

ATLANTIC COUNTY

**2023 OPIOID
ABATEMENT REPORT**

Table of Contents

Atlantic County

Atlantic County	1
Atlantic City	5
Egg Harbor Township	8
Galloway Township	10
Hamilton Township	15
Hammonton Town.....	17
Pleasantville City.....	19
Somers Point City	21

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.**

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 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):

2023 Opioid Abatement Report

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**

2023 Opioid Abatement Report

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**

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?

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**

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**

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?

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.**

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.**

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**

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.**

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

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**

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.**

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**

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?

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)?

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.**

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**

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?

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)?