

**BURLINGTON  
COUNTY**

**2023 OPIOID  
ABATEMENT REPORT**

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## 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 County**
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?

## ***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 us 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**

## ***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)**

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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

## 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**

## ***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**



## 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.**

## 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**

## *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**

## *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.**

## *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**

## 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.**

## *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**

## 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?



## 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.**

## ***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**

## 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?

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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**

## 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**

## *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**

## 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**
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): **Martin Eckert Jr**
  - Name of Administering Agency: **Florence Township**
  - Business Address: **711 Broad Street**
  - City/Town: **Florence Township**
  - Lead Contact Phone Number: **609-499-2525**
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. **\$21,000.00**
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. **I have recently learned of the settlement funds and will be managing moving forward. I currently oversee our townships municipal alliance and will be working with our police department, school district and our administration mapping out an outreach and educational prevention approach to support the mission and intention of these funds becoming available for our respective townships to utilize. There is a lot of good to be done and a tremendous resource in having these funds. I look forward to helping to make a positive difference in and around 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?

## *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)? **I will be engaging with representatives from my county municipal alliance to assist in supporting strategic planning for our municipality. Additionally, I will be meeting with our police department command staff to gauge their position on how funds may aide in their efforts and that of our school resource officers. Another step will be to work with school district administration to provide assemblies, collateral materials, etc.**

### **Program 1**

19. Program name/title: **Florence Township School District Education & Prevention Against Opioid Abuse**

Agency/funding recipient name: **Florence Township School District**

Primary problem being addressed by this program: **Lack of education about the many ways opioids are present and easily available in everyday life.**

Brief program description: **Making handouts and materials available for parents and students. Creating assemblies for impact.**

Program target population: **Students and parents**

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

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

Program launch date: **Pending - Anticipate for 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? **Attendance overall support**

Please state this program's statement of impact: **Education is the key to prevention**

How do you plan to measure or track success and impact of this program? **Our goal is to sustain and continue the message for continued presence and effectiveness**

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



## ***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, 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? **Other (please specify)**

Other (please specify): **To be determined**

### **24. Rationale for Program**

What is the reason for this program spending choice? **Our students and families make up a large portion of our population which provides a positive impact based on numbers**

What outcomes or impact does the program aim to achieve? **Goal to stress prevention and 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? **Yes**

### **Program 2**

19. Program name/title: **Florence Township Police Training for Safety of Officers and Persons Experiencing Overdose**

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

Primary problem being addressed by this program: **Educate officers so they may safely and effectively interact with individuals**

Brief program description: **Provide training to officers. It is important from an exposure standpoint and reaction need**

Program target population: **Township Police Officers**

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

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

Program launch date: **TBD - Anticipate early 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? **Officer education will be determined as calls are responded to in the community**

Please state this program's statement of impact: **Educate our officers to be safe while managing challenging situations relating to drug exposure and lifesaving efforts**

## 2023 Opioid Abatement Report

How do you plan to measure or track success and impact of this program? **Meet with police command staff as follow up**

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). **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

What is the reason for this program spending choice? **Support our local police departments efforts to train officers**

What outcomes or impact does the program aim to achieve? **Train officers to be safe when dealing with drug exposure and effective response to overdose matters**

What is the anticipated number of unduplicated clients this program will reach annually? **28 + officers and individuals being assisted**

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

### Program 3

19. Program name/title: **Florence Township Community Outreach**

Agency/funding recipient name: **Speakers, Presenters, Outreach Organizations**

Primary problem being addressed by this program: **Educating the general public for prevention of substance abuse**

Brief program description: **Create speaking engagements and workshops for residents to attend to learn a variety of prevention topics**

Program target population: **12,000 resident population**

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

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

Program launch date: **TBD - Anticipate early 2024**

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

## ***2023 Opioid Abatement Report***

What key performance indicators are you tracking to ensure success of the program? **Repeated events will be gauged on attendance and goal is lower number of calls relating to overdose responses by police and fire dept**

Please state this program's statement of impact: **How to keep your family safe by learning prevention techniques**

How do you plan to measure or track success and impact of this program? **Attendance and reduced overdose calls to PD and FD**

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: **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? **The importance of educating the general public**

What outcomes or impact does the program aim to achieve? **Sharing resources that can make a positive difference**

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**

## 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?

## *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**

## 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?

## 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**

## *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**



## 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.**

## *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.**

## *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**
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 Aberant**
  - Name of Administering Agency: **Moorestown**
  - Business Address: **111 W 2nd Street**
  - City/Town: **Moorestown**
  - Email Address: **kaberant@moorestown.nj.us**
  - Lead Contact Phone Number: **856-914-3004**
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.**

## 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?

## *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**

## ***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.**

## 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.**

## 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**



## 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**

*2023 Opioid Abatement Report*

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? **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**

## 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**

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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? **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**