan to measure or track success and impact of this program? **Quarterly reporting, levels of services, municipality surveillance, outcomes**

20. Primary Category (Please select the category that fits the primary focus of this program). **Recovery and Support**

21. The following are other categories that may apply (include all categories with the exception of the Primary category you chose above). **Harm Reduction, Overdose Prevention, Long-Term Resiliency, Prevention and Education, Recovery and Support, Workforce Development**

22. Please choose the length of time of this program's duration: **Less than 1 year**

Other (please specify):

23. How often are you disbursing funds to this program? **Annually**

Other (please specify):

24. Rationale for Program

What is the reason for this program spending choice? **The Peer Recovery Pop Up is a supportive, substance-free, safe, and non-judgmental community-based environment where individuals can access peer support, information on substance use treatment, recovery support services and connections to other community resources. The key ingredient to the PRPUs is bringing support and services to the individual in their own familiar environment, meeting them exactly where they are. The activities are led by a Certified Peer Recovery Specialist (CPRS) and volunteers with lived experience of substance-use disorders, co-occurring mental health conditions and multiple pathways to recovery.**

New Jersey 2023 Opioid Abatement Report

What outcomes or impact does the program aim to achieve? **The Peer Recovery Pop Up will be open to all individuals at all stages of recovery, from those making the initial steps to those sustaining recovery. Family members and friends directly and indirectly affected will also find resources and support at the PRPU. The Peer Recovery Pop Up offers a space for social connection and a place of belonging where participants can experience the process of recovery by fostering a sense of empowerment and independence.**

What is the anticipated number of unduplicated clients this program will reach annually? **Primary data such as those served, duplicated and unduplicated participants, and services provided will be collected. For those who choose to participate in additional services post PRPU, data will be collected on a voluntary basis in the areas of client substance use, family living conditions, employment status, social connectedness, access to treatment, retention in treatment, criminal justice status, and effectiveness of activities related to diversity, inclusion, equity and cultural/linguistic competence.**

25. Do you have other programs you are funding and/or operating with opioid abatement funds? **Yes**

Program 3

19. Program name/title: **Somerset County HELPS**

Agency/funding recipient name: **Somerset County Department of Human Services**

Primary problem being addressed by this program: **In-community substance use disorder education, harm reduction, and resource navigation**

Brief program description: **The county will introduce the "Somerset HELPS" van, which will function as a mobile human services hub, bringing needed information, resources, and services directly to families and communities throughout Somerset County. It will also be a mobile food pantry and offer free books and giveaways. Bilingual social workers and other professionals will be available to provide information, resources, and referrals to services and assistance with applications to safety-net programs.**

Program target population: **Low-income residents, aging, substance use across the lifespan**

Date this program was funded (please use M/D/Y): **05/01/2023**

Amount of funding for this program: **\$0.00 spent as of 6/30/2023 (\$11,583.70 encumbered)**

Program launch date: **05/19/2023**

If program has started, how many clients have been seen as of 6/30/2023: **200**

What key performance indicators are you tracking to ensure success of the program? **Reduction in recidivism, increase in community resiliency, increase in recovery capital**

New Jersey 2023 Opioid Abatement Report

Please state this program's statement of impact: **The Somerset Helps Van is designed as a mobile resource fair that collaborates with nonprofit, faith-based, and governmental human-serving agencies to provide services directly to the communities most in need of support. Somerset Helps staff will also provide information and referrals to a wide range of human services and resources available throughout the County. Additionally, emergency food support, basic toiletries, opioid harm reduction materials, and educational resources for children will be available at all Somerset Helps outreach events. The Somerset Helps Van is designed as a mobile resource fair that collaborates with nonprofit, faith-based, and governmental human-serving agencies to provide services directly to the communities most in need of support. Somerset Helps staff will also provide information and referrals to a wide range of human services and resources available throughout the County. Additionally, emergency food support, basic toiletries, opioid harm reduction materials, and educational resources for children will be available at all Somerset Helps outreach events.**

How do you plan to measure or track success and impact of this program? **Internal tracking of residents who received services or education, naloxone kits disbursed**

20. Primary Category (Please select the category that fits the primary focus of this program). **Long-Term Resiliency**

21. The following are other categories that may apply (include all categories with the exception of the Primary category you chose above). **Harm Reduction, Prevention and Education, Recovery and Support**

22. Please choose the length of time of this program's duration: **Less than 1 year**

Other (please specify):

23. How often are you disbursing funds to this program? **Annually**

Other (please specify):

24. Rationale for Program

What is the reason for this program spending choice? **The mobile outreach initiative reached certain populations that would otherwise be hard to connect to. Some residents are not likely to access traditional health care and social services on their own due to various barriers and stigma.**

What outcomes or impact does the program aim to achieve?

What is the anticipated number of unduplicated clients this program will reach annually?

25. Do you have other programs you are funding and/or operating with opioid abatement funds? **Yes**

Program 4

19. Program name/title: **Connection to Recovery Housing**

Agency/funding recipient name: **New Hope Integrated Behavioral Health**

Primary problem being addressed by this program: **Supportive housing for persons in recovery**

New Jersey 2023 Opioid Abatement Report

Brief program description: **1. Discuss the benefits of recovery housing with their counselor or case manager and when deemed clinically appropriate, 2. Collaborate with their counselor or case manager in finding a residence. 3. Select a recovery house (Oxford or State licensed) according to their preference for location, which may consider availability of employment, transportation, recovery mentoring in area and convenience of self-help meetings in the community. 4. A 30-day follow-up functioning assessment from NHIBH.**

Program target population: **Adult residents in the NHIBH treatment system**

Date this program was funded (please use M/D/Y): **03/01/2023**

Amount of funding for this program: **\$0.00 spent as of 6/30/2023 (7,000 encumbered)**

Program launch date: **03/01/2023**

If program has started, how many clients have been seen as of 6/30/2023: **0**

What key performance indicators are you tracking to ensure success of the program?

Please state this program's statement of impact: **Research supports that healthy social and environmental factors reinforce long-term recovery, reduce relapse, and increase recovery capital.**

How do you plan to measure or track success and impact of this program?

20. Primary Category (Please select the category that fits the primary focus of this program). **Recovery and Support**

21. The following are other categories that may apply (include all categories with the exception of the Primary category you chose above). **Harm Reduction, Long-Term Resiliency**

22. Please choose the length of time of this program's duration: **Less than 1 year**

Other (please specify):

23. How often are you disbursing funds to this program? **Annually**

Other (please specify):

24. Rationale for Program

What is the reason for this program spending choice? **In 2019, 145 of the SC residents admitted to treatment were recorded as homeless (518 recorded as unemployed); in 2020 it was 134 (448 were unemployed) (NJSAMS)**

New Jersey 2023 Opioid Abatement Report

What outcomes or impact does the program aim to achieve? **“The transition from active addiction into lasting recovery is often a difficult and emotionally trying journey for many people with a substance-use disorder. NIDA (2018) indicated that the relapse rates for substance-use disorders is approximately 40-60%, and that relapses could signify the necessity to reexamine a person’s course of treatment, as relapses can be very dangerous and, in many instances, deadly. The first 12 months of this transitional period prior to the onset of sustained full remission, sometimes referred to as early recovery, is a crucial period during which people contend with raw core clinical issues such as family history, unresolved trauma, grief and loss, emotional immaturity, low frustration tolerance, and other factors that make them susceptible to relapse. However, it is determined that individuals with more ‘social capital’ are more likely to show improved outcomes for short term remission. Therefore, recovery houses are uniquely qualified to assist individuals in all phases of recovery, especially those in early recovery, by furnishing social capital and recovery supports” (SAMHSA, 2018)”**

What is the anticipated number of unduplicated clients this program will reach annually?

25. Do you have other programs you are funding and/or operating with opioid abatement funds? **No**

New Jersey 2023 Opioid Abatement Report

1. In what county are you located? **Somerset County**
2. For which eligible subdivision (county or municipality) are you reporting? **Somerville Borough**
3. What is your subdivision's State ID? **NJ212**
4. As an eligible subdivision (county or municipality) receiving opioid abatement funds, please tell us the following:
Full name of individual in your subdivision authorized to report on the settlement funds your subdivision received ("administrator " managing/overseeing these funds): **Kevin Sluka**

Name of Administering Agency: **Somerville Borough**

Business Address: **25 West End Avenue**

City/Town: **Somerville**

Lead Contact Phone Number: **908-725-2300**
5. As an eligible subdivision receiving abatement funds, which of the following applies to your current status regarding those funds? **We are a municipality and did not transfer our funds.**
6. What amount of your opioid abatement funds did you transfer to the county?
7. Please tell us the full amount of opioid abatement funds you received as of 6/30/23. **\$31,799.77**
8. Please tell us the amount of opioid abatement funds you have expended (as of 6/30/23). **\$2,000.00**
9. Of the total opioid abatement funds, what amount was spent on program administrative expenses?
\$0.00
10. Please share brief information on your subdivision's overarching goals and priorities to provide context for this program year's spending decisions. **Drug prevention and awareness**
11. (This question is for counties only) Have you established an Advisory Committee to inform allocation of funds?
12. Did your subdivision engage the public (e.g., town hall meeting, online survey, convened stakeholders) prior to deciding how to use the opioid abatement funds you received? **Yes**
13. Please describe your public engagement/input efforts? **The Borough of Somerville and Not an Easy Fix, Inc, presented the program at a public Municipal Alliance Meeting**
14. Does your county/subdivision have a strategic plan? **No**
15. Can we post your strategic plan online?
16. Have you completed a risk assessment profile for demographic or geographic impact? **No**
17. Can we post your risk assessment online?

New Jersey 2023 Opioid Abatement Report

18. Please tell us your overall rationale for prioritizing the use of the opioid abatement funds that you received (e.g., are you using a needs assessment, a strategic or other plan, or an epidemiological analysis)? **The use is based upon public input from meeting attendees and information received from educational institutions**

Program 1

19. Program name/title: **Not an Easy Fix**

Agency/funding recipient name: **Not an Easy Fix, Inc.**

Primary problem being addressed by this program: **Drug awareness, fentanyl awareness, resources**

Brief program description: **All high school, students participated in an assembly hosted by DJ Choices, parents participated in workshops**

Program target population: **High School Age students**

Date this program was funded (please use M/D/Y): **06/05/23 - paid \$2,000; 2nd payment 8/21/23 - \$1,500**

Amount of funding for this program: **\$3,500.00 (paid \$2,000 on 6/5/23); 2nd payment 8/21/23 - \$1,500)**

Program launch date: **3/22/23**

If program has started, how many clients have been seen as of 6/30/2023: **200**

What key performance indicators are you tracking to ensure success of the program? **Reduction in overdoses**

Please state this program's statement of impact: **Provide High School age students the effects of fentanyl and drug addiction**

How do you plan to measure or track success and impact of this program? **Information received from PD**

20. Primary Category (Please select the category that fits the primary focus of this program). **Overdose Prevention**

21. The following are other categories that may apply (include all categories with the exception of the Primary category you chose above). **Harm Reduction**

22. Please choose the length of time of this program's duration: **Less than 1 year**

Other (please specify):

23. How often are you disbursing funds to this program? **Other (please specify)**

Other (please specify): **2 payments are made one was for \$2,000 the other \$1,500**

24. Rationale for Program

New Jersey 2023 Opioid Abatement Report

What is the reason for this program spending choice? **Overdoses that have occurred with high school age children**

What outcomes or impact does the program aim to achieve? **Educating students of impacts of poor choices**

What is the anticipated number of unduplicated clients this program will reach annually? **All participants will be reached once while in high school**

25. Do you have other programs you are funding and/or operating with opioid abatement funds? **No**

New Jersey 2023 Opioid Abatement Report

1. In what county are you located? **Somerset County**
2. For which eligible subdivision (county or municipality) are you reporting? **Warren Township**
3. What is your subdivision's State ID? **NJ243**
4. As an eligible subdivision (county or municipality) receiving opioid abatement funds, please tell us the following:
Full name of individual in your subdivision authorized to report on the settlement funds your subdivision received("administrator " managing/overseeing these funds): **Karen DeNave, CFO**

Name of Administering Agency: **Warren Township**

Business Address: **46 Mountain Boulevard**

City/Town: **Warren**

Lead Contact Phone Number: **908-753-8000**
5. As an eligible subdivision receiving abatement funds, which of the following applies to your current status regarding those funds? **We are a municipality and did not transfer our funds.**
6. What amount of your opioid abatement funds did you transfer to the county?
7. Please tell us the full amount of opioid abatement funds you received as of 6/30/23. **\$30,960.46**
8. Please tell us the amount of opioid abatement funds you have expended (as of 6/30/23). **\$0.00**
9. Of the total opioid abatement funds, what amount was spent on program administrative expenses?
\$0.00
10. Please share brief information on your subdivision's overarching goals and priorities to provide context for this program year's spending decisions.
To offer programs that will provide information and resources to address the opioid epidemic through a population based mental health approach that focuses on prevention and education.
11. (This question is for counties only) Have you established an Advisory Committee to inform allocation of funds?
12. Did your subdivision engage the public (e.g., town hall meeting, online survey, convened stakeholders) prior to deciding how to use the opioid abatement funds you received? **No, but plan to in the future.**
13. Please describe your public engagement/input efforts?
14. Does your county/subdivision have a strategic plan? **No**
15. Can we post your strategic plan online?

New Jersey 2023 Opioid Abatement Report

16. Have you completed a risk assessment profile for demographic or geographic impact? **No, but we plan to in the future.**

17. Can we post your risk assessment online?

18. Please tell us your overall rationale for prioritizing the use of the opioid abatement funds that you received (e.g., are you using a needs assessment, a strategic or other plan, or an epidemiological analysis)?

To focus on at-risk youths in elementary schools. Said approach will be adjusted following input from the advisory committee.

Program 1

19. Program name/title: **Credible Minds Program**

Agency/funding recipient name: **Warren Township**

Primary problem being addressed by this program: **Post pandemic rates of anxiety and depression**

Brief program description: **To utilize a population based system of mental health care that is anonymous and safe from the comfort of their own homes**

Program target population: **Community wide**

Date this program was funded (please use M/D/Y): **Program has not been funded to date**

Amount of funding for this program: **N/A**

Program launch date: **N/A**

If program has started, how many clients have been seen as of 6/30/2023: **N/A**

What key performance indicators are you tracking to ensure success of the program? **N/A**

Please state this program's statement of impact: **N/A**

How do you plan to measure or track success and impact of this program? **N/A**

20. Primary Category (Please select the category that fits the primary focus of this program).

Prevention and Education

21. The following are other categories that may apply (include all categories with the exception of the Primary category you chose above). **Overdose Prevention**

22. Please choose the length of time of this program's duration: **2-3 years**

Other (please specify):

23. How often are you disbursing funds to this program? **Other (please specify)**

Other (please specify): **Not yet funded, Launch Date To Be Determined**

24. Rationale for Program

New Jersey 2023 Opioid Abatement Report

What is the reason for this program spending choice? **N/A**

What outcomes or impact does the program aim to achieve? **N/A**

What is the anticipated number of unduplicated clients this program will reach annually? **N/A**

25. Do you have other programs you are funding and/or operating with opioid abatement funds? **Yes**

Program 2

19. Program name/title: **Narcan**

Agency/funding recipient name: **Warren Township**

Primary problem being addressed by this program: **Treat overdose in an emergency situation**

Brief program description: **To assist first responders in opioid overdose**

Program target population: **N/A**

Date this program was funded (please use M/D/Y): **Not yet funded**

Amount of funding for this program: **N/A**

Program launch date: **To be determined**

If program has started, how many clients have been seen as of 6/30/2023: **N/A**

What key performance indicators are you tracking to ensure success of the program? **N/A**

Please state this program's statement of impact: **N/A**

How do you plan to measure or track success and impact of this program? **N/A**

20. Primary Category (Please select the category that fits the primary focus of this program). **Overdose Prevention**

21. The following are other categories that may apply (include all categories with the exception of the Primary category you chose above). **Treatment**

22. Please choose the length of time of this program's duration: **2-3 years**

Other (please specify):

23. How often are you disbursing funds to this program?

Other (please specify):

24. Rationale for Program

What is the reason for this program spending choice? **To assist first responders in an emergency situation**

New Jersey 2023 Opioid Abatement Report

What outcomes or impact does the program aim to achieve? **To prevent opioid overdose deaths**

What is the anticipated number of unduplicated clients this program will reach annually? **N/A**

25. Do you have other programs you are funding and/or operating with opioid abatement funds? **Yes**

Program 3

19. Program name/title: **Peer Mediation/Peer Mentoring Program**

Agency/funding recipient name: **Warren Township**

Primary problem being addressed by this program: **Program has not been launched**

Brief program description: **To address risk factors and promote protective factors in students age group 11-14**

Program target population: **Age group 11-14**

Date this program was funded (please use M/D/Y): **N/A**

Amount of funding for this program: **N/A - Not yet funded**

Program launch date: **N/A - No launch date has been set - To be determined**

If program has started, how many clients have been seen as of 6/30/2023: **N/A**

What key performance indicators are you tracking to ensure success of the program? **N/A**

Please state this program's statement of impact: **N/A**

How do you plan to measure or track success and impact of this program? **N/A**

20. Primary Category (Please select the category that fits the primary focus of this program).

Prevention and Education

21. The following are other categories that may apply (include all categories with the exception of the Primary category you chose above). **None of the above**

22. Please choose the length of time of this program's duration: **2-3 years**

Other (please specify):

23. How often are you disbursing funds to this program?

Other (please specify):

24. Rationale for Program

What is the reason for this program spending choice? **N/A**

What outcomes or impact does the program aim to achieve? **N/A**

New Jersey 2023 Opioid Abatement Report

What is the anticipated number of unduplicated clients this program will reach annually? **N/A**

25. Do you have other programs you are funding and/or operating with opioid abatement funds? **No**

New Jersey 2023 Opioid Abatement Report

1. In what county are you located? **Sussex County**
2. For which eligible subdivision (county or municipality) are you reporting? **Hopatcong Borough**
3. What is your subdivision's State ID? **NJ96**

NO REPORT RECEIVED

New Jersey 2023 Opioid Abatement Report

1. In what county are you located? **Sussex County**
2. For which eligible subdivision (county or municipality) are you reporting? **Sparta Township**
3. What is your subdivision's State ID? **NJ218**
4. As an eligible subdivision (county or municipality) receiving opioid abatement funds, please tell us the following:
Full name of individual in your subdivision authorized to report on the settlement funds your subdivision received("administrator " managing/overseeing these funds): **Marie Morro**

Name of Administering Agency: **Sparta Township**

Business Address: **65 Main Street**

City/Town: **Sparta**

Lead Contact Phone Number: **973-726-4011**
5. As an eligible subdivision receiving abatement funds, which of the following applies to your current status regarding those funds? **We are a municipality and did not transfer our funds.**
6. What amount of your opioid abatement funds did you transfer to the county?
7. Please tell us the full amount of opioid abatement funds you received as of 6/30/23. **\$44,971.59**
8. Please tell us the amount of opioid abatement funds you have expended (as of 6/30/23). **\$5,764.60**
9. Of the total opioid abatement funds, what amount was spent on program administrative expenses?
\$0.00
10. Please share brief information on your subdivision's overarching goals and priorities to provide context for this program year's spending decisions. **Workforce development by providing staff training as well as supporting youth community events.**
11. (This question is for counties only) Have you established an Advisory Committee to inform allocation of funds?
12. Did your subdivision engage the public (e.g., town hall meeting, online survey, convened stakeholders) prior to deciding how to use the opioid abatement funds you received? **No, but plan to in the future.**
13. Please describe your public engagement/input efforts?
14. Does your county/subdivision have a strategic plan? **No, but plan to develop one in the future.**
15. Can we post your strategic plan online?
16. Have you completed a risk assessment profile for demographic or geographic impact? **No**

New Jersey 2023 Opioid Abatement Report

17. Can we post your risk assessment online?

18. Please tell us your overall rationale for prioritizing the use of the opioid abatement funds that you received (e.g., are you using a needs assessment, a strategic or other plan, or an epidemiological analysis)? **N/A**

Program 1

19. Program name/title: **Law Enforcement Against Drugs**

Agency/funding recipient name: **Sparta Township Police**

Primary problem being addressed by this program: **Program to deter youth and adults from drug use.**

Brief program description: **We provide the leadership, resources and management to ensure law enforcement agencies have the means to partner with our educators, community leaders, and families.**

Program target population: **Middle school students**

Date this program was funded (please use M/D/Y): **6/9/2023**

Amount of funding for this program: **\$4,114.60**

Program launch date: **NA**

If program has started, how many clients have been seen as of 6/30/2023: **500**

What key performance indicators are you tracking to ensure success of the program? **NA**

Please state this program's statement of impact: **NA**

How do you plan to measure or track success and impact of this program? **NA**

20. Primary Category (Please select the category that fits the primary focus of this program).
Prevention and Education

21. The following are other categories that may apply (include all categories with the exception of the Primary category you chose above). **Workforce Development**

22. Please choose the length of time of this program's duration: **1 year**

Other (please specify):

23. How often are you disbursing funds to this program? **Annually**

Other (please specify):

24. Rationale for Program

What is the reason for this program spending choice? **NA**

What outcomes or impact does the program aim to achieve? **NA**

New Jersey 2023 Opioid Abatement Report

What is the anticipated number of unduplicated clients this program will reach annually? **500**

25. Do you have other programs you are funding and/or operating with opioid abatement funds? **Yes**

Program 2

19. Program name/title: **Basic Police Academy Training**

Agency/funding recipient name: **Sparta Township Police**

Primary problem being addressed by this program: **New officer training**

Brief program description: **NA**

Program target population: **NA**

Date this program was funded (please use M/D/Y): **NA**

Amount of funding for this program: **\$1,650.00**

Program launch date: **NA**

If program has started, how many clients have been seen as of 6/30/2023: **2**

What key performance indicators are you tracking to ensure success of the program? **NA**

Please state this program's statement of impact: **NA**

How do you plan to measure or track success and impact of this program? **NA**

20. Primary Category (Please select the category that fits the primary focus of this program).
Workforce Development

21. The following are other categories that may apply (include all categories with the exception of the Primary category you chose above). **Prevention and Education**

22. Please choose the length of time of this program's duration: **Less than 1 year**

Other (please specify):

23. How often are you disbursing funds to this program?

Other (please specify):

24. Rationale for Program

What is the reason for this program spending choice? **NA**

What outcomes or impact does the program aim to achieve? **NA**

What is the anticipated number of unduplicated clients this program will reach annually? **NA**

25. Do you have other programs you are funding and/or operating with opioid abatement funds? **No**

New Jersey 2023 Opioid Abatement Report

1. In what county are you located? **Sussex County**
2. For which eligible subdivision (county or municipality) are you reporting? **Sussex County**
3. What is your subdivision's State ID? **NJ222**
4. As an eligible subdivision (county or municipality) receiving opioid abatement funds, please tell us the following:
Full name of individual in your subdivision authorized to report on the settlement funds your subdivision received ("administrator " managing/overseeing these funds): **Nicholas Loizzi**

Name of Administering Agency: **County of Sussex Department of Health and Human Services/Division of Community and Youth Services**

Business Address: **One Spring Street**

City/Town: **Newton**

Lead Contact Phone Number: **973-940-5200 x1383**
5. As an eligible subdivision receiving abatement funds, which of the following applies to your current status regarding those funds? **We are a county and did not transfer our funds.**
6. What amount of your opioid abatement funds did you transfer to the county?
7. Please tell us the full amount of opioid abatement funds you received as of 6/30/23. **\$534,596.41**
8. Please tell us the amount of opioid abatement funds you have expended (as of 6/30/23). **\$0.00**
9. Of the total opioid abatement funds, what amount was spent on program administrative expenses?
\$0.00
10. Please share brief information on your subdivision's overarching goals and priorities to provide context for this program year's spending decisions. **Sussex County will utilize these funds in accordance with the recommendations outlined in the New Jersey Attorney General's guidance document with the needs of the community considered as a priority.**
11. (This question is for counties only) Have you established an Advisory Committee to inform allocation of funds? **Yes**
12. Did your subdivision engage the public (e.g., town hall meeting, online survey, convened stakeholders) prior to deciding how to use the opioid abatement funds you received? **No**
13. Please describe your public engagement/input efforts?
14. Does your county/subdivision have a strategic plan? **Yes**
15. Can we post your strategic plan online? **Yes, you may post it.**

New Jersey 2023 Opioid Abatement Report

16. Have you completed a risk assessment profile for demographic or geographic impact? **Yes**

17. Can we post your risk assessment online? **Yes.**

18. Please tell us your overall rationale for prioritizing the use of the opioid abatement funds that you received (e.g., are you using a needs assessment, a strategic or other plan, or an epidemiological analysis)? **The committee considered the most pressing needs that currently exist as determined through an analysis of current efforts for addressing the opioid epidemic in Sussex County. Some of these issues have come to light through our Overdose Fatality Review Program.**

New Jersey 2023 Opioid Abatement Report

1. In what county are you located? **Sussex County**
2. For which eligible subdivision (county or municipality) are you reporting? **Vernon Township**
3. What is your subdivision's State ID? **NJ233**
4. As an eligible subdivision (county or municipality) receiving opioid abatement funds, please tell us the following:
Full name of individual in your subdivision authorized to report on the settlement funds your subdivision received ("administrator " managing/overseeing these funds): **Tina Kraus**

Name of Administering Agency: **Vernon Township**

Business Address: **21 Church St**

City/Town: **Vernon**

Lead Contact Phone Number: **973-764-4055**
5. As an eligible subdivision receiving abatement funds, which of the following applies to your current status regarding those funds? **We are a municipality and did not transfer our funds.**
6. What amount of your opioid abatement funds did you transfer to the county?
7. Please tell us the full amount of opioid abatement funds you received as of 6/30/23. **\$32,948.87**
8. Please tell us the amount of opioid abatement funds you have expended (as of 6/30/23). **\$2,310.00**
9. Of the total opioid abatement funds, what amount was spent on program administrative expenses?
\$0.00
10. Please share brief information on your subdivision's overarching goals and priorities to provide context for this program year's spending decisions. **The municipality's goal was to ensure efficient training for new police officers, which is what these funds were used for.**
11. (This question is for counties only) Have you established an Advisory Committee to inform allocation of funds? **No**
12. Did your subdivision engage the public (e.g., town hall meeting, online survey, convened stakeholders) prior to deciding how to use the opioid abatement funds you received? **No**
13. Please describe your public engagement/input efforts? **None as of yet; however, we are planning future engagement efforts (this was the first year we understood what the funds were limited to).**
14. Does your county/subdivision have a strategic plan? **No**
15. Can we post your strategic plan online?
16. Have you completed a risk assessment profile for demographic or geographic impact? **No**
17. Can we post your risk assessment online?

New Jersey 2023 Opioid Abatement Report

18. Please tell us your overall rationale for prioritizing the use of the opioid abatement funds that you received (e.g., are you using a needs assessment, a strategic or other plan, or an epidemiological analysis)? **Needs assessment**

Program 1

19. Program name/title: **New Police Officer's Training**

Agency/funding recipient name: **Vernon Township Police Department**

Primary problem being addressed by this program: **Training**

Brief program description: **New officers that were hired receiving training on opioids, as well as other drugs/narcotics. They are receiving training on symptoms, withdrawals, treatments, etc. Basic first aid and first responder training.**

-Law Enforcement Responsibility to Provide Community Service

-Community Referrals

-Suicide Awareness

-De-Escalation Techniques and Training

-Crisis Intervention

-Emergency Medical Responder and Their Responsibilities

-Interactions with underage individuals, and their use of intoxicants

-C.D.S. Offenses

-Handling sick, injured and deceased persons

-Narcotics Investigations

-CPR Training

-NARCAN Training

Program target population: **N/A**

Date this program was funded (please use M/D/Y): **April 27, 2023**

Amount of funding for this program: **\$2,310.00**

Program launch date: **April 27, 2023**

If program has started, how many clients have been seen as of 6/30/2023: **N/A**

What key performance indicators are you tracking to ensure success of the program? **N/A**

Please state this program's statement of impact: **To help ensure the safety of the public.**

How do you plan to measure or track success and impact of this program? **Supervisors will monitor the officers training to make sure they are understanding it and are passing the programs.**

20. Primary Category (Please select the category that fits the primary focus of this program).

21. The following are other categories that may apply (include all categories with the exception of the Primary category you chose above).

22. Please choose the length of time of this program's duration: **Training will be the length of the officers' careers because they will need to continue to be updated.**

Other (please specify):

23. How often are you disbursing funds to this program? **When Training is necessary.**

Other (please specify):

24. Rationale for Program

What is the reason for this program spending choice? **Every new officer, as well as current officers, must keep up with training and this program will assist them in doing that.**

What outcomes or impact does the program aim to achieve? **Ensure the safety of the public.**

What is the anticipated number of unduplicated clients this program will reach annually? **N/A**

25. Do you have other programs you are funding and/or operating with opioid abatement funds? **No**

New Jersey 2023 Opioid Abatement Report

1. In what county are you located? **Sussex County**
2. For which eligible subdivision (county or municipality) are you reporting? **Wantage Township**
3. What is your subdivision's State ID? **NJ241**
4. As an eligible subdivision (county or municipality) receiving opioid abatement funds, please tell us the following:
Full name of individual in your subdivision authorized to report on the settlement funds your subdivision received ("administrator " managing/overseeing these funds): **Michael Restel**

Name of Administering Agency: **Wantage Township**

Business Address: **888 State Route 23**

City/Town: **Wantage**

Lead Contact Phone Number: **973-875-7192**
5. As an eligible subdivision receiving abatement funds, which of the following applies to your current status regarding those funds? **We are a municipality and did not transfer our funds.**
6. What amount of your opioid abatement funds did you transfer to the county?
7. Please tell us the full amount of opioid abatement funds you received as of 6/30/23. **\$3,216.38**
8. Please tell us the amount of opioid abatement funds you have expended (as of 6/30/23). **\$0.00**
9. Of the total opioid abatement funds, what amount was spent on program administrative expenses?
\$0.00
10. Please share brief information on your subdivision's overarching goals and priorities to provide context for this program year's spending decisions.
Purchase of Narcan for emergency service and court divisions, Purchase/Provide education on opioid addiction and awareness
11. (This question is for counties only) Have you established an Advisory Committee to inform allocation of funds?
12. Did your subdivision engage the public (e.g., town hall meeting, online survey, convened stakeholders) prior to deciding how to use the opioid abatement funds you received? **No**
13. Please describe your public engagement/input efforts?
14. Does your county/subdivision have a strategic plan? **No**
15. Can we post your strategic plan online?
16. Have you completed a risk assessment profile for demographic or geographic impact? **No, but we plan to in the future.**

New Jersey 2023 Opioid Abatement Report

17. Can we post your risk assessment online?

18. Please tell us your overall rationale for prioritizing the use of the opioid abatement funds that you received (e.g., are you using a needs assessment, a strategic or other plan, or an epidemiological analysis)? **Strategic plan based on needs**

Program 1

19. Program name/title: **None as of 6/30/23**

Agency/funding recipient name: **Wantage Township**

Primary problem being addressed by this program: **Currently addressing**

Brief program description: **Unknown as of 6/30/23**

Program target population: **Not as of 6/30/23**

Date this program was funded (please use M/D/Y): **Not as of 6/30/23**

Amount of funding for this program: **Not as of 6/30/23**

Program launch date: **Not as of 6/30/23**

If program has started, how many clients have been seen as of 6/30/2023: **Not as of 6/30/23**

What key performance indicators are you tracking to ensure success of the program? **Not as of 6/30/23**

Please state this program's statement of impact: **Not as of 6/30/23**

How do you plan to measure or track success and impact of this program? **Not as of 6/30/23**

20. Primary Category (Please select the category that fits the primary focus of this program). **Overdose Prevention**

21. The following are other categories that may apply (include all categories with the exception of the Primary category you chose above). **Harm Reduction, Prevention and Education, Recovery and Support**

22. Please choose the length of time of this program's duration: **Other (please specify)**

Other (please specify): **Not started as of 6/30/23**

23. How often are you disbursing funds to this program? **Other (please specify)**

Other (please specify): **Not started as of 6/30/23**

24. Rationale for Program

What is the reason for this program spending choice? **Education and overdose protection is the plan going forward**

New Jersey 2023 Opioid Abatement Report

What outcomes or impact does the program aim to achieve? **Education and overdose protection is the plan going forward**

What is the anticipated number of unduplicated clients this program will reach annually?
Unknown

25. Do you have other programs you are funding and/or operating with opioid abatement funds? **No**

New Jersey 2023 Opioid Abatement Report

1. In what county are you located? **Union County**
2. For which eligible subdivision (county or municipality) are you reporting? **Berkeley Heights Township**
3. What is your subdivision's State ID? **NJ12**
4. As an eligible subdivision (county or municipality) receiving opioid abatement funds, please tell us the following:
 - Full name of individual in your subdivision authorized to report on the settlement funds your subdivision received("administrator " managing/overseeing these funds): **Captain William Ives**
 - Name of Administering Agency: **Berkeley Heights Police Department**
 - Business Address: **29 Park Avenue**
 - City/Town: **Berkeley Heights**
 - Lead Contact Phone Number: **908-464-1111**
5. As an eligible subdivision receiving abatement funds, which of the following applies to your current status regarding those funds? **We are a municipality and did not transfer our funds.**
6. What amount of your opioid abatement funds did you transfer to the county?
7. Please tell us the full amount of opioid abatement funds you received as of 6/30/23. **\$1,465.16**
8. Please tell us the amount of opioid abatement funds you have expended (as of 6/30/23). **\$0.00**
9. Of the total opioid abatement funds, what amount was spent on program administrative expenses? **\$0.00**
10. Please share brief information on your subdivision's overarching goals and priorities to provide context for this program year's spending decisions. **Funds will be used for our Community Policing Unit**
11. (This question is for counties only) Have you established an Advisory Committee to inform allocation of funds?
12. Did your subdivision engage the public (e.g., town hall meeting, online survey, convened stakeholders) prior to deciding how to use the opioid abatement funds you received? **Yes**
13. Please describe your public engagement/input efforts? **County held meetings**
14. Does your county/subdivision have a strategic plan? **No, but plan to develop one in the future.**
15. Can we post your strategic plan online?
16. Have you completed a risk assessment profile for demographic or geographic impact? **No, but we plan to in the future.**
17. Can we post your risk assessment online?

New Jersey 2023 Opioid Abatement Report

18. Please tell us your overall rationale for prioritizing the use of the opioid abatement funds that you received (e.g., are you using a needs assessment, a strategic or other plan, or an epidemiological analysis)? **Needs assessment**

Program 1

19. Program name/title: **BHPD Community Policing Outreach Program**

Agency/funding recipient name: **Berkeley Heights Police Department**

Primary problem being addressed by this program: **Addiction / overdose prevention**

Brief program description: **TBD**

Program target population: **Grades 6-12**

Date this program was funded (please use M/D/Y): **TBD**

Amount of funding for this program: **As needed**

Program launch date: **TBD**

If program has started, how many clients have been seen as of 6/30/2023:

What key performance indicators are you tracking to ensure success of the program? **Overdose incident reductions / drug-related offenses in targeted age group**

Please state this program's statement of impact: **Through educational lessons on the dangers of opioid addiction, we hope to greatly reduce the number of adolescents ever trying opioids and thereby, minimize incidents of addiction and overdoses in our community.**

How do you plan to measure or track success and impact of this program? **Overdose incident reductions / drug-related offenses in program targeted age group**

20. Primary Category (Please select the category that fits the primary focus of this program).
Prevention and Education

21. The following are other categories that may apply (include all categories with the exception of the Primary category you chose above). **Harm Reduction, Overdose Prevention, Long-Term Resiliency**

22. Please choose the length of time of this program's duration: **Other (please specify)**

Other (please specify): **TBD**

23. How often are you disbursing funds to this program? **Other (please specify)**

Other (please specify): **As Needed**

24. Rationale for Program

What is the reason for this program spending choice? **Increase in opioid use among youths**

New Jersey 2023 Opioid Abatement Report

What outcomes or impact does the program aim to achieve? **Reduction of opioid overdoses; addiction; and opioid-related offenses**

What is the anticipated number of unduplicated clients this program will reach annually? **TBD**

25. Do you have other programs you are funding and/or operating with opioid abatement funds? **No**

New Jersey 2023 Opioid Abatement Report

1. In what county are you located? **Union County**
2. For which eligible subdivision (county or municipality) are you reporting? **Clark Township**
3. What is your subdivision's State ID? **NJ32**
4. As an eligible subdivision (county or municipality) receiving opioid abatement funds, please tell us the following:
Full name of individual in your subdivision authorized to report on the settlement funds your subdivision received ("administrator " managing/overseeing these funds): **Jennifer E Kobliska**

Name of Administering Agency: **Township of Clark**

Business Address: **430 Westfield Avenue**

City/Town: **Clark**

Lead Contact Phone Number: **1-732-388-3600**
5. As an eligible subdivision receiving abatement funds, which of the following applies to your current status regarding those funds? **We are a municipality and did not transfer our funds.**
6. What amount of your opioid abatement funds did you transfer to the county?
7. Please tell us the full amount of opioid abatement funds you received as of 6/30/23. **\$22,260.78**
8. Please tell us the amount of opioid abatement funds you have expended (as of 6/30/23). **\$0.00**
9. Of the total opioid abatement funds, what amount was spent on program administrative expenses?
\$0.00
10. Please share brief information on your subdivision's overarching goals and priorities to provide context for this program year's spending decisions. **The Business Administrator intends to use funds to further educate Fire, PD, and EMT.**
11. (This question is for counties only) Have you established an Advisory Committee to inform allocation of funds?
12. Did your subdivision engage the public (e.g., town hall meeting, online survey, convened stakeholders) prior to deciding how to use the opioid abatement funds you received? **No, but plan to in the future.**
13. Please describe your public engagement/input efforts?
14. Does your county/subdivision have a strategic plan? **No, but plan to develop one in the future.**
15. Can we post your strategic plan online?
16. Have you completed a risk assessment profile for demographic or geographic impact? **No**

New Jersey 2023 Opioid Abatement Report

17. Can we post your risk assessment online?

18. Please tell us your overall rationale for prioritizing the use of the opioid abatement funds that you received (e.g., are you using a needs assessment, a strategic or other plan, or an epidemiological analysis)? **Discussions will occur with key municipal employees to create a plan to prioritize funding.**

Program 1

19. Program name/title: **Opioids Initiative**

Agency/funding recipient name: **Clark**

Primary problem being addressed by this program: **n/a**

Brief program description: **Program hasn't started yet. Business Administrator developing the plan.**

Program target population: **TBD**

Date this program was funded (please use M/D/Y): **n/a**

Amount of funding for this program: **TBD**

Program launch date: **TBD**

If program has started, how many clients have been seen as of 6/30/2023: **TBD**

What key performance indicators are you tracking to ensure success of the program? **TBD**

Please state this program's statement of impact: **TBD**

How do you plan to measure or track success and impact of this program? **TBD**

20. Primary Category (Please select the category that fits the primary focus of this program).

Prevention and Education

21. The following are other categories that may apply (include all categories with the exception of the Primary category you chose above). **Prevention and Education**

22. Please choose the length of time of this program's duration: **Other (please specify)**

Other (please specify): **TBD**

23. How often are you disbursing funds to this program? **Other (please specify)**

Other (please specify): **TBD**

24. Rationale for Program

What is the reason for this program spending choice? **TBD**

What outcomes or impact does the program aim to achieve? **TBD**

What is the anticipated number of unduplicated clients this program will reach annually? **TBD**

New Jersey 2023 Opioid Abatement Report

25. Do you have other programs you are funding and/or operating with opioid abatement funds? **No**

New Jersey 2023 Opioid Abatement Report

1. In what county are you located? **Union County**
2. For which eligible subdivision (county or municipality) are you reporting? **Cranford Township**
3. What is your subdivision's State ID? **NJ38**
4. As an eligible subdivision (county or municipality) receiving opioid abatement funds, please tell us the following:
Full name of individual in your subdivision authorized to report on the settlement funds your subdivision received ("administrator " managing/overseeing these funds): **Lavona Patterson**

Name of Administering Agency: **Township of Cranford**

Business Address: **8 Springfield Avenue**

City/Town: **Cranford**

Lead Contact Phone Number: **(908) 709-7250**
5. As an eligible subdivision receiving abatement funds, which of the following applies to your current status regarding those funds? **We are a municipality and did not transfer our funds.**
6. What amount of your opioid abatement funds did you transfer to the county?
7. Please tell us the full amount of opioid abatement funds you received as of 6/30/23. **\$28,778.85**
8. Please tell us the amount of opioid abatement funds you have expended (as of 6/30/23). **\$0.00**
9. Of the total opioid abatement funds, what amount was spent on program administrative expenses?
\$0.00
10. Please share brief information on your subdivision's overarching goals and priorities to provide context for this program year's spending decisions.
11. (This question is for counties only) Have you established an Advisory Committee to inform allocation of funds?
12. Did your subdivision engage the public (e.g., town hall meeting, online survey, convened stakeholders) prior to deciding how to use the opioid abatement funds you received? **No, but plan to in the future.**
13. Please describe your public engagement/input efforts?
14. Does your county/subdivision have a strategic plan? **No, but plan to develop one in the future.**
15. Can we post your strategic plan online?
16. Have you completed a risk assessment profile for demographic or geographic impact? **No, but we plan to in the future.**

New Jersey 2023 Opioid Abatement Report

17. Can we post your risk assessment online?

18. Please tell us your overall rationale for prioritizing the use of the opioid abatement funds that you received (e.g., are you using a needs assessment, a strategic or other plan, or an epidemiological analysis)? **Other Plan**

New Jersey 2023 Opioid Abatement Report

1. In what county are you located? **Union County**
2. For which eligible subdivision (county or municipality) are you reporting? **Elizabeth City**
3. What is your subdivision's State ID? **NJ54**
4. As an eligible subdivision (county or municipality) receiving opioid abatement funds, please tell us the following:
Full name of individual in your subdivision authorized to report on the settlement funds your subdivision received("administrator " managing/overseeing these funds): **Mark Colicchio**

Name of Administering Agency: **City of Elizabeth**

Business Address: **50 Winfield Scott Plaza**

City/Town: **Elizabeth**

Lead Contact Phone Number: **908-820-4089**
5. As an eligible subdivision receiving abatement funds, which of the following applies to your current status regarding those funds? **We are a municipality and did not transfer our funds.**
6. What amount of your opioid abatement funds did you transfer to the county?
7. Please tell us the full amount of opioid abatement funds you received as of 6/30/23. **\$76,808.28**
8. Please tell us the amount of opioid abatement funds you have expended (as of 6/30/23). **\$0.00**
9. Of the total opioid abatement funds, what amount was spent on program administrative expenses?
\$0.00
10. Please share brief information on your subdivision's overarching goals and priorities to provide context for this program year's spending decisions. **The City of Elizabeth intends to support residents impacted by OUD through programming that provides harm reduction, connections to care, outreach and stigma reduction services.**
11. (This question is for counties only) Have you established an Advisory Committee to inform allocation of funds?
12. Did your subdivision engage the public (e.g., town hall meeting, online survey, convened stakeholders) prior to deciding how to use the opioid abatement funds you received? **Yes**
13. Please describe your public engagement/input efforts? **The office of Re-Entry conducted a resident survey to obtain data on the impacts of SUD on the community and effectiveness of existing programs/services on the SUD community**
14. Does your county/subdivision have a strategic plan? **No, but plan to develop one in the future.**
15. Can we post your strategic plan online?

New Jersey 2023 Opioid Abatement Report

16. Have you completed a risk assessment profile for demographic or geographic impact? **No**

17. Can we post your risk assessment online?

18. Please tell us your overall rationale for prioritizing the use of the opioid abatement funds that you received (e.g., are you using a needs assessment, a strategic or other plan, or an epidemiological analysis)? **The City of Elizabeth's Re-Entry program, along with members of our Overdose Fatality Review Team have, through review of reviewed decedent data, survey results and input from local organizations serving the OUD population, determined that the areas we have prioritized are critical to the health and well-being of our residents experiencing or impacted by OUD.**

Program 1

19. Program name/title: **Project Recover**

Agency/funding recipient name: **City of Elizabeth**

Primary problem being addressed by this program: **Reduction in Opioid Use Disorder and related fatalities**

Brief program description: **Will allow for the City of Elizabeth to address recommendations of programming and policy review born out of the research of its Overdose Fatality Review Team. While we have community stakeholders who have begun addressing overdose fatalities in Elizabeth, this grant allows us to continue enhancing current programming and initiating new programming that meets the goal of reducing overdose fatalities.**

Program target population: **Residents experiencing or at risk of SUD, specifically OUD**

Date this program was funded (please use M/D/Y): **07/01/2023**

Amount of funding for this program: **\$76,801.82**

Program launch date: **07/01/2023**

If program has started, how many clients have been seen as of 6/30/2023: **0**

What key performance indicators are you tracking to ensure success of the program? **Project Recover will track the number of overdose fatalities, admission to hospitals/treatment centers, instances of Naloxone administration, development of rapid response systems, participation in harm reduction programs, number of first responders completing stigma reduction training**

Please state this program's statement of impact: **Project Recover will reduce the number of residents experiencing opioid use disorder and overdose both fatal and non-fatal.**

How do you plan to measure or track success and impact of this program? **The success of the program will be monitored using data obtained through a partnership with the Union County Prosecutors Office and the Elizabeth Police Dept. Using the OD mapping program to better identify trends and shifts of overdose fatalities in our community. Data collection methods are being implemented through our OFRT member and partner, Kean University. In addition, metrics for impact and outcomes will be created and assessed based on our data collection from our other OFRT members and partners.**

New Jersey 2023 Opioid Abatement Report

20. Primary Category (Please select the category that fits the primary focus of this program). **Overdose Prevention**

21. The following are other categories that may apply (include all categories with the exception of the Primary category you chose above). **Harm Reduction, Prevention and Education, Recovery and Support**

22. Please choose the length of time of this program's duration: **Less than 1 year**

Other (please specify):

23. How often are you disbursing funds to this program? **Other (please specify)**

Other (please specify): **As expenses are accrued.**

24. Rationale for Program

What is the reason for this program spending choice? **This program was developed in response to the findings of the Elizabeth Overdose Fatality Review Team and the Office of Re-Entry Community SUD Survey.**

What outcomes or impact does the program aim to achieve?

- **Reduce overdose fatalities.**
- **Increase naloxone incidents.**
- **Rapid Response Strategy to monitor and address sudden spikes in overdose fatalities.**
- **Get more boots on the ground; expand peer support and Harm Reduction programs.**
- **Increase Naloxone availability and distribution.**
- **Train First Responders and local stakeholders in stigma language.**
- **Develop and implement a coordinated city/county wide Opioid Response Strategy.**
- **Create a 3–5-year Strategic plan to review, coordinate, expand, and market treatment services in Elizabeth and Union County**

What is the anticipated number of unduplicated clients this program will reach annually? **This program will impact a minimum of 500 residents each year.**

25. Do you have other programs you are funding and/or operating with opioid abatement funds? **No**

New Jersey 2023 Opioid Abatement Report

1. In what county are you located? **Union County**
2. For which eligible subdivision (county or municipality) are you reporting? **Hillside Township**
3. What is your subdivision's State ID? **NJ93**
4. As an eligible subdivision (county or municipality) receiving opioid abatement funds, please tell us the following:
Full name of individual in your subdivision authorized to report on the settlement funds your subdivision received ("administrator " managing/overseeing these funds): **Glynn Jones**

Name of Administering Agency: **Glynn Jones**

Business Address: **1409 Liberty Avenue**

City/Town: **Hillside**

Lead Contact Phone Number: **973-926-3002**
5. As an eligible subdivision receiving abatement funds, which of the following applies to your current status regarding those funds? **We are a municipality and did not transfer our funds.**
6. What amount of your opioid abatement funds did you transfer to the county?
7. Please tell us the full amount of opioid abatement funds you received as of 6/30/23. **\$35,913.06**
8. Please tell us the amount of opioid abatement funds you have expended (as of 6/30/23). **\$0.00**
9. Of the total opioid abatement funds, what amount was spent on program administrative expenses?
\$0.00
10. Please share brief information on your subdivision's overarching goals and priorities to provide context for this program year's spending decisions. **None currently**
11. (This question is for counties only) Have you established an Advisory Committee to inform allocation of funds?
12. Did your subdivision engage the public (e.g., town hall meeting, online survey, convened stakeholders) prior to deciding how to use the opioid abatement funds you received? **No, but plan to in the future.**
13. Please describe your public engagement/input efforts?
14. Does your county/subdivision have a strategic plan? **No, but plan to develop one in the future.**
15. Can we post your strategic plan online?
16. Have you completed a risk assessment profile for demographic or geographic impact? **No, but we plan to in the future.**

New Jersey 2023 Opioid Abatement Report

17. Can we post your risk assessment online?

18. Please tell us your overall rationale for prioritizing the use of the opioid abatement funds that you received (e.g., are you using a needs assessment, a strategic or other plan, or an epidemiological analysis)? **Will develop future plans**

New Jersey 2023 Opioid Abatement Report

1. In what county are you located? **Union County**
2. For which eligible subdivision (county or municipality) are you reporting? **Linden City**
3. What is your subdivision's State ID? **NJ110**

NO REPORT RECEIVED

New Jersey 2023 Opioid Abatement Report

1. In what county are you located? **Union County**
2. For which eligible subdivision (county or municipality) are you reporting? **New Providence Borough**
3. What is your subdivision's State ID? **NJ155**
4. As an eligible subdivision (county or municipality) receiving opioid abatement funds, please tell us the following:
Full name of individual in your subdivision authorized to report on the settlement funds your subdivision received ("administrator " managing/overseeing these funds): **Bernadette Cuccaro**

Name of Administering Agency: **Borough of New Providence**

Business Address: **360 Elkwood Ave**

City/Town: **New Providence**

Lead Contact Phone Number: **908-665-8145**
5. As an eligible subdivision receiving abatement funds, which of the following applies to your current status regarding those funds? **We are a municipality and did not transfer our funds.**
6. What amount of your opioid abatement funds did you transfer to the county?
7. Please tell us the full amount of opioid abatement funds you received as of 6/30/23. **\$12,836.32**
8. Please tell us the amount of opioid abatement funds you have expended (as of 6/30/23). **\$107.49**
9. Of the total opioid abatement funds, what amount was spent on program administrative expenses?
\$0.00
10. Please share brief information on your subdivision's overarching goals and priorities to provide context for this program year's spending decisions.
The Borough working closely with the NP Schools as well as our first responders and the Municipal Alliance to provide education throughout the community regarding Opioid use.
11. (This question is for counties only) Have you established an Advisory Committee to inform allocation of funds?
12. Did your subdivision engage the public (e.g., town hall meeting, online survey, convened stakeholders) prior to deciding how to use the opioid abatement funds you received? **No, but plan to in the future.**
13. Please describe your public engagement/input efforts?
14. Does your county/subdivision have a strategic plan? **No, but plan to develop one in the future.**
15. Can we post your strategic plan online?

New Jersey 2023 Opioid Abatement Report

16. Have you completed a risk assessment profile for demographic or geographic impact? **No, but we plan to in the future.**

17. Can we post your risk assessment online?

18. Please tell us your overall rationale for prioritizing the use of the opioid abatement funds that you received (e.g., are you using a needs assessment, a strategic or other plan, or an epidemiological analysis)? **Needs Assessment. We have met with all of the stakeholders in our community to get a sense of what needs we may not be aware of.**

Program 1

19. Program name/title: **Harm Reduction**

Agency/funding recipient name: **New Providence EMS**

Primary problem being addressed by this program: **Overdosing**

Brief program description: **Fund our all-volunteer EMS, Police and Schools with Naloxone to be able to respond to opioid overdoses**

Program target population: **New Providence Community (population 13,500)**

Date this program was funded (please use M/D/Y): **6/1/2023**

Amount of funding for this program: **Allocated \$300.00, spent \$107.49 as of 6/30/23**

Program launch date: **6/1/2023**

If program has started, how many clients have been seen as of 6/30/2023: **0**

What key performance indicators are you tracking to ensure success of the program? **Number of lives saved**

Please state this program's statement of impact: **To reduce the number of fatalities due to overdoses**

How do you plan to measure or track success and impact of this program? **Positive outcomes due to proper training and equipment**

20. Primary Category (Please select the category that fits the primary focus of this program). **Overdose Prevention**

21. The following are other categories that may apply (include all categories with the exception of the Primary category you chose above). **Overdose Prevention**

22. Please choose the length of time of this program's duration: **5+ years**

Other (please specify):

23. How often are you disbursing funds to this program? **Annually**

Other (please specify):

New Jersey 2023 Opioid Abatement Report

24. Rationale for Program

What is the reason for this program spending choice? **EMS in New Providence is self-funded. The dosages that they get for free and can be left with patients, are not able to be used by our first responders**

What outcomes or impact does the program aim to achieve? **Saving lives**

What is the anticipated number of unduplicated clients this program will reach annually? **5-10 per year**

25. Do you have other programs you are funding and/or operating with opioid abatement funds? **No**

New Jersey 2023 Opioid Abatement Report

1. In what county are you located? **Union County**
2. For which eligible subdivision (county or municipality) are you reporting? **Plainfield City**
3. What is your subdivision's State ID? **NJ182**
4. As an eligible subdivision (county or municipality) receiving opioid abatement funds, please tell us the following:
Full name of individual in your subdivision authorized to report on the settlement funds your subdivision received("administrator " managing/overseeing these funds): **Abby Levenson**

Name of Administering Agency: **Abby Levenson -**

Business Address: **515 Watchung Ave**

City/Town: **Plainfield**

Lead Contact Phone Number: **908-753-3236**
5. As an eligible subdivision receiving abatement funds, which of the following applies to your current status regarding those funds? **We are a municipality and did not transfer our funds.**
6. What amount of your opioid abatement funds did you transfer to the county?
7. Please tell us the full amount of opioid abatement funds you received as of 6/30/23. **\$60,000.00**
8. Please tell us the amount of opioid abatement funds you have expended (as of 6/30/23). **N/A -**
9. Of the total opioid abatement funds, what amount was spent on program administrative expenses?
N/A -
10. Please share brief information on your subdivision's overarching goals and priorities to provide context for this program year's spending decisions.
11. (This question is for counties only) Have you established an Advisory Committee to inform allocation of funds?
12. Did your subdivision engage the public (e.g., town hall meeting, online survey, convened stakeholders) prior to deciding how to use the opioid abatement funds you received? **No**
13. Please describe your public engagement/input efforts?
14. Does your county/subdivision have a strategic plan? **No, but plan to develop one in the future.**
15. Can we post your strategic plan online?
16. Have you completed a risk assessment profile for demographic or geographic impact? **No, but we plan to in the future.**
17. Can we post your risk assessment online?

New Jersey 2023 Opioid Abatement Report

18. Please tell us your overall rationale for prioritizing the use of the opioid abatement funds that you received (e.g., are you using a needs assessment, a strategic or other plan, or an epidemiological analysis)?

Program 1

19. Program name/title: **Narcan**

Agency/funding recipient name: **Police Department**

Primary problem being addressed by this program: **Funding of Narcan for emergency overdose**

Brief program description:

Program target population: **Residents who overdose**

Date this program was funded (please use M/D/Y): **N/A**

Amount of funding for this program: **N/A**

Program launch date: **N/A**

If program has started, how many clients have been seen as of 6/30/2023: **N/A**

What key performance indicators are you tracking to ensure success of the program? **N/a**

Please state this program's statement of impact: **N/a**

How do you plan to measure or track success and impact of this program? **N/a**

20. Primary Category (Please select the category that fits the primary focus of this program). **Overdose Prevention**

21. The following are other categories that may apply (include all categories with the exception of the Primary category you chose above).

22. Please choose the length of time of this program's duration: **Other (please specify)**

Other (please specify): **N/A**

23. How often are you disbursing funds to this program? **Other (please specify)**

Other (please specify): **N/A**

24. Rationale for Program

What is the reason for this program spending choice? **This is a need in our community**

What outcomes or impact does the program aim to achieve? **Reduce deaths**

What is the anticipated number of unduplicated clients this program will reach annually?
Unknown

New Jersey 2023 Opioid Abatement Report

25. Do you have other programs you are funding and/or operating with opioid abatement funds? **No**

New Jersey 2023 Opioid Abatement Report

1. In what county are you located? **Union County**
2. For which eligible subdivision (county or municipality) are you reporting? **Rahway City**
3. What is your subdivision's State ID? **NJ188**
4. As an eligible subdivision (county or municipality) receiving opioid abatement funds, please tell us the following:
Full name of individual in your subdivision authorized to report on the settlement funds your subdivision received("administrator " managing/overseeing these funds): **Andrea Alvare**

Name of Administering Agency: **City of Rahway**

Business Address: **1 City Hall Plaza**

City/Town: **Rahway**

Lead Contact Phone Number: **732-827-2099**
5. As an eligible subdivision receiving abatement funds, which of the following applies to your current status regarding those funds? **We are a municipality and did not transfer our funds.**
6. What amount of your opioid abatement funds did you transfer to the county?
7. Please tell us the full amount of opioid abatement funds you received as of 6/30/23. **\$43,183.22**
8. Please tell us the amount of opioid abatement funds you have expended (as of 6/30/23). **\$0.00**
9. Of the total opioid abatement funds, what amount was spent on program administrative expenses?
\$0.00
10. Please share brief information on your subdivision's overarching goals and priorities to provide context for this program year's spending decisions.
The goal is to provide health information regarding Opioids with a special emphasis on the dangers of fentanyl and other synthetic opioids.
11. (This question is for counties only) Have you established an Advisory Committee to inform allocation of funds?
12. Did your subdivision engage the public (e.g., town hall meeting, online survey, convened stakeholders) prior to deciding how to use the opioid abatement funds you received? **Yes**
13. Please describe your public engagement/input efforts? **City stakeholders including Health, Police Director, and Business Administrator met to discuss strategies and review dispatch information regarding opioid related calls/responses**
14. Does your county/subdivision have a strategic plan? **No, but plan to develop one in the future.**
15. Can we post your strategic plan online?

New Jersey 2023 Opioid Abatement Report

16. Have you completed a risk assessment profile for demographic or geographic impact? **No, but we plan to in the future.**

17. Can we post your risk assessment online?

18. Please tell us your overall rationale for prioritizing the use of the opioid abatement funds that you received (e.g., are you using a needs assessment, a strategic or other plan, or an epidemiological analysis)?

The City will develop a strategic plan utilizing data collected through police interactions as well as dispatch information and other information from stakeholders

Program 1

19. Program name/title: **Opioid Prevention Educational Sessions**

Agency/funding recipient name: **City of Rahway**

Primary problem being addressed by this program: **Awareness about the true impacts of opioids**

Brief program description: **Educate residents about the true impacts of opioids and kick-start lifesaving conversations in the home.**

Program target population: **General population**

Date this program was funded (please use M/D/Y): **TBD**

Amount of funding for this program: **TBD**

Program launch date: **TBD**

If program has started, how many clients have been seen as of 6/30/2023: **0**

What key performance indicators are you tracking to ensure success of the program? **Process evaluations**

Please state this program's statement of impact: **It is currently being developed**

How do you plan to measure or track success and impact of this program? **Through impact evaluations**

20. Primary Category (Please select the category that fits the primary focus of this program). **Overdose Prevention**

21. The following are other categories that may apply (include all categories with the exception of the Primary category you chose above). **Prevention and Education**

22. Please choose the length of time of this program's duration: **1 year**

Other (please specify):

23. How often are you disbursing funds to this program? **Other (please specify)**

Other (please specify): **TBD**

New Jersey 2023 Opioid Abatement Report

24. Rationale for Program

What is the reason for this program spending choice? **To raise awareness about the importance of substance use prevention and positive mental health.**

What outcomes or impact does the program aim to achieve? **Raise awareness about the topic**

What is the anticipated number of unduplicated clients this program will reach annually? **200**

25. Do you have other programs you are funding and/or operating with opioid abatement funds? **No**

New Jersey 2023 Opioid Abatement Report

1. In what county are you located? **Union County**
2. For which eligible subdivision (county or municipality) are you reporting? **Roselle Borough**
3. What is your subdivision's State ID? **NJ201**

NO REPORT RECEIVED

New Jersey 2023 Opioid Abatement Report

1. In what county are you located? **Union County**
2. For which eligible subdivision (county or municipality) are you reporting? **Roselle Park Borough**
3. What is your subdivision's State ID? **NJ202**
4. As an eligible subdivision (county or municipality) receiving opioid abatement funds, please tell us the following:
Full name of individual in your subdivision authorized to report on the settlement funds your subdivision received("administrator " managing/overseeing these funds): **Ken Blum**

Name of Administering Agency: **Borough of Roselle Park**

Business Address: **110 East Westfield Avenue**

City/Town: **Roselle Park**

Lead Contact Phone Number: **908-245-0819**
5. As an eligible subdivision receiving abatement funds, which of the following applies to your current status regarding those funds? **We are a municipality and did not transfer our funds.**
6. What amount of your opioid abatement funds did you transfer to the county?
7. Please tell us the full amount of opioid abatement funds you received as of 6/30/23. **\$13,315.21**
8. Please tell us the amount of opioid abatement funds you have expended (as of 6/30/23). **\$0.00**
9. Of the total opioid abatement funds, what amount was spent on program administrative expenses?
\$0.00
10. Please share brief information on your subdivision's overarching goals and priorities to provide context for this program year's spending decisions. **Still working on setting up a proper plan to spend the money.**
11. (This question is for counties only) Have you established an Advisory Committee to inform allocation of funds?
12. Did your subdivision engage the public (e.g., town hall meeting, online survey, convened stakeholders) prior to deciding how to use the opioid abatement funds you received? **No**
13. Please describe your public engagement/input efforts?
14. Does your county/subdivision have a strategic plan? **No**
15. Can we post your strategic plan online?
16. Have you completed a risk assessment profile for demographic or geographic impact? **No**
17. Can we post your risk assessment online?

New Jersey 2023 Opioid Abatement Report

18. Please tell us your overall rationale for prioritizing the use of the opioid abatement funds that you received (e.g., are you using a needs assessment, a strategic or other plan, or an epidemiological analysis)? **We are still working on our plan.**

New Jersey 2023 Opioid Abatement Report

1. In what county are you located? **Union County**
2. For which eligible subdivision (county or municipality) are you reporting? **Scotch Plains Township**
3. What is your subdivision's State ID? **NJ208**

NO REPORT RECEIVED

New Jersey 2023 Opioid Abatement Report

1. In what county are you located? **Union County**
2. For which eligible subdivision (county or municipality) are you reporting? **Springfield Township**
3. What is your subdivision's State ID? **NJ219**
4. As an eligible subdivision (county or municipality) receiving opioid abatement funds, please tell us the following:
Full name of individual in your subdivision authorized to report on the settlement funds your subdivision received("administrator " managing/overseeing these funds): **Diane Sherry**

Name of Administering Agency: **Township of Springfield**

Business Address: **100 Mountain Ave**

City/Town: **Springfield**

Lead Contact Phone Number: **973-912-2279**
5. As an eligible subdivision receiving abatement funds, which of the following applies to your current status regarding those funds? **We are a municipality and did not transfer our funds.**
6. What amount of your opioid abatement funds did you transfer to the county?
7. Please tell us the full amount of opioid abatement funds you received as of 6/30/23. **\$29,693.43**
8. Please tell us the amount of opioid abatement funds you have expended (as of 6/30/23). **\$0.00**
9. Of the total opioid abatement funds, what amount was spent on program administrative expenses?
\$0.00
10. Please share brief information on your subdivision's overarching goals and priorities to provide context for this program year's spending decisions.
11. (This question is for counties only) Have you established an Advisory Committee to inform allocation of funds?
12. Did your subdivision engage the public (e.g., town hall meeting, online survey, convened stakeholders) prior to deciding how to use the opioid abatement funds you received? **No**
13. Please describe your public engagement/input efforts?
14. Does your county/subdivision have a strategic plan? **No, but plan to develop one in the future.**
15. Can we post your strategic plan online?
16. Have you completed a risk assessment profile for demographic or geographic impact? **No, but we plan to in the future.**
17. Can we post your risk assessment online?

New Jersey 2023 Opioid Abatement Report

18. Please tell us your overall rationale for prioritizing the use of the opioid abatement funds that you received (e.g., are you using a needs assessment, a strategic or other plan, or an epidemiological analysis)? **Strategic plan**

New Jersey 2023 Opioid Abatement Report

1. In what county are you located? **Union County**
2. For which eligible subdivision (county or municipality) are you reporting? **Summit City**
3. What is your subdivision's State ID? **NJ221**
4. As an eligible subdivision (county or municipality) receiving opioid abatement funds, please tell us the following:
Full name of individual in your subdivision authorized to report on the settlement funds your subdivision received("administrator " managing/overseeing these funds): **Tammie L. Baldwin**

Name of Administering Agency: **City of Summit**

Business Address: **512 Summit Ave**

City/Town: **Summit**

Lead Contact Phone Number: **908-277-9422**
5. As an eligible subdivision receiving abatement funds, which of the following applies to your current status regarding those funds? **We are a municipality and did not transfer our funds.**
6. What amount of your opioid abatement funds did you transfer to the county?
7. Please tell us the full amount of opioid abatement funds you received as of 6/30/23. **\$191,008.33**
8. Please tell us the amount of opioid abatement funds you have expended (as of 6/30/23). **\$0.00**
9. Of the total opioid abatement funds, what amount was spent on program administrative expenses?
\$0.00
10. Please share brief information on your subdivision's overarching goals and priorities to provide context for this program year's spending decisions.
11. (This question is for counties only) Have you established an Advisory Committee to inform allocation of funds?
12. Did your subdivision engage the public (e.g., town hall meeting, online survey, convened stakeholders) prior to deciding how to use the opioid abatement funds you received? **No, but plan to in the future.**
13. Please describe your public engagement/input efforts?
14. Does your county/subdivision have a strategic plan? **No, but plan to develop one in the future.**
15. Can we post your strategic plan online?
16. Have you completed a risk assessment profile for demographic or geographic impact? **No**
17. Can we post your risk assessment online?

New Jersey 2023 Opioid Abatement Report

18. Please tell us your overall rationale for prioritizing the use of the opioid abatement funds that you received (e.g., are you using a needs assessment, a strategic or other plan, or an epidemiological analysis)? **Still in the process of understanding how we can use the funds within program guidelines**

New Jersey 2023 Opioid Abatement Report

1. In what county are you located? **Union County**
2. For which eligible subdivision (county or municipality) are you reporting? **Union County**
3. What is your subdivision's State ID? **NJ230**
4. As an eligible subdivision (county or municipality) receiving opioid abatement funds, please tell us the following:
Full name of individual in your subdivision authorized to report on the settlement funds your subdivision received ("administrator " managing/overseeing these funds): **Christina M. Topolosky**

Name of Administering Agency: **County of Union, NJ**

Business Address: **10 Elizabethtown Plaza – 4th Floor**

City/Town: **Elizabeth**

Lead Contact Phone Number: **908-527-4839**
5. As an eligible subdivision receiving abatement funds, which of the following applies to your current status regarding those funds? **We are a county and did not transfer our funds.**
6. What amount of your opioid abatement funds did you transfer to the county?
7. Please tell us the full amount of opioid abatement funds you received as of 6/30/23. **\$731,641.43**
8. Please tell us the amount of opioid abatement funds you have expended (as of 6/30/23). **\$0.00**
9. Of the total opioid abatement funds, what amount was spent on program administrative expenses? **\$0.00**
10. Please share brief information on your subdivision's overarching goals and priorities to provide context for this program year's spending decisions. **N/A**
11. (This question is for counties only) Have you established an Advisory Committee to inform allocation of funds? **Yes**
12. Did your subdivision engage the public (e.g., town hall meeting, online survey, convened stakeholders) prior to deciding how to use the opioid abatement funds you received? **Yes**
13. Please describe your public engagement/input efforts? **To assist in identifying gaps and prioritizing funding needs for anticipated Opioid Settlement fund distribution, the Union County Opioid Task Force developed and administered two questionnaires to gather public input. One questionnaire specifically targeted the community/general public, the other targeted professionals and advocates on local Advisory Boards (LACADA, Mental Health Board, HSAC, PACMAHDA). Questions focused on the twelve (12) approved settlement subcategories and allowed respondents to provide feedback and input to subcategory prioritization. Questionnaires were distributed electronically on June 15, 2023.**
14. Does your county/subdivision have a strategic plan? **No, but plan to develop one in the future.**

New Jersey 2023 Opioid Abatement Report

15. Can we post your strategic plan online?

16. Have you completed a risk assessment profile for demographic or geographic impact? **No, but we plan to in the future.**

17. Can we post your risk assessment online?

18. Please tell us your overall rationale for prioritizing the use of the opioid abatement funds that you received (e.g., are you using a needs assessment, a strategic or other plan, or an epidemiological analysis)? **N/A**

New Jersey 2023 Opioid Abatement Report

1. In what county are you located? **Union County**
2. For which eligible subdivision (county or municipality) are you reporting? **Union Township**
3. What is your subdivision's State ID? **NJ231**
4. As an eligible subdivision (county or municipality) receiving opioid abatement funds, please tell us the following:
Full name of individual in your subdivision authorized to report on the settlement funds your subdivision received("administrator " managing/overseeing these funds): **Don Travisano**

Name of Administering Agency: **Township of Union**

Business Address: **1976 Morris Avenue**

City/Town: **Union**

Lead Contact Phone Number: **908-851-5466**
5. As an eligible subdivision receiving abatement funds, which of the following applies to your current status regarding those funds? **We are a municipality and did not transfer our funds.**
6. What amount of your opioid abatement funds did you transfer to the county?
7. Please tell us the full amount of opioid abatement funds you received as of 6/30/23. **\$116,365.42**
8. Please tell us the amount of opioid abatement funds you have expended (as of 6/30/23). **\$0.00**
9. Of the total opioid abatement funds, what amount was spent on program administrative expenses?
\$0.00
10. Please share brief information on your subdivision's overarching goals and priorities to provide context for this program year's spending decisions.
This year as we waited for further guidance from the state and county, our subdivision focused on gathering information from other departments, community organizations and administration in order to begin the planning process of establishing meaningful and effective programs. The goal is to increase awareness and education with a strong focus on the youth population using evidenced based prevention programs. In addition, we are also exploring various evidenced based treatment programs.
11. (This question is for counties only) Have you established an Advisory Committee to inform allocation of funds?
12. Did your subdivision engage the public (e.g., town hall meeting, online survey, convened stakeholders) prior to deciding how to use the opioid abatement funds you received? **No, but plan to in the future.**
13. Please describe your public engagement/input efforts?

New Jersey 2023 Opioid Abatement Report

14. Does your county/subdivision have a strategic plan? **No, but plan to develop one in the future.**
15. Can we post your strategic plan online?
16. Have you completed a risk assessment profile for demographic or geographic impact? **No, but we plan to in the future.**
17. Can we post your risk assessment online?
18. Please tell us your overall rationale for prioritizing the use of the opioid abatement funds that you received (e.g., are you using a needs assessment, a strategic or other plan, or an epidemiological analysis)?
- Many factors contribute to deciding what gaps are most worth filling and how funding is allocated. Therefore, based on National and State statistics and research we suggest prioritizing programs that would most reduce opioid-related harms. We recommend 3 areas of future focus towards**
- (1) - Prevention,**
 - (2) - Treatment with expanding access to evidence-based methods such as medication-assisted therapy (MAT) and**
 - (3) - Expanding access to and use of naloxone.**

New Jersey 2023 Opioid Abatement Report

1. In what county are you located? **Union County**
2. For which eligible subdivision (county or municipality) are you reporting? **Westfield Town**
3. What is your subdivision's State ID? **NJ255**
4. As an eligible subdivision (county or municipality) receiving opioid abatement funds, please tell us the following:
Full name of individual in your subdivision authorized to report on the settlement funds your subdivision received("administrator " managing/overseeing these funds): **Scott Olsem**

Name of Administering Agency: **Town of Westfield**

Business Address: **425 East Broad Street**

City/Town: **Westfield**

Lead Contact Phone Number: **908-789-4097 ext. 4037**
5. As an eligible subdivision receiving abatement funds, which of the following applies to your current status regarding those funds? **We are a municipality and did not transfer our funds.**
6. What amount of your opioid abatement funds did you transfer to the county?
7. Please tell us the full amount of opioid abatement funds you received as of 6/30/23. **\$37,327.22**
8. Please tell us the amount of opioid abatement funds you have expended (as of 6/30/23). **\$0.00**
9. Of the total opioid abatement funds, what amount was spent on program administrative expenses?
\$0.00
10. Please share brief information on your subdivision's overarching goals and priorities to provide context for this program year's spending decisions. **Not determined, as of yet**
11. (This question is for counties only) Have you established an Advisory Committee to inform allocation of funds?
12. Did your subdivision engage the public (e.g., town hall meeting, online survey, convened stakeholders) prior to deciding how to use the opioid abatement funds you received? **No, but plan to in the future.**
13. Please describe your public engagement/input efforts?
14. Does your county/subdivision have a strategic plan? **No, but plan to develop one in the future.**
15. Can we post your strategic plan online?
16. Have you completed a risk assessment profile for demographic or geographic impact? **No, but we plan to in the future.**

New Jersey 2023 Opioid Abatement Report

17. Can we post your risk assessment online?

18. Please tell us your overall rationale for prioritizing the use of the opioid abatement funds that you received (e.g., are you using a needs assessment, a strategic or other plan, or an epidemiological analysis)? **Not determined, as of yet**

New Jersey 2023 Opioid Abatement Report

1. In what county are you located? **Warren County**
2. For which eligible subdivision (county or municipality) are you reporting? **Phillipsburg Town**
3. What is your subdivision's State ID? **NJ179**
4. As an eligible subdivision (county or municipality) receiving opioid abatement funds, please tell us the following:
Full name of individual in your subdivision authorized to report on the settlement funds your subdivision received("administrator " managing/overseeing these funds): **Matthew Hall**

Name of Administering Agency: **Town of Phillipsburg**

Business Address: **120 Filmore St**

City/Town: **Town of Phillipsburg**

Lead Contact Phone Number: **908-454-5500**
5. As an eligible subdivision receiving abatement funds, which of the following applies to your current status regarding those funds? **We are a municipality and did not transfer our funds.**
6. What amount of your opioid abatement funds did you transfer to the county?
7. Please tell us the full amount of opioid abatement funds you received as of 6/30/23. **\$64,945.92**
8. Please tell us the amount of opioid abatement funds you have expended (as of 6/30/23). **\$0.00**
9. Of the total opioid abatement funds, what amount was spent on program administrative expenses?
\$0.00
10. Please share brief information on your subdivision's overarching goals and priorities to provide context for this program year's spending decisions. **Prevention**
11. (This question is for counties only) Have you established an Advisory Committee to inform allocation of funds?
12. Did your subdivision engage the public (e.g., town hall meeting, online survey, convened stakeholders) prior to deciding how to use the opioid abatement funds you received? **No**
13. Please describe your public engagement/input efforts?
14. Does your county/subdivision have a strategic plan? **No**
15. Can we post your strategic plan online?
16. Have you completed a risk assessment profile for demographic or geographic impact? **No**
17. Can we post your risk assessment online?

New Jersey 2023 Opioid Abatement Report

18. Please tell us your overall rationale for prioritizing the use of the opioid abatement funds that you received (e.g., are you using a needs assessment, a strategic or other plan, or an epidemiological analysis)? **Utilize guidance from government and community partners**

New Jersey 2023 Opioid Abatement Report

1. In what county are you located? **Warren County**
2. For which eligible subdivision (county or municipality) are you reporting? **Warren County**
3. What is your subdivision's State ID? **NJ242**
4. As an eligible subdivision (county or municipality) receiving opioid abatement funds, please tell us the following:
Full name of individual in your subdivision authorized to report on the settlement funds your subdivision received ("administrator " managing/overseeing these funds): **Laura Richter**

Name of Administering Agency: **Warren County Department of Human Services** Business

Address: **1 Shotwell Dr.**

City/Town: **Belvidere**

Lead Contact Phone Number: **908-475-6237**
5. As an eligible subdivision receiving abatement funds, which of the following applies to your current status regarding those funds? **We are a county and did not transfer our funds.**
6. What amount of your opioid abatement funds did you transfer to the county?
7. Please tell us the full amount of opioid abatement funds you received as of 6/30/23. **\$436,552.98**
8. Please tell us the amount of opioid abatement funds you have expended (as of 6/30/23). **\$0.00**
9. Of the total opioid abatement funds, what amount was spent on program administrative expenses?
\$0.00
10. Please share brief information on your subdivision's overarching goals and priorities to provide context for this program year's spending decisions. **Warren County is in the planning phases for abatement. Our advisory committee is compiling data from a survey and focus groups to make priority recommendations to the County Commissioners for final decision. A competitive contract process will follow.**
11. (This question is for counties only) Have you established an Advisory Committee to inform allocation of funds? **Yes**
12. Did your subdivision engage the public (e.g., town hall meeting, online survey, convened stakeholders) prior to deciding how to use the opioid abatement funds you received? **Yes**
13. Please describe your public engagement/input efforts? **A community survey was distributed via social media, email, posted fliers and at events. We also held focus groups and key informant interviews.**
14. Does your county/subdivision have a strategic plan? **No, but plan to develop one in the future.**
15. Can we post your strategic plan online?

New Jersey 2023 Opioid Abatement Report

16. Have you completed a risk assessment profile for demographic or geographic impact? **No**

17. Can we post your risk assessment online?

18. Please tell us your overall rationale for prioritizing the use of the opioid abatement funds that you received (e.g., are you using a needs assessment, a strategic or other plan, or an epidemiological analysis)? **Needs assessment**