

CAMDEN COUNTY

2023 OPIOID ABATEMENT REPORT

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1. In what county are you located? **Camden County**
2. For which eligible subdivision (county or municipality) are you reporting? **Camden County**
3. What is your subdivision's State ID? **NJ25**
4. As an eligible subdivision (county or municipality) receiving opioid abatement funds, please tell us the following:
 - Full name of individual in your subdivision authorized to report on the settlement funds your subdivision received ("administrator " managing/overseeing these funds): **Ross G. Angilella**
 - Name of Administering Agency: **Camden County**
 - Business Address: **520 Market Street, 6th floor**
 - City/Town: **Camden**
 - Lead Contact Phone Number: **856-225-5030**
5. As an eligible subdivision receiving abatement funds, which of the following applies to your current status regarding those funds? **We are a county and did not transfer our funds.**
6. What amount of your opioid abatement funds did you transfer to the county?
7. Please tell us the full amount of opioid abatement funds you received as of 6/30/23. **\$2,890,376.49**
8. Please tell us the amount of opioid abatement funds you have expended (as of 6/30/23).
\$1,909,749.10
9. Of the total opioid abatement funds, what amount was spent on program administrative expenses?
\$56,813.90
10. Please share brief information on your subdivision's overarching goals and priorities to provide context for this program year's spending decisions. **Camden County's overarching goal is to reduce the incidence of Substance Use Disorder/Opioid Use Disorder, overdoses, and overdose-related fatalities by increasing public awareness about the dangers of these substances and through strategic, evidence-based intervention efforts across the County. We are prioritizing evidenced-based programs in four main areas: Prevention/Education, Early Intervention, Treatment, and Recovery Supports.**
11. (This question is for counties only) Have you established an Advisory Committee to inform allocation of funds? **Yes**
12. Did your subdivision engage the public (e.g., town hall meeting, online survey, convened stakeholders) prior to deciding how to use the opioid abatement funds you received? **Yes**

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13. Please describe your public engagement/input efforts? **Camden County convenes several boards and local health task forces which provide a platform for public engagement. As well, the Camden County Prosecutor's Office, the Camden County Police Department, the Camden County Department of Health & Human Services, and the Camden County Commissioners Addiction Awareness Task Force all share input received from members of the public who are impacted directly or indirectly by the opioid crisis in our communities. The opioid abatement programs funded by Camden County are borne out of many years of meetings and conversations with key informants. Those meetings included school superintendents, mental health and addiction professionals, law enforcement, persons in recovery, and the Local Advisory Committee on Alcohol and Drug Abuse.**

14. Does your county/subdivision have a strategic plan? **No, but plan to develop one in the future.**

15. Can we post your strategic plan online?

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

17. Can we post your risk assessment online?

18. Please tell us your overall rationale for prioritizing the use of the opioid abatement funds that you received (e.g., are you using a needs assessment, a strategic or other plan, or an epidemiological analysis)? **Based upon the focus groups that were generated as a requirement for the 2024-2027 Comprehensive Substance Abuse Plan and key other informant interviews (Jefferson Health with superintendents, Systems Review Board, Mental Health Board, PACADA/PAC, Partnership for Suicide Prevention, GIS Planning), several gaps in services were identified in four areas: Prevention/Education, Early Intervention, Treatment, and Recovery Supports. The rationale for service enhancements in the four identified areas was to fill these gaps. All of the funded programs were created as an identified response for each.**

In the area of Prevention/Education, there was a gap in the schools (identified by superintendents) and understanding that there were students who were not aware of the implicit dangers of opioids. As well, prevention was lacking among senior high school students.

In the area of Early Intervention, there were gaps identified by law enforcement which related to the number of persons with mental health disorders and cooccurring disorders who were encountering the criminal justice system.

Treatment linkage in high drug traffic areas and throughout the shelter system was limited. In the area of Treatment, individuals attempting to access the Mental Health System of Care for Substance Use Disorder were not being adequately serviced.

In the area of Recovery Supports, there were gaps in high drug traffic areas for persons in recovery.

Program 1

19. Program name/title: **Peer Led Recovery Center (Camden City)**

Agency/funding recipient name: **Center for Family Services**

Primary problem being addressed by this program: **Recovery Support**

Brief program description: **This program provides additional hours for service delivery at the Recovery Center in Camden City. The Recovery Center is peer led and assists with wrap-around services for recovery support, including in-person and virtual support groups.**

Program target population: **All County residents**

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

Amount of funding for this program: **\$250,000.00**

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

If program has started, how many clients have been seen as of 6/30/2023: **72**

What key performance indicators are you tracking to ensure success of the program? **The number of individuals who walk into the Recovery Center to inquire about services, the number who engage in services or resources, in addition to increasing collaboration among the Recovery Center and surrounding communities to promote services for those in need.**

Please state this program's statement of impact: **Community Peer Recovery Centers provide peer support recovery services to the community, including Naloxone training and kits, peer recovery coaching, social and recreational activities, support groups, and more.**

How do you plan to measure or track success and impact of this program? **Success will be measured by utilization. The expectation is that clients will see at least 8 people per day with the enhanced hours.**

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

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

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

Other (please specify): **Ongoing**

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

Other (please specify): **Contracted for \$250,000.00 for the year. Funds are disbursed on a fee-for-service basis as services are rendered.**

24. Rationale for Program

What is the reason for this program spending choice? **This program was chosen for its ease of access to the target population and the high need for recovery supports in this area. There are many homeless persons with active Substance Use Disorder in this area.**

What outcomes or impact does the program aim to achieve? **Reduction of overdoses and overdose-related fatalities. Increased engagement and linkage to treatment.**

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

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

Program 2

19. Program name/title: **Naloxbox Initiative**

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Agency/funding recipient name: **Camden County Office of Mental Health & Addiction**

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

Brief program description: **This program provides Naloxboxes to schools, churches, courts, and social service organizations equipped with Narcan, plus training to respond to overdoses.**

Program target population: **School and other personnel**

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

Amount of funding for this program: **\$66,031.95**

Program launch date: **November 2022**

If program has started, how many clients have been seen as of 6/30/2023: **392 Camden County locations, including 233 schools, 33 county buildings, and 126 social settings**

What key performance indicators are you tracking to ensure success of the program? **The number of schools, social settings, and County buildings that install Naloxbox, as well as the number of locations that request Narcan replenishment due to use. Non-fatal and fatal overdoses are continuously tracked throughout Camden County.**

Please state this program's statement of impact: **This program increases public understanding of Opioid Use Disorder, decreases stigma, and provides vital life-saving instruction on how to respond to an opioid overdose using Narcan.**

How do you plan to measure or track success and impact of this program? **Distribution of Naloxboxes and number of individuals attending the trainings**

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

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

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

Other (please specify):

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

Other (please specify):

24. Rationale for Program

What is the reason for this program spending choice? **This program reduces stigma, provides education and awareness about opioid overdose, and increases the number of County residents who are able to respond to an opioid emergency.**

What outcomes or impact does the program aim to achieve? **Decreased stigma associated with persons with Opioid Use Disorder and fewer overdose fatalities in the County.**

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What is the anticipated number of unduplicated clients this program will reach annually? **30-50**

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

Program 3

19. Program name/title: **Behavioral Health Clearances**

Agency/funding recipient name: **Oaks Integrated Care**

Primary problem being addressed by this program: **Treatment**

Brief program description: **Youth referred by schools for mental health and substance abuse concerns are diverted from ERs and evaluated by licensed clinicians in OPT settings.**

Program target population: **Youth in schools**

Date this program was funded (please use M/D/Y): **2/1/2023**

Amount of funding for this program: **\$125,000.00**

Program launch date: **2/1/2023**

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

What key performance indicators are you tracking to ensure success of the program? **The number of individuals referred for clearance, the number admitted vs. cleared for return to school, with overall goal to decrease clearances in crisis and hospitals. Additionally, for those who are not admitted, the number of referrals and assisted hands-on linkages for those individuals (warm-hand offs), in addition to fewer number of referrals to crisis and/or return of individuals.**

Please state this program's statement of impact: **This program reduces wait times, ER visits, and turn-around time for return to school.**

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

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

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

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

Other (please specify):

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

Other (please specify):

24. Rationale for Program

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What is the reason for this program spending choice? **This program reduces the number of students presenting to acute settings for subacute behavioral health issues, to reduce the amount of traffic into Camden County's emergency rooms.**

What outcomes or impact does the program aim to achieve? **This program aims to avoid the higher costs associated with emergency room care and provide treatment that is more responsive to the needs of the students, schools, and families.**

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

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

Program 4

19. Program name/title: **Crisis Case Management**

Agency/funding recipient name: **Oaks Integrated Care**

Primary problem being addressed by this program: **Recovery Support**

Brief program description: **Individuals seen by Crisis who are not admitted are followed up by case managers.**

Program target population: **All County residents not admitted by Crisis**

Date this program was funded (please use M/D/Y): **2/1/2023**

Amount of funding for this program: **\$195,000.00**

Program launch date: **2/1/2023**

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

What key performance indicators are you tracking to ensure success of the program? **The number of individuals referred and followed up with by a case manager, the number of referrals and assisted hands-on linkages for those individuals (number of warm-hand offs), and fewer referrals to crisis and/or return of individuals.**

Please state this program's statement of impact: **This program provides additional support, linkage, and referrals to desired care.**

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

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

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

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

Other (please specify):

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

Other (please specify):

24. Rationale for Program

What is the reason for this program spending choice? **This program provides more appropriate outreach, post-evaluation, to secure a warm hand-off into the LOCI (level of care indicated), thus achieving better outcomes.**

What outcomes or impact does the program aim to achieve? **Better linkage to care, reduced overdoses, and fatalities in the County**

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

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

Program 5

19. Program name/title: **Project SAVE (Substance Abuse Visionary Effort) – Mental Health Navigator**

Agency/funding recipient name: **Genesis Counseling Center**

Primary problem being addressed by this program: **Diversion from incarceration**

Brief program description: **Persons with co-occurring mental health and Substance Use Disorder who are encountered by law enforcement are intervened in municipal court and provided linkage to appropriate care with follow-up.**

Program target population: **Adults with co-occurring mental health and substance abuse disorders referred to municipal court**

Date this program was funded (please use M/D/Y): **2/1/2023**

Amount of funding for this program: **\$150,000.00**

Program launch date: **2/1/2023**

If program has started, how many clients have been seen as of 6/30/2023: **56 enrolled from referrals through Court Staff (31), Police (13), and Self (12). Outreaches are phone calls and updates to Advocates for court (1,753). These numbers do not include the additional mental health participants who were enrolled prior to the start of the MH Navigator, which now they also assist.**

What key performance indicators are you tracking to ensure success of the program? **The number of referrals, the number of individuals contacted for initial greeting/program introduction, the number enrolled, the number who attend a mental health assessment, the number admitted in mental health treatment services, the number of follow-ups, and the number who complete number treatment services. Qualitative data that reflects the enhancement of participants' well-being is also tracked, which may include additional referrals for wrap-around services such as employment, identification documents, schooling, support groups, among other measures.**

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Please state this program's statement of impact: **Project SAVE is a gateway to treatment program that provides early intervention at point of arrest for those individuals who have co-occurring Substance Use Disorder and mental health disorders. This program provides additional support, linkage, and referrals to desired care.**

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

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

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

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

Other (please specify):

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

Other (please specify):

24. Rationale for Program

What is the reason for this program spending choice? **This program is suited to provide the most appropriate outreach, post-evaluation, to secure a warm hand-off into the LOCI (level of care indicated), thus achieving better outcomes for those with mental health and substance abuse issues.**

What outcomes or impact does the program aim to achieve? **Better linkage to care, reduction in stigma**

What is the anticipated number of unduplicated clients this program will reach annually? **250**

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

Program 6

19. Program name/title: **Narcotics Overdose Prevention Education**

Agency/funding recipient name: **The Workgroup**

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

Brief program description: **Prevention education provided inside school settings with a presentation format**

Program target population: **Youth in schools with behavioral health issues**

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

Amount of funding for this program: **\$97,740.00**

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

If program has started, how many clients have been seen as of 6/30/2023: **195 youth and young adults**

What key performance indicators are you tracking to ensure success of the program? **The number of presentations conducted as compared with the number of individuals served, as well as the quality of the presentations as assessed through participant surveys. Surveys are shaped to the appropriate age group in which the presentation is conducted.**

Please state this program's statement of impact: **This program provides experiential substance abuse prevention education in school settings to at risk youth and aims to reduce the possibility of first use.**

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

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

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

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

Other (please specify):

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

Other (please specify):

24. Rationale for Program

What is the reason for this program spending choice? **This program reduces the first use of opioids and other dangerous substances by youth.**

What outcomes or impact does the program aim to achieve? **Increased awareness, decreased use, decreased overdoses and fatalities**

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

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

Program 7

19. Program name/title: **HIE Enrollment for 2 In-patient Treatment Programs**

Agency/funding recipient name: **Camden Coalition**

Primary problem being addressed by this program: **Treatment**

Brief program description: **Maryville, Inc. and New Hope IBHC have access to the HIE for all Camden County residents, improving care.**

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Program target population: **Adults with treatment referred at courts**

Date this program was funded (please use M/D/Y): **6/1/2023**

Amount of funding for this program: **\$23,000.00**

Program launch date: **6/1/2023**

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

What key performance indicators are you tracking to ensure success of the program? **Success will be measured through the Camden Coalition submitting reports to OMHA, illustrating the HIE use amongst each provider. This will help demonstrate the provider's amount of use and allow for assessment of the provider's need for the HIE to further assist clients.**

Please state this program's statement of impact: **This program provides increased effectiveness of care by Substance Use Disorder providers by identifying who is enrolled in other treatment facilities.**

How do you plan to measure or track success and impact of this program? **Number of encounters with the HIE**

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

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

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

Other (please specify):

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

Other (please specify):

24. Rationale for Program

What is the reason for this program spending choice? **Better treatment outcomes**

What outcomes or impact does the program aim to achieve? **Reduction in rates of relapse, better coordination of care**

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

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

Program 8

19. Program name/title: **Suboxone Induction Mobile Outreach**

Agency/funding recipient name: **Cooper Health**

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Primary problem being addressed by this program: **Treatment**

Brief program description: **Mobile van providing outreach in Camden City and around Camden County with Suboxone Induction to persons with Opioid Use Disorder.**

Program target population: **Adults with Opioid Use Disorder**

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

Amount of funding for this program: **\$450,000.00**

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

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

What key performance indicators are you tracking to ensure success of the program? **The number of outreaches engaged by Mobile unit, the number of individuals served, the services delivered, and outcomes of connections to MAT services.**

Please state this program's statement of impact: **This program will induct individuals with Opioid Use Disorder to Suboxone as willing and engage them into treatment, reducing overdoses and fatalities.**

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

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

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

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

Other (please specify):

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

Other (please specify):

24. Rationale for Program

What is the reason for this program spending choice? **This program addresses the need to engage more individuals into the most evidenced-based treatment for Opioid Use Disorder, as well as bring treatment to the clients where they are during street outreach.**

What outcomes or impact does the program aim to achieve? **Increased access to treatment, reduction of overdoses, and overdose fatalities**

What is the anticipated number of unduplicated clients this program will reach annually? **45**

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

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Program 9

19. Program name/title: **REACH - Naloxone Post Overdose Distribution**

Agency/funding recipient name: **Cooper Health**

Primary problem being addressed by this program: **Recovery Support**

Brief program description: **Post-overdose patients are provided brief opioid response instruction and offered Narcan.**

Program target population: **Adults with opioid overdose referred to ER**

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

Amount of funding for this program: **\$50,000.00**

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

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

What key performance indicators are you tracking to ensure success of the program? **The number of Narcan distributed, with reporting as back-up. Qualitative and quantitative.**

Please state this program's statement of impact: **This program will provide persons in Camden County who have Opioid Use Disorder with Narcan as willing and engage them into treatment, thereby reducing overdoses and fatalities.**

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

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

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

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

Other (please specify):

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

Other (please specify):

24. Rationale for Program

What is the reason for this program spending choice? **This program provides patients, post-overdose, with Narcan as well as education about responding to opioid emergencies.**

What outcomes or impact does the program aim to achieve? **Reduction of overdoses and fatalities**

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What is the anticipated number of unduplicated clients this program will reach annually? **500**

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

Program 10

19. Program name/title: **Certified Peers in Shelters**

Agency/funding recipient name: **Maryville, Inc.**

Primary problem being addressed by this program: **Treatment**

Brief program description: **Shelter guests with Substance Use Disorder/Opioid Use Disorder are provided services by Certified Peer Recovery Specialists, linkage to care, linkage to harm reduction, transportation, and stigmatization reduction.**

Program target population: **Adults with Substance Use Disorder/Opioid Use Disorder**

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

Amount of funding for this program: **\$63,000.00**

Program launch date: **3/2/2023**

If program has started, how many clients have been seen as of 6/30/2023: **Certified Peer Recovery Specialists engaged with 113 residents, and met with 26 of whom 15 accepted services.**

What key performance indicators are you tracking to ensure success of the program? **Certified Peer Recovery Specialists working full-time at the shelter, engaging with shelter guests to enroll with a Certified Peer Recovery Specialist to help connect them to services in need. Tracking number enrolled, admitted into treatment services, and type of LOC, including treatment engagement outcomes and linkages to recovery.**

Please state this program's statement of impact: **This program will provide persons in Camden County shelters who have SUD/OD with CPRS services as willing and engage them into treatment, thereby reducing overdoses and fatalities.**

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

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

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

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

Other (please specify):

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

Other (please specify):

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24. Rationale for Program

What is the reason for this program spending choice? **This program provides a peer support system to shelter guests and stronger linkage to care. Shelter guests have higher than average rates of overdose and are responsive to peers.**

What outcomes or impact does the program aim to achieve? **Reduction of overdoses and fatalities. Better coordination of care for those with high overdose rates.**

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

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

Program 11

19. Program name/title: **Certified Peers in Shelters**

Agency/funding recipient name: **Volunteers of America, DV**

Primary problem being addressed by this program: **Treatment**

Brief program description: **Certified Peer Recovery Specialists are provided with workspace to offer shelter guests assistance.**

Program target population: **Adults with Substance Use Disorder/Opioid Use Disorder**

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

Amount of funding for this program: **\$12,000.00**

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

If program has started, how many clients have been seen as of 6/30/2023: **50**

What key performance indicators are you tracking to ensure success of the program? **More shelter guests accepting services and being connected to appropriate services, as well as a decrease in return of shelter guests due to stabilization from service assistance.**

Please state this program's statement of impact: **This program engages the shelter system with Certified Peer Recovery Specialists, thereby reducing barriers to treatment and increasing the probability of successful referrals.**

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

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

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

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

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Other (please specify):

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

Other (please specify):

24. Rationale for Program

What is the reason for this program spending choice? **This program provides a peer support system to shelter guests and stronger linkage to care. Shelter guests have higher than average rates of overdose and are responsive to peers.**

What outcomes or impact does the program aim to achieve? **Reduction of overdoses and fatalities. Better coordination of care for those with high overdose rates.**

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

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

Program 12

19. Program name/title: **Strengthening Families**

Agency/funding recipient name: **Catholic Charities**

Primary problem being addressed by this program: **Substance Abuse Prevention**

Brief program description: **This program provides parents and youth with practical skills to reduce substance abuse, mental health problems, and delinquency.**

Program target population: **Family members at risk for Substance Use Disorder/Opioid Use Disorder**

Date this program was funded (please use M/D/Y): **6/1/2023**

Amount of funding for this program: **\$9,500.00**

Program launch date: **6/1/2023**

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

What key performance indicators are you tracking to ensure success of the program? **The number of groups conducted as compared with the number of families who engage and complete the program, in addition to qualitative feedback and follow-up outcomes.**

Please state this program's statement of impact: **The Strengthening Families framework is a research-informed approach to increase family strengths, enhance child development, and reduce the likelihood of child abuse and neglect.**

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

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

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

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

Other (please specify):

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

Other (please specify):

24. Rationale for Program

What is the reason for this program spending choice? **This program services families at high-risk, to increase overdose awareness and prevent substance abuse and misuse.**

What outcomes or impact does the program aim to achieve? **Reduced overdoses and fatalities, better linkage to care**

What is the anticipated number of unduplicated clients this program will reach annually? **50**

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

Program 13

19. Program name/title: **Older Adult Substance Abuse Prevention**

Agency/funding recipient name: **Catholic Charities**

Primary problem being addressed by this program: **Substance Abuse Prevention**

Brief program description: **This program increases knowledge about prescription pain medications and provides participants with a better understanding of substances that can have harmful effects, with the goal of reducing the risk of substance misuse and changing problematic behavior.**

Program target population: **Adults with substance abuse referred through courts**

Date this program was funded (please use M/D/Y): **6/1/2023**

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

Program launch date: **6/1/2023**

If program has started, how many clients have been seen as of 6/30/2023: **18**

What key performance indicators are you tracking to ensure success of the program? **The number of groups conducted as compared with the number of older adults who engage and complete the program, in addition to qualitative feedback and follow-up outcomes.**

2023 Opioid Abatement Report

Please state this program's statement of impact: **Substance Use Disorder education and prevention by increasing linkages to care, in turn reducing substance abuse among older adults in Camden County.**

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

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

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

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

Other (please specify):

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

Other (please specify):

24. Rationale for Program

What is the reason for this program spending choice? **Increased awareness and understanding of substance misuse**

What outcomes or impact does the program aim to achieve? **Decreased stigma, reduced number of overdoses and fatalities**

What is the anticipated number of unduplicated clients this program will reach annually? **50**

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

Program 14

19. Program name/title: **Camden County Harm Reduction**

Agency/funding recipient name: **Lochness Medical Supplies Inc.**

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

Brief program description: **Provide Xylazine tests strips**

Program target population: **Adults with Substance Use Disorder/Opioid Use Disorder**

Date this program was funded (please use M/D/Y): **6/1/2023**

Amount of funding for this program: **\$4,017.67**

Program launch date: **TBD**

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

2023 Opioid Abatement Report

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

Please state this program's statement of impact: **This program aims to reduce overdose and fatalities as well as the risk of Xylazine complications and sores.**

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

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

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

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

Other (please specify):

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

Other (please specify):

24. Rationale for Program

What is the reason for this program spending choice? **Educate about Xylazine**

What outcomes or impact does the program aim to achieve? **Reduction of individuals using Xylazine with fentanyl (program is on hold)**

What is the anticipated number of unduplicated clients this program will reach annually? **1333**

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

Program 15

19. Program name/title: **NJAC Annual Meeting Workshop – “How Camden County is Leveraging Settlement Funds to Combat the Opioid Epidemic”**

Agency/funding recipient name: **Camden County Addiction Awareness Task Force**

Primary problem being addressed by this program: **Opioid Use Disorder abatement**

Brief program description: **Panel discussion regarding successful strategies to combat the opioid epidemic, featuring guest speaker, Tanya Niederman.**

Program target population: **NJ county government stakeholders**

Date this program was funded (please use M/D/Y): **5/4/2023**

Amount of funding for this program: **\$2,100.00**

Program launch date: **5/4/2023**

If program has started, how many clients have been seen as of 6/30/2023: **50+ attendees**

2023 Opioid Abatement Report

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

Please state this program's statement of impact: **Educate stakeholders from other counties about Camden County's efforts to tackle the opioid crisis through education, partnerships, civic engagement, and outreach, and successful strategies to prevent opioid abuse and reduce overdose and fatalities.**

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

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

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

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

Other (please specify):

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

Other (please specify):

24. Rationale for Program

What is the reason for this program spending choice? **Engagement with other county stakeholders to brainstorm effective opioid abatement programs for which opioid settlement funds can be used.**

What outcomes or impact does the program aim to achieve? **Information and awareness regarding the opioid settlements, the Camden County Opioid Advisory Council, and the successful opioid treatment and prevention strategies employed in Camden County.**

What is the anticipated number of unduplicated clients this program will reach annually? **50**

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

Program 16

19. Program name/title: **"Fentanyl is Fatal" Fentanyl Awareness Campaign**

Agency/funding recipient name: **Camden County Addiction Awareness Task Force**

Primary problem being addressed by this program: **Public awareness around the dangers of fentanyl**

Brief program description: **Comprehensive public education and media campaign aimed at discouraging opioid abuse, preventing overdose, and reducing stigma associated with Opioid Use Disorder**

2023 Opioid Abatement Report

Program target population: **All County residents**

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

Amount of funding for this program: **\$ 336,163.25**

Program launch date: **2023**

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

What key performance indicators are you tracking to ensure success of the program? **Market research data**

Please state this program's statement of impact: **Camden County's Fentanyl Awareness Campaign was created to lower the rates of overdoses and deaths caused by the fentanyl epidemic in our communities through education and awareness. The campaign is built to educate youth, current and potential recreational users on the dangers of fentanyl-laced street drugs and prescription pharmaceuticals. Advertisements are placed in a variety of media outlets including outdoor billboards, digital and social media, print publications, and more. Campaign materials are sent out to local municipalities, schools, and other organizations, and a 30-second PSA aired on network television and social platforms to broaden the reach and expand the impact of the campaign's message.**

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

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

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

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

Other (please specify):

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

Other (please specify): **Fee for services**

24. Rationale for Program

What is the reason for this program spending choice? **In the last two years of the COVID-19 pandemic, opioid overdose and death rates have soared nationally. Nearly two-thirds of more than 100,000 drug overdose deaths in the country have been tied to illicitly manufactured Fentanyl. Fentanyl is an extremely potent drug, commonly mixed with heroin, cocaine, methamphetamine, and prescription drugs. This campaign aims to educate the public on the serious dangers of fentanyl poisoning from fake pills and other illicit drugs.**

What outcomes or impact does the program aim to achieve? **Reduction of fentanyl misuse and associated overdose**

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

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

2023 Opioid Abatement Report

1. In what county are you located? **Camden County**
2. For which eligible subdivision (county or municipality) are you reporting? **Bellmawr Borough**
3. What is your subdivision's State ID? **NJ9**
4. As an eligible subdivision (county or municipality) receiving opioid abatement funds, please tell us the following:
Full name of individual in your subdivision authorized to report on the settlement funds your subdivision received ("administrator " managing/overseeing these funds): **Francine Wright**

Name of Administering Agency: **Borough of Bellmawr**

Business Address: **21 E. Browning Road**

City/Town: **Bellmawr**

Lead Contact Phone Number: **856-933-1313**
5. As an eligible subdivision receiving abatement funds, which of the following applies to your current status regarding those funds? **We are a municipality and did not transfer our funds.**
6. What amount of your opioid abatement funds did you transfer to the county?
7. Please tell us the full amount of opioid abatement funds you received as of 6/30/23. **\$25,600.80**
8. Please tell us the amount of opioid abatement funds you have expended (as of 6/30/23). **\$0.00**
9. Of the total opioid abatement funds, what amount was spent on program administrative expenses? **\$0.00**
10. Please share brief information on your subdivision's overarching goals and priorities to provide context for this program year's spending decisions.
11. (This question is for counties only) Have you established an Advisory Committee to inform allocation of funds?
12. Did your subdivision engage the public (e.g., town hall meeting, online survey, convened stakeholders) prior to deciding how to use the opioid abatement funds you received? **No**
13. Please describe your public engagement/input efforts?
14. Does your county/subdivision have a strategic plan? **No**
15. Can we post your strategic plan online?
16. Have you completed a risk assessment profile for demographic or geographic impact? **No**
17. Can we post your risk assessment online?

2023 Opioid Abatement Report

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

2023 Opioid Abatement Report

1. In what county are you located? **Camden County**
2. For which eligible subdivision (county or municipality) are you reporting? **Camden City**
3. What is your subdivision's State ID? **NJ24**
4. As an eligible subdivision (county or municipality) receiving opioid abatement funds, please tell us the following:
Full name of individual in your subdivision authorized to report on the settlement funds your subdivision received ("administrator" managing/overseeing these funds): **Marc A Riondino**

Name of Administering Agency: **City of Camden**

Business Address: **Suite 400-City Hall, 520 Market Street**

City/Town: **Camden, NJ**

Lead Contact Phone Number: **856-757-7200**
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. **\$698,144.70**
8. Please tell us the amount of opioid abatement funds you have expended (as of 6/30/23). **\$0.00**
9. Of the total opioid abatement funds, what amount was spent on program administrative expenses? **\$0.00**
10. Please share brief information on your subdivision's overarching goals and priorities to provide context for this program year's spending decisions. **The goal is to address the conditions impacted by the opioid crisis. Spending in areas relating to homeless prevention, social services, public safety and diversionary programs.**
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?

2023 Opioid Abatement Report

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

17. Can we post your risk assessment online?

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

Program 1

19. Program name/title: **Multi Agency Resource Center (Hackensack Model)**

Agency/funding recipient name: **Opioid Funding and other Funding**

Primary problem being addressed by this program: **Address the root causes that create homeless in Camden.**

Brief program description: **A center where people go to for a temporary shelter and receive wrap around services.**

Program target population: **Addicted, those suffering mental illness, and homeless.**

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

Amount of funding for this program: **Projected 6-8 million. We are coordinating with County and NGO's**

Program launch date: **Concept and planning underway**

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? **Connect all clients with housing and necessary services.**

Please state this program's statement of impact: **Connect all clients with housing and necessary services.**

How do you plan to measure or track success and impact of this program? **Number of clients served. Achieve functional 0% homeless in Camden.**

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

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

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

Other (please specify): **Create a permanent center**

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

2023 Opioid Abatement Report

Other (please specify): **Not determined at this time**

24. Rationale for Program

What is the reason for this program spending choice? **Create a Resource Center**

What outcomes or impact does the program aim to achieve? **Harm Reduction, Eliminate Homelessness**

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

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? **Camden County**
2. For which eligible subdivision (county or municipality) are you reporting? **Cherry Hill Township**
3. What is your subdivision's State ID? **NJ30**
4. As an eligible subdivision (county or municipality) receiving opioid abatement funds, please tell us the following:
Full name of individual in your subdivision authorized to report on the settlement funds your subdivision received ("administrator" managing/overseeing these funds): **Michelle Samalonis**

Name of Administering Agency: **Cherry Hill Township**

Business Address: **820 Mercer Street**

City/Town: **Cherry Hill**

Lead Contact Phone Number: **856-432-8738**
5. As an eligible subdivision receiving abatement funds, which of the following applies to your current status regarding those funds? **We are a municipality and did not transfer our funds.**
6. What amount of your opioid abatement funds did you transfer to the county?
7. Please tell us the full amount of opioid abatement funds you received as of 6/30/23. **\$144,644.20**
8. Please tell us the amount of opioid abatement funds you have expended (as of 6/30/23). **\$0.00**
9. Of the total opioid abatement funds, what amount was spent on program administrative expenses? **\$0.00**
10. Please share brief information on your subdivision's overarching goals and priorities to provide context for this program year's spending decisions. **N/A**
11. (This question is for counties only) Have you established an Advisory Committee to inform allocation of funds?
12. Did your subdivision engage the public (e.g., town hall meeting, online survey, convened stakeholders) prior to deciding how to use the opioid abatement funds you received? **No, but plan to in the future.**
13. Please describe your public engagement/input efforts?
14. Does your county/subdivision have a strategic plan? **No, but plan to develop one in the future.**
15. Can we post your strategic plan online?
16. Have you completed a risk assessment profile for demographic or geographic impact? **No, but we plan to in the future.**

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? **Camden County**
2. For which eligible subdivision (county or municipality) are you reporting? **Collingswood Borough**
3. What is your subdivision's State ID? **NJ37**
4. As an eligible subdivision (county or municipality) receiving opioid abatement funds, please tell us the following:
Full name of individual in your subdivision authorized to report on the settlement funds your subdivision received ("administrator" managing/overseeing these funds): **Cassandra Duffey**

Name of Administering Agency: **Borough of Collingswood**

Business Address: **678 Haddon Avenue**

City/Town: **Collingswood**

Lead Contact Phone Number: **856-854-0720 ext. 124**
5. As an eligible subdivision receiving abatement funds, which of the following applies to your current status regarding those funds? **We are a municipality and did not transfer our funds.**
6. What amount of your opioid abatement funds did you transfer to the county?
7. Please tell us the full amount of opioid abatement funds you received as of 6/30/23. **\$47,468.39**
8. Please tell us the amount of opioid abatement funds you have expended (as of 6/30/23). **\$6,600.00**
9. Of the total opioid abatement funds, what amount was spent on program administrative expenses? **\$0.00**
10. Please share brief information on your subdivision's overarching goals and priorities to provide context for this program year's spending decisions. **Supporting First Responders, Providing educational materials and resources for employees and residents of the Borough.**
11. (This question is for counties only) Have you established an Advisory Committee to inform allocation of funds?
12. Did your subdivision engage the public (e.g., town hall meeting, online survey, convened stakeholders) prior to deciding how to use the opioid abatement funds you received? **No, but plan to in the future.**
13. Please describe your public engagement/input efforts?
14. Does your county/subdivision have a strategic plan? **No**
15. Can we post your strategic plan online?
16. Have you completed a risk assessment profile for demographic or geographic impact? **No**

2023 Opioid Abatement Report

17. Can we post your risk assessment online?

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

Supporting First Responders, Providing educational materials in partnership with Camden County about the Opioid Crisis & Resources.

Program 1

19. Program name/title: **Employee Assistance Program**

Agency/funding recipient name: **Employees and Dependents of the Borough of Collingswood**

Primary problem being addressed by this program: **Mental Health**

Brief program description: **Short Term Solution Focused confidential counseling**

Program target population: **130**

Date this program was funded (please use M/D/Y): **06/05/2023**

Amount of funding for this program: **\$5,600.00**

Program launch date: **05/09/2022**

If program has started, how many clients have been seen as of 6/30/2023: **8**

What key performance indicators are you tracking to ensure success of the program? **Utilization reports and providing monthly newsletters to employees to remind them of the program.**

Please state this program's statement of impact: **Access to a mental health professional is available 24/7 for clinical emergencies free to employees and their dependents**

How do you plan to measure or track success and impact of this program? **Program provides utilization reports quarterly**

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

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

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

Other (please specify): **Annually renews, as long employees are continuing to utilize the program, the Borough will financially support the program.**

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

Other (please specify):

24. Rationale for Program

2023 Opioid Abatement Report

What is the reason for this program spending choice? **Support First Responders**

What outcomes or impact does the program aim to achieve? **Provide resources to employees navigating and addressing the opioid crisis firsthand**

What is the anticipated number of unduplicated clients this program will reach annually? **50**

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

Program 2

19. Program name/title: **Education/Communication**

Agency/funding recipient name: **Residents of the Borough of Collingswood**

Primary problem being addressed by this program: **Communication**

Brief program description: **Providing information on the Opioid Crisis to make resources regarding prevention widely available to the region**

Program target population: **14,186**

Date this program was funded (please use M/D/Y): **6/13/2023**

Amount of funding for this program: **\$1,000.00**

Program launch date: **Summer 2023**

If program has started, how many clients have been seen as of 6/30/2023: **11,100**

What key performance indicators are you tracking to ensure success of the program? **Circulation & readership of publication**

Please state this program's statement of impact: **Increase awareness of resources & reduce addition through education campaign**

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

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

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

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

Other (please specify):

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

Other (please specify):

24. Rationale for Program

2023 Opioid Abatement Report

What is the reason for this program spending choice? **Partnership with County to provide opioid addiction resources and information**

What outcomes or impact does the program aim to achieve? **Public education, awareness and reduce addiction**

What is the anticipated number of unduplicated clients this program will reach annually? **14,186**

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

2023 Opioid Abatement Report

1. In what county are you located? **Camden County**
2. For which eligible subdivision (county or municipality) are you reporting? **Gloucester City**
3. What is your subdivision's State ID? **NJ74**
4. As an eligible subdivision (county or municipality) receiving opioid abatement funds, please tell us the following:
Full name of individual in your subdivision authorized to report on the settlement funds your subdivision received ("administrator " managing/overseeing these funds): **Brenda L Sprigman**

Name of Administering Agency: **City of Gloucester City**

Business Address: **512 Monmouth Street**

City/Town: **Gloucester City**

Lead Contact Phone Number: **856-456-0205**
5. As an eligible subdivision receiving abatement funds, which of the following applies to your current status regarding those funds? **We are a municipality and did not transfer our funds.**
6. What amount of your opioid abatement funds did you transfer to the county?
7. Please tell us the full amount of opioid abatement funds you received as of 6/30/23. **\$65,831.48**
8. Please tell us the amount of opioid abatement funds you have expended (as of 6/30/23). **\$0.00**
9. Of the total opioid abatement funds, what amount was spent on program administrative expenses? **\$0.00**
10. Please share brief information on your subdivision's overarching goals and priorities to provide context for this program year's spending decisions.
11. (This question is for counties only) Have you established an Advisory Committee to inform allocation of funds?
12. Did your subdivision engage the public (e.g., town hall meeting, online survey, convened stakeholders) prior to deciding how to use the opioid abatement funds you received? **No, but plan to in the future.**
13. Please describe your public engagement/input efforts?
14. Does your county/subdivision have a strategic plan? **No, but plan to develop one in the future.**
15. Can we post your strategic plan online?
16. Have you completed a risk assessment profile for demographic or geographic impact? **No, but we plan to in the future.**

2023 Opioid Abatement Report

17. Can we post your risk assessment online?

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

2023 Opioid Abatement Report

1. In what county are you located? **Camden County**
2. For which eligible subdivision (county or municipality) are you reporting? **Gloucester Township**
3. What is your subdivision's State ID? **NJ76**
4. As an eligible subdivision (county or municipality) receiving opioid abatement funds, please tell us the following:
Full name of individual in your subdivision authorized to report on the settlement funds your subdivision received ("administrator " managing/overseeing these funds): **Thomas Cardis**

Name of Administering Agency: **Township of Gloucester**

Business Address: **1261 Chews Landing Road**

City/Town: **Blackwood**

Lead Contact Phone Number: **856-374-3537**
5. As an eligible subdivision receiving abatement funds, which of the following applies to your current status regarding those funds? **We are a municipality and did not transfer our funds.**
6. What amount of your opioid abatement funds did you transfer to the county?
7. Please tell us the full amount of opioid abatement funds you received as of 6/30/23. **\$130,183.01**
8. Please tell us the amount of opioid abatement funds you have expended (as of 6/30/23). **\$0.00**
9. Of the total opioid abatement funds, what amount was spent on program administrative expenses? **\$0.00**
10. Please share brief information on your subdivision's overarching goals and priorities to provide context for this program year's spending decisions. **N/A**
11. (This question is for counties only) Have you established an Advisory Committee to inform allocation of funds?
12. Did your subdivision engage the public (e.g., town hall meeting, online survey, convened stakeholders) prior to deciding how to use the opioid abatement funds you received? **No, but plan to in the future.**
13. Please describe your public engagement/input efforts?
14. Does your county/subdivision have a strategic plan? **No, but plan to develop one in the future.**
15. Can we post your strategic plan online?
16. Have you completed a risk assessment profile for demographic or geographic impact? **No, but we plan to in the future.**

2023 Opioid Abatement Report

17. Can we post your risk assessment online?

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

2023 Opioid Abatement Report

1. In what county are you located? **Camden County**
2. For which eligible subdivision (county or municipality) are you reporting? **Haddon Township**
3. What is your subdivision's State ID? **NJ79**
4. As an eligible subdivision (county or municipality) receiving opioid abatement funds, please tell us the following:
Full name of individual in your subdivision authorized to report on the settlement funds your subdivision received ("administrator " managing/overseeing these funds): **Randall W. Teague**

Name of Administering Agency: **Township of Haddon**

Business Address: **135 Haddon Avenue**

City/Town: **Westmont**

Email Address: **mayorteague@haddontwp.com**

Lead Contact Phone Number: **856-833-6277**
5. As an eligible subdivision receiving abatement funds, which of the following applies to your current status regarding those funds? **We are a municipality and did not transfer our funds.**
6. What amount of your opioid abatement funds did you transfer to the county?
7. Please tell us the full amount of opioid abatement funds you received as of 6/30/23. **\$17,077.00**
8. Please tell us the amount of opioid abatement funds you have expended (as of 6/30/23). **\$0.00**
9. Of the total opioid abatement funds, what amount was spent on program administrative expenses? **\$0.00**
10. Please share brief information on your subdivision's overarching goals and priorities to provide context for this program year's spending decisions. **N/A**
11. (This question is for counties only) Have you established an Advisory Committee to inform allocation of funds? **N/A**
12. Did your subdivision engage the public (e.g., town hall meeting, online survey, convened stakeholders) prior to deciding how to use the opioid abatement funds you received? **No**
13. Please describe your public engagement/input efforts?
14. Does your county/subdivision have a strategic plan? **No**
15. Can we post your strategic plan online?
16. Have you completed a risk assessment profile for demographic or geographic impact? **No**
17. Can we post your risk assessment online?

2023 Opioid Abatement Report

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

2023 Opioid Abatement Report

1. In what county are you located? **Camden County**
2. For which eligible subdivision (county or municipality) are you reporting? **Haddonfield Borough**
3. What is your subdivision's State ID? **NJ80**
4. As an eligible subdivision (county or municipality) receiving opioid abatement funds, please tell us the following:
 - Full name of individual in your subdivision authorized to report on the settlement funds your subdivision received ("administrator " managing/overseeing these funds): **Sharon McCullough, Borough Administrator**
 - Name of Administering Agency: **Haddonfield Borough**
 - Business Address: **242 Kings Highway East**
 - City/Town: **Haddonfield**
 - Lead Contact Phone Number: **856-429-4700**
5. As an eligible subdivision receiving abatement funds, which of the following applies to your current status regarding those funds? **We are a municipality and did not transfer our funds.**
6. What amount of your opioid abatement funds did you transfer to the county?
7. Please tell us the full amount of opioid abatement funds you received as of 6/30/23. **\$23,503.50**
8. Please tell us the amount of opioid abatement funds you have expended (as of 6/30/23). **\$0.00**
9. Of the total opioid abatement funds, what amount was spent on program administrative expenses?
\$0.00
10. Please share brief information on your subdivision's overarching goals and priorities to provide context for this program year's spending decisions. **N/A**
11. (This question is for counties only) Have you established an Advisory Committee to inform allocation of funds?
12. Did your subdivision engage the public (e.g., town hall meeting, online survey, convened stakeholders) prior to deciding how to use the opioid abatement funds you received? **No, but plan to in the future.**
13. Please describe your public engagement/input efforts?
14. Does your county/subdivision have a strategic plan? **No**
15. Can we post your strategic plan online?
16. Have you completed a risk assessment profile for demographic or geographic impact? **No**
17. Can we post your risk assessment online?

2023 Opioid Abatement Report

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

2023 Opioid Abatement Report

1. In what county are you located? **Camden County**
2. For which eligible subdivision (county or municipality) are you reporting? **Lindenwold Borough**
3. What is your subdivision's State ID? **NJ111**
4. As an eligible subdivision (county or municipality) receiving opioid abatement funds, please tell us the following:
Full name of individual in your subdivision authorized to report on the settlement funds your subdivision received ("administrator" managing/overseeing these funds): **Dawn S. Thompson**

Name of Administering Agency: **Lindenwold Borough**

Business Address: **15 N. White Horse Pike**

City/Town: **Lindenwold**

Lead Contact Phone Number: **856-783-2121**
5. As an eligible subdivision receiving abatement funds, which of the following applies to your current status regarding those funds? **We are a municipality and did not transfer our funds.**
6. What amount of your opioid abatement funds did you transfer to the county?
7. Please tell us the full amount of opioid abatement funds you received as of 6/30/23. **\$42,234.57**
8. Please tell us the amount of opioid abatement funds you have expended (as of 6/30/23). **\$0.00**
9. Of the total opioid abatement funds, what amount was spent on program administrative expenses? **\$0.00**
10. Please share brief information on your subdivision's overarching goals and priorities to provide context for this program year's spending decisions.
11. (This question is for counties only) Have you established an Advisory Committee to inform allocation of funds?
12. Did your subdivision engage the public (e.g., town hall meeting, online survey, convened stakeholders) prior to deciding how to use the opioid abatement funds you received? **No**
13. Please describe your public engagement/input efforts?
14. Does your county/subdivision have a strategic plan? **No**
15. Can we post your strategic plan online?
16. Have you completed a risk assessment profile for demographic or geographic impact? **No**
17. Can we post your risk assessment online?

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? **Camden County**
2. For which eligible subdivision (county or municipality) are you reporting? **Pennsauken Township**
3. What is your subdivision's State ID? **NJ175**
4. As an eligible subdivision (county or municipality) receiving opioid abatement funds, please tell us the following:
Full name of individual in your subdivision authorized to report on the settlement funds your subdivision received ("administrator " managing/overseeing these funds): **CFO**

Name of Administering Agency: **Pennsauken Township**

Business Address: **5605 North Crescent Blvd**

City/Town: **Pennsauken**

Lead Contact Phone Number: **856-675-7152**
5. As an eligible subdivision receiving abatement funds, which of the following applies to your current status regarding those funds? **We are a municipality and did not transfer our funds.**
6. What amount of your opioid abatement funds did you transfer to the county?
7. Please tell us the full amount of opioid abatement funds you received as of 6/30/23. **\$69,249.04**
8. Please tell us the amount of opioid abatement funds you have expended (as of 6/30/23). **\$0.00**
9. Of the total opioid abatement funds, what amount was spent on program administrative expenses? **\$0.00**
10. Please share brief information on your subdivision's overarching goals and priorities to provide context for this program year's spending decisions. **To create programs that will benefit residents with drug-related problems**
11. (This question is for counties only) Have you established an Advisory Committee to inform allocation of funds?
12. Did your subdivision engage the public (e.g., town hall meeting, online survey, convened stakeholders) prior to deciding how to use the opioid abatement funds you received? **No, but plan to in the future.**
13. Please describe your public engagement/input efforts?
14. Does your county/subdivision have a strategic plan? **No, but plan to develop one in the future.**
15. Can we post your strategic plan online?
16. Have you completed a risk assessment profile for demographic or geographic impact? **No, but we plan to in the future.**

2023 Opioid Abatement Report

17. Can we post your risk assessment online?

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

2023 Opioid Abatement Report

1. In what county are you located? **Camden County**
2. For which eligible subdivision (county or municipality) are you reporting? **Pine Hill Borough**
3. What is your subdivision's State ID? **NJ180**
4. As an eligible subdivision (county or municipality) receiving opioid abatement funds, please tell us the following:
 - Full name of individual in your subdivision authorized to report on the settlement funds your subdivision received ("administrator " managing/overseeing these funds): **Thomas Cardis**
 - Name of Administering Agency: **Borough of Pine Hill**
 - Business Address: **45 West 7th Ave**
 - City/Town: **Pine Hill**
 - Lead Contact Phone Number: **856-783-7400**
5. As an eligible subdivision receiving abatement funds, which of the following applies to your current status regarding those funds? **We are a municipality and did not transfer our funds.**
6. What amount of your opioid abatement funds did you transfer to the county?
7. Please tell us the full amount of opioid abatement funds you received as of 6/30/23. **\$19,271.31**
8. Please tell us the amount of opioid abatement funds you have expended (as of 6/30/23). **\$0.00**
9. Of the total opioid abatement funds, what amount was spent on program administrative expenses? **\$0.00**
10. Please share brief information on your subdivision's overarching goals and priorities to provide context for this program year's spending decisions. **N/A**
11. (This question is for counties only) Have you established an Advisory Committee to inform allocation of funds?
12. Did your subdivision engage the public (e.g., town hall meeting, online survey, convened stakeholders) prior to deciding how to use the opioid abatement funds you received? **No, but plan to in the future.**
13. Please describe your public engagement/input efforts?
14. Does your county/subdivision have a strategic plan? **No, but plan to develop one in the future.**
15. Can we post your strategic plan online?
16. Have you completed a risk assessment profile for demographic or geographic impact? **No, but we plan to in the future.**

2023 Opioid Abatement Report

17. Can we post your risk assessment online?

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

2023 Opioid Abatement Report

1. In what county are you located? **Camden County**
2. For which eligible subdivision (county or municipality) are you reporting? **Voorhees Township**
3. What is your subdivision's State ID? **NJ236**
4. As an eligible subdivision (county or municipality) receiving opioid abatement funds, please tell us the following:
Full name of individual in your subdivision authorized to report on the settlement funds your subdivision received ("administrator" managing/overseeing these funds): **Alexander Davidson**

Name of Administering Agency: **Voorhees Township**

Business Address: **2400 Voorhees Town Center**

City/Town: **Voorhees**

Lead Contact Phone Number: **8564297026**
5. As an eligible subdivision receiving abatement funds, which of the following applies to your current status regarding those funds? **We are a municipality and did not transfer our funds.**
6. What amount of your opioid abatement funds did you transfer to the county?
7. Please tell us the full amount of opioid abatement funds you received as of 6/30/23. **\$49,476.32**
8. Please tell us the amount of opioid abatement funds you have expended (as of 6/30/23). **\$0.00**
9. Of the total opioid abatement funds, what amount was spent on program administrative expenses? **\$0.00**
10. Please share brief information on your subdivision's overarching goals and priorities to provide context for this program year's spending decisions.
11. (This question is for counties only) Have you established an Advisory Committee to inform allocation of funds?
12. Did your subdivision engage the public (e.g., town hall meeting, online survey, convened stakeholders) prior to deciding how to use the opioid abatement funds you received? **No, but plan to in the future.**
13. Please describe your public engagement/input efforts?
14. Does your county/subdivision have a strategic plan? **No, but plan to develop one in the future.**
15. Can we post your strategic plan online?
16. Have you completed a risk assessment profile for demographic or geographic impact? **No, but we plan to in the future.**

2023 Opioid Abatement Report

17. Can we post your risk assessment online?

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

Program 1

19. Program name/title: **Program planning is ongoing to successfully best use settlement funds**

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

Primary problem being addressed by this program: **Recovery and prevention**

Brief program description: **Educate at risk communities about Opioid addiction and equip the public with resources needed to reduce addiction**

Program target population: **At-risk youth**

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

Amount of funding for this program: **\$49,476.32**

Program launch date: **2024**

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

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

Please state this program's statement of impact: **To reduce and prevent opioid addiction and aid in prevention and reduction**

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

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

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

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

Other (please specify):

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

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

24. Rationale for Program

What is the reason for this program spending choice?

What outcomes or impact does the program aim to achieve?

2023 Opioid Abatement Report

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

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

2023 Opioid Abatement Report

1. In what county are you located? **Camden County**
2. For which eligible subdivision (county or municipality) are you reporting? **Waterford Township**
3. What is your subdivision's State ID? **NJ246**
4. As an eligible subdivision (county or municipality) receiving opioid abatement funds, please tell us the following:
 - Full name of individual in your subdivision authorized to report on the settlement funds your subdivision received ("administrator " managing/overseeing these funds): **Donna Condo Ms. Condo**
 - Name of Administering Agency: **Waterford Township**
 - Business Address: **2131 Auburn Ave**
 - City/Town: **Atco**
 - Lead Contact Phone Number: **856-768-2300**
5. As an eligible subdivision receiving abatement funds, which of the following applies to your current status regarding those funds? **We are a municipality and did not transfer our funds.**
6. What amount of your opioid abatement funds did you transfer to the county?
7. Please tell us the full amount of opioid abatement funds you received as of 6/30/23. **\$27,270.43**
8. Please tell us the amount of opioid abatement funds you have expended (as of 6/30/23). **\$0.00**
9. Of the total opioid abatement funds, what amount was spent on program administrative expenses?
\$0.00
10. Please share brief information on your subdivision's overarching goals and priorities to provide context for this program year's spending decisions.
11. (This question is for counties only) Have you established an Advisory Committee to inform allocation of funds?
12. Did your subdivision engage the public (e.g., town hall meeting, online survey, convened stakeholders) prior to deciding how to use the opioid abatement funds you received? **No, but plan to in the future.**
13. Please describe your public engagement/input efforts?
14. Does your county/subdivision have a strategic plan? **No**
15. Can we post your strategic plan online?
16. Have you completed a risk assessment profile for demographic or geographic impact? **No, but we plan to in the future.**

2023 Opioid Abatement Report

17. Can we post your risk assessment online?

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

2023 Opioid Abatement Report

1. In what county are you located? **Camden County**
2. For which eligible subdivision (county or municipality) are you reporting? **Winslow Township**
3. What is your subdivision's State ID? **NJ258**
4. As an eligible subdivision (county or municipality) receiving opioid abatement funds, please tell us the following:
Full name of individual in your subdivision authorized to report on the settlement funds your subdivision received ("administrator " managing/overseeing these funds): **Joseph Gallagher**

Name of Administering Agency: **Winslow Township**

Business Address: **125 South Route 73**

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

Lead Contact Phone Number: **6095670700**
5. As an eligible subdivision receiving abatement funds, which of the following applies to your current status regarding those funds? **We are a municipality and did not transfer our funds.**
6. What amount of your opioid abatement funds did you transfer to the county?
7. Please tell us the full amount of opioid abatement funds you received as of 6/30/23. **\$81,669.28**
8. Please tell us the amount of opioid abatement funds you have expended (as of 6/30/23). **\$0.00**
9. Of the total opioid abatement funds, what amount was spent on program administrative expenses? **\$0.00**
10. Please share brief information on your subdivision's overarching goals and priorities to provide context for this program year's spending decisions.
11. (This question is for counties only) Have you established an Advisory Committee to inform allocation of funds?
12. Did your subdivision engage the public (e.g., town hall meeting, online survey, convened stakeholders) prior to deciding how to use the opioid abatement funds you received? **No, but plan to in the future.**
13. Please describe your public engagement/input efforts?
14. Does your county/subdivision have a strategic plan? **No, but plan to develop one in the future.**
15. Can we post your strategic plan online?
16. Have you completed a risk assessment profile for demographic or geographic impact? **No, but we plan to in the future.**

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**