CAPE MAY COUNTY

2023 Opioid Abatement Report

Table of Contents

Cape May County 1
Lower Township 3
Middle Township 6
Ocean City 8
Upper Township 12

2023 Opioid Abatement Report

1. In what county are you located? **Cape May County**

2. For which eligible subdivision (county or municipality) are you reporting? **Cape May County**

3. What is your subdivision's State ID? **NJ26**

4. As an eligible subdivision (county or municipality) receiving opioid abatement funds, please tell us the following:

Full name of individual in your subdivision authorized to report on the settlement funds your subdivision received ("administrator " managing/overseeing these funds): **Patricia Devaney**

Name of Administering Agency: **The County of Cape May**

Business Address: **4 Moore Rd - DN 907**

City/Town: **CMCH**

Lead Contact Phone Number: **609-465-1058**

5. As an eligible subdivision receiving abatement funds, which of the following applies to your current status regarding those funds? **We are a county and did not transfer our funds.**

6. What amount of your opioid abatement funds did you transfer to the county?

7. Please tell us the full amount of opioid abatement funds you received as of 6/30/23. **$540,002.97**

8. Please tell us the amount of opioid abatement funds you have expended (as of 6/30/23). **$0.00**

9. Of the total opioid abatement funds, what amount was spent on program administrative expenses? **$0.00**

10. Please share brief information on your subdivision's overarching goals and priorities to provide context for this program year's spending decisions. **N/A - not developed yet.**

11. (This question is for counties only) Have you established an Advisory Committee to inform allocation of funds? **No**

12. Did your subdivision engage the public (e.g., town hall meeting, online survey, convened stakeholders) prior to deciding how to use the opioid abatement funds you received? **No, but plan to in the future.**

13. Please describe your public engagement/input efforts?

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

15. Can we post your strategic plan online?

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

17. Can we post your risk assessment online?

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

2023 Opioid Abatement Report

1. In what county are you located? **Cape May County**

2. For which eligible subdivision (county or municipality) are you reporting? **Lower Township**

3. What is your subdivision's State ID? **NJ118**

4. As an eligible subdivision (county or municipality) receiving opioid abatement funds, please tell us the following:

Full name of individual in your subdivision authorized to report on the settlement funds your subdivision received ("administrator " managing/overseeing these funds): **Michael Laffey**

Name of Administering Agency: **Lower Township**

Business Address: **2600 Bayshore Road**

City/Town: **Villas**

Lead Contact Phone Number: **6098862005**

5. As an eligible subdivision receiving abatement funds, which of the following applies to your current status regarding those funds? **We are a municipality and did not transfer our funds.**

6. What amount of your opioid abatement funds did you transfer to the county?

7. Please tell us the full amount of opioid abatement funds you received as of 6/30/23. **$24,995.69**

8. Please tell us the amount of opioid abatement funds you have expended (as of 6/30/23). **$0.00**

9. Of the total opioid abatement funds, what amount was spent on program administrative expenses? **$0.00**

10. Please share brief information on your subdivision's overarching goals and priorities to provide context for this program year's spending decisions.
We are working with a local coalition to prioritize our goals and how we can use the funds to achieve such.

11. (This question is for counties only) Have you established an Advisory Committee to inform allocation of funds?

12. Did your subdivision engage the public (e.g., town hall meeting, online survey, convened stakeholders) prior to deciding how to use the opioid abatement funds you received? **No, but plan to in the future.**

13. Please describe your public engagement/input efforts?

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

15. Can we post your strategic plan online?

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

17. Can we post your risk assessment online?

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

Program 1

19. Program name/title: **Lower Township Healthy Youth Coalition**

Agency/funding recipient name: **Cape Assist**

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

Brief program description: **Offer program to educate the Township youth population.**

Program target population: **Youth**

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

Amount of funding for this program: **Not yet started.**

Program launch date: **Not yet started.**

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

What key performance indicators are you tracking to ensure success of the program? **In planning stage.**

Please state this program's statement of impact: **In planning stage.**

How do you plan to measure or track success and impact of this program? **In planning stage.**

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

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

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

Other (please specify): **We haven't started the program.**

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

Other (please specify): **We haven't started the program.**

24. Rationale for Program

What is the reason for this program spending choice? **Still in planning stage.**

What outcomes or impact does the program aim to achieve? **Still in planning stage.**

What is the anticipated number of unduplicated clients this program will reach annually? **Still in planning stage.**

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

2023 Opioid Abatement Report

1. In what county are you located? **Cape May County**

2. For which eligible subdivision (county or municipality) are you reporting? **Middle Township**

3. What is your subdivision's State ID? **NJ133**

4. As an eligible subdivision (county or municipality) receiving opioid abatement funds, please tell us the following:

Full name of individual in your subdivision authorized to report on the settlement funds your subdivision received ("administrator " managing/overseeing these funds): **Kimberly Osmundsen**

Name of Administering Agency: **Middle Township**

Business Address: **33 Mechanic Street**

City/Town: **Cape May Court House**

Lead Contact Phone Number: **609-465-8732**

5. As an eligible subdivision receiving abatement funds, which of the following applies to your current status regarding those funds? **We are a municipality and did not transfer our funds.**

6. What amount of your opioid abatement funds did you transfer to the county?

7. Please tell us the full amount of opioid abatement funds you received as of 6/30/23. **$27,764.39**

8. Please tell us the amount of opioid abatement funds you have expended (as of 6/30/23). **$0.00**

9. Of the total opioid abatement funds, what amount was spent on program administrative expenses? **$0.00**

10. Please share brief information on your subdivision's overarching goals and priorities to provide context for this program year's spending decisions.
The Township will begin to create a strategic plan.

11. (This question is for counties only) Have you established an Advisory Committee to inform allocation of funds? **N/A**

12. Did your subdivision engage the public (e.g., town hall meeting, online survey, convened stakeholders) prior to deciding how to use the opioid abatement funds you received? **No, but plan to in the future.**

13. Please describe your public engagement/input efforts?

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

15. Can we post your strategic plan online?

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

17. Can we post your risk assessment online?

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

2023 Opioid Abatement Report

1. In what county are you located? **Cape May County**

2. For which eligible subdivision (county or municipality) are you reporting? **Ocean City**

3. What is your subdivision's State ID? **NJ163**

4. As an eligible subdivision (county or municipality) receiving opioid abatement funds, please tell us the following:

Full name of individual in your subdivision authorized to report on the settlement funds your subdivision received("administrator " managing/overseeing these funds): **Doris M. Hartman**

Name of Administering Agency: **City of Ocean City**

Business Address: **861 Asbury Avenue**

City/Town: **Ocean City**

Lead Contact Phone Number: **609-525-9347**

5. As an eligible subdivision receiving abatement funds, which of the following applies to your current status regarding those funds? **We are a municipality and transferred some of our funds to the county.**

6. What amount of your opioid abatement funds did you transfer to the county? **0**

7. Please tell us the full amount of opioid abatement funds you received as of 6/30/23. **$85,821.62**

8. Please tell us the amount of opioid abatement funds you have expended (as of 6/30/23). **$14,505.00**

9. Of the total opioid abatement funds, what amount was spent on program administrative expenses? **$0.00**

10. Please share brief information on your subdivision's overarching goals and priorities to provide context for this program year's spending decisions. **N/A**

11. (This question is for counties only) Have you established an Advisory Committee to inform allocation of funds? **N/A**

12. Did your subdivision engage the public (e.g., town hall meeting, online survey, convened stakeholders) prior to deciding how to use the opioid abatement funds you received? **No**

13. Please describe your public engagement/input efforts?

14. Does your county/subdivision have a strategic plan? **No**

15. Can we post your strategic plan online?

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

17. Can we post your risk assessment online?

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

Program 1

19. Program name/title: **L.E.A.D PROGRAM FOR 5TH GRADE STUDENTS**

Agency/funding recipient name: **MR. ICE CREAM MAN/SOUTH JERESY ELECTRIC VEHICLES**

Primary problem being addressed by this program: **DRUGS AND ALCOHOL ABUSE**

Brief program description: **PROVIDED LEADERSHIP, RESOURCES AND MANAGEMENT TO DETER THESE 5TH GRADERS FROM DRUG AND ALCOHOL RELATED CRIMES.**

Program target population: **5TH GRADERS**

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

Amount of funding for this program: **$9,505.00**

Program launch date: **MARCH 7, 2023**

If program has started, how many clients have been seen as of 6/30/2023: **75**

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

- **L.E.A.D. creates true partnerships with schools by training police officers and teachers in the L.E.A.D. authorized curriculum.**
- **L.E.A.D. instructors are the community leaders in addressing the opioid epidemic in local cities and towns.**
- **L.E.A.D. Agencies and Instructors create safer, healthier communities through schools, businesses and community leaders.**
- **L.E.A.D. Agencies are the major source of distribution in providing Naloxone on the street in communities throughout the United States.**

Please state this program's statement of impact:
L.E.A.D. has a prestigious organizational structure with national leaders from its board of directors to its advisory boards and working groups. The various boards include the past president and the current president of the International Association of Chiefs of Police (IACP), as well as internationally recognized business, financial, and prevention experts- with over 90 leaders from these fields to serve local communities. L.E.A.D. also maintains ON THE STREET Officer and Educator Certification Programs. These trainings are designed to certify all Law Enforcement Officers and Teachers in detailed curricula that addresses the Missions of L.E.A.D. The curricula will be presented in (4) four modules to address Drug Abuse, Drug Related Crimes, Bullying and Violence while Promoting Law Enforcement Services.

How do you plan to measure or track success and impact of this program? **Pre-test/post-test, 20-week post-test, and a follow-up)**

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

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

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

Other (please specify): **ONE DAY EVENT**

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

Other (please specify): **ONE DAY EVENT**

24. Rationale for Program

What is the reason for this program spending choice? **EDUCATE STUDENTS**

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

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

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

Program 2

19. Program name/title: **JUNETEENTH 2023**

Agency/funding recipient name: **COUNT ON COMEDY**

Primary problem being addressed by this program: **PREVENTION & EDUCATION**

Brief program description:

Program target population: **ALL ATTENDEES**

Date this program was funded (please use M/D/Y): **MAY 22, 2023**

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

Program launch date: **JUNE 19, 2023**

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

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

Please state this program's statement of impact:

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

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

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

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

Other (please specify): **ONE DAY EVENT**

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

Other (please specify): **ONE DAY EVENT**

24. Rationale for Program

What is the reason for this program spending choice? **EDUCATE THE ATTENDEES**

What outcomes or impact does the program aim to achieve? **DETERENCE AND KNOWLEDGE**

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

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

2023 Opioid Abatement Report

1. In what county are you located? **Cape May County**

2. For which eligible subdivision (county or municipality) are you reporting? **Upper Township**

3. What is your subdivision's State ID? **NJ232**

4. As an eligible subdivision (county or municipality) receiving opioid abatement funds, please tell us the following:

Full name of individual in your subdivision authorized to report on the settlement funds your subdivision received ("administrator " managing/overseeing these funds): **Barbara A. Ludy**

Name of Administering Agency: **Upper Township**

Business Address: **P.O. Box 205**

City/Town: **Tuckahoe, NJ 08250**

Lead Contact Phone Number: **609-628-2806**

5. As an eligible subdivision receiving abatement funds, which of the following applies to your current status regarding those funds? **We are a municipality and did not transfer our funds.**

6. What amount of your opioid abatement funds did you transfer to the county?

7. Please tell us the full amount of opioid abatement funds you received as of 6/30/23. **$7,313.31**

8. Please tell us the amount of opioid abatement funds you have expended (as of 6/30/23). **$0.00**

9. Of the total opioid abatement funds, what amount was spent on program administrative expenses? **$0.00**

10. Please share brief information on your subdivision's overarching goals and priorities to provide context for this program year's spending decisions. **Not yet determined**

11. (This question is for counties only) Have you established an Advisory Committee to inform allocation of funds?

12. Did your subdivision engage the public (e.g., town hall meeting, online survey, convened stakeholders) prior to deciding how to use the opioid abatement funds you received? **No**

13. Please describe your public engagement/input efforts?

14. Does your county/subdivision have a strategic plan? **No**

15. Can we post your strategic plan online?

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

17. Can we post your risk assessment online?

18. Please tell us your overall rationale for prioritizing the use of the opioid abatement funds that you received (e.g., are you using a needs assessment, a strategic or other plan, or an epidemiological analysis)? **Not yet determined**