ESSEX COUNTY

2023 Opioid Abatement Report

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2023 Opioid Abatement Report

1. In what county are you located? **Essex County**

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

3. What is your subdivision's State ID? **NJ57**

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

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

Name of Administering Agency: **Colette DeGrezia**

Business Address: **465 Dr. Martin Luther King Jr. Blvd, Room 413**

City/Town: **Newark**

Lead Contact Phone Number: **973-395-8174**

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

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

7. Please tell us the full amount of opioid abatement funds you received as of 6/30/23. **$771,466.30**

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

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

10. Please share brief information on your subdivision's overarching goals and priorities to provide context for this program year's spending decisions. **A Request for Proposal document was drafted and e-mailed out to the County Advisory Council. The primary purpose of the RFP is for an opioid use disorder needs assessment to identify the most pressing needs in our community related to the harms of substance use, preventing overdose deaths, and enhancing/expanding opioid use disorder prevention, treatment, recovery support and related services.**

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

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

13. Please describe your public engagement/input efforts?

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

15. Can we post your strategic plan online?

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

17. Can we post your risk assessment online?

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

2023 Opioid Abatement Report

1. In what county are you located? **Essex County**

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

3. What is your subdivision's State ID? **NJ8**

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

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

Name of Administering Agency: **Township of Belleville**

Business Address: **152 Washington Avenue**

City/Town: **Belleville**

Lead Contact Phone Number: **973-450-3312**

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

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

7. Please tell us the full amount of opioid abatement funds you received as of 6/30/23. **$12,767.10**

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

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

10. Please share brief information on your subdivision's overarching goals and priorities to provide context for this program year's spending decisions. **The goal is to establish a program to educate youth on the use of opioids.**

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

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

13. Please describe your public engagement/input efforts?

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

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)? **A needs assessment.**

2023 Opioid Abatement Report

1. In what county are you located? **Essex County**

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

3. What is your subdivision's State ID? **NJ15**

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

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

Name of Administering Agency: **Township of Bloomfield**

Business Address: **1 Municipal Plaza**

City/Town: **Bloomfield**

Lead Contact Phone Number: **973-680-4041**

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

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

7. Please tell us the full amount of opioid abatement funds you received as of 6/30/23. **$49,358.16**

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

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

10. Please share brief information on your subdivision's overarching goals and priorities to provide context for this program year's spending decisions.
Goals and priorities are still being determined by the Township of Bloomfield.

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

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

13. Please describe your public engagement/input efforts?

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

15. Can we post your strategic plan online?

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

17. Can we post your risk assessment online?

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

This is to be determined in participation with the Health Department and Human Services Department.

2023 Opioid Abatement Report

1. In what county are you located? **Essex County**

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

3. What is your subdivision's State ID? **NJ28**

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

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

Name of Administering Agency: **Twp of Cedar Grove**

Business Address: **525 Pompton Avenue**

City/Town: **Cedar Grove**

Lead Contact Phone Number: **973-239-1410 ext. 202**

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

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

7. Please tell us the full amount of opioid abatement funds you received as of 6/30/23. **$2,354.90**

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

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

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

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

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

13. Please describe your public engagement/input efforts?

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

15. Can we post your strategic plan online?

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

17. Can we post your risk assessment online?

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

2023 Opioid Abatement Report

1. In what county are you located? **Essex County**

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

3. What is your subdivision's State ID? **NJ48**

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

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

Name of Administering Agency: **Dorothy Gallagher**

Business Address: **44 City Hall Plaza**

City/Town: **East Orange**

Lead Contact Phone Number: **1-973-266-5155**

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

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

7. Please tell us the full amount of opioid abatement funds you received as of 6/30/23. **$540,098.88**

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

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

10. Please share brief information on your subdivision's overarching goals and priorities to provide context for this program year's spending decisions.
To provide opioid awareness to the community including the effects of the addiction and the impact on the lives of those who are addicted and the people who care about them.

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

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

13. Please describe your public engagement/input efforts?

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

15. Can we post your strategic plan online?

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

17. Can we post your risk assessment online?

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

Program 1

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

Agency/funding recipient name: **Various vendors**

Primary problem being addressed by this program: **Education of the population regarding the assistance available to people in need**

Brief program description: **The City plans to use funds to have an opioid awareness event, including pamphlets with information, music and food**

Program target population: **All residents of the City of East Orange as well residents from other towns**

Date this program was funded (please use M/D/Y): **To be determined**

Amount of funding for this program: **$40,000.00**

Program launch date: **To be determined**

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

What key performance indicators are you tracking to ensure success of the program? **Number of persons that attend the event**

Please state this program's statement of impact: **Educate the people about the dangers of opioid addiction and how and where to get help**

How do you plan to measure or track success and impact of this program? **An analysis may be prepared to compare the number emergency calls from one year to the next**

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

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

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

Other (please specify):

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

Other (please specify):

24. Rationale for Program

What is the reason for this program spending choice? **To reach a large number of people**

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

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

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

2023 Opioid Abatement Report

1. In what county are you located? **Essex County**

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

3. What is your subdivision's State ID? **NJ101**

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

Full name of individual in your subdivision authorized to report on the settlement funds your subdivision received ("administrator " managing/overseeing these funds): **Faheem J Ra'Oof**

Name of Administering Agency: **Dept. Of Revenue & Finance**

Business Address: **1 Civic Square**

City/Town: **Irvington**

Lead Contact Phone Number: **973-399-6710**

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? **None**

7. Please tell us the full amount of opioid abatement funds you received as of 6/30/23. **$341,092.93**

8. Please tell us the amount of opioid abatement funds you have expended (as of 6/30/23). **$310,351.80**

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 use Opioid Awareness Day, with and large concert.
As a platform for awareness and prevention of opioid misuse and abuse. This effectively will inform the community of the crises, how it happens and the what can and should be done. By the education, and the services of the support organization on the getting services along with the support of the community.

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

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

13. Please describe your public engagement/input efforts? **N/A**

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

15. Can we post your strategic plan online? **N/A**

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

17. Can we post your risk assessment online? **N/A**

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

Attraction and Engagement: Large event with Celebrity influence to draw large audiences that may have been directly or indirectly affected by opioid misuse/abuse, with spreading the message and their story of the opioid crisis.

Awareness and Education: informative content is discussed and disseminated, along with the offering of services by local provider in a non-stigma approach.

Community Involvement: It will create a platform for collaboration with local health organizations, nonprofits, local business, and government agencies, as well as engagement and acceptances by the community.

Prevention Measure: Tables set up for support services and treatment, educational information, along training and other programs.

Program 1

19. Program name/title: **Opioid Awareness Day**

Agency/funding recipient name: **Township Of Irvington**

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

Brief program description: **Large Concert and Event**

Program target population: **Township Community**

Date this program was funded (please use M/D/Y): **04/01/2023**

Amount of funding for this program: **$310,351.80**

Program launch date: **04/06/2023**

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? **Attendance**

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). **Awareness and Prevention**

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

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

Other (please specify):

23. How often are you disbursing funds to this program? **On As needed Basis**

Other (please specify):

24. Rationale for Program

What is the reason for this program spending choice? **For the Irvington Community to fully be aware and educated on the opioid crises and all of the support services that are available. Also to have the community acceptance and engagement of the opioid misuse /abuse programs.**

What outcomes or impact does the program aim to achieve? **Engagement, awareness, education, prevention and treatment.**

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? **Essex County**

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

3. What is your subdivision's State ID? **NJ115**

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

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

Name of Administering Agency: **Township of Livingston**

Business Address: **357 S. Livingston Ave.**

City/Town: **Livingston**

Lead Contact Phone Number: **973-992-5000**

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. **$25,077.03**

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

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

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

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?

18. Please tell us your overall rationale for prioritizing the use of 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? **Essex County**

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

3. What is your subdivision's State ID? **NJ128**

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

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

Name of Administering Agency: **Maplewood Health Department**

Business Address: **574 Valley St.**

City/Town: **Maplewood**

Email Address: **cdavenport@maplewoodnj.gov**

Lead Contact Phone Number: **973-762-8120 ext. 4400**

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

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

7. Please tell us the full amount of opioid abatement funds you received as of 6/30/23. **$19,494.98**

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

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

10. Please share brief information on your subdivision's overarching goals and priorities to provide context for this program year's spending decisions. **• Maplewood plans to hire a part- time Crisis Intervention Social Worker (CISW) and support the development of a CISW co-responder program for the following services o Schedule B: Approved Use-Treatment: "C: CISW will CONNECT PEOPLE WHO NEED HELP TO THE HELP THEY NEED (CONNECTIONS TO CARE), and D: ADDRESS THE NEEDS OF CRIMINAL JUSTICE-INVOLVED PERSONSE, #6: Co-Responder and/ or alternative responder models to address opioid use disorder (OUD)-related 911 calls with greater substance use disorder (SUD) expertise". o Schedule B: Approved Use- Prevention: "G: PREVENT MISUSE OF OPIOIDS, # 10: Create or support community-based education or intervention services for families, youth, and adolescents at risk for OUD and any co-occurring SUD/ mental health (MH) conditions". • Maplewood plans to support the Municipal Alliance in their efforts to o Schedule A: Core Strategies "G. PREVENTION PROGRAMS, #4: Funding for community drug disposal programs". o Schedule B: Approved Use-Prevention: "G. PREVENT MISUSE OF OPIOIDS, #3: Public education relating to drug disposal, #4: Drug take back disposal or destruction programs, #5: Funding community anti-drug coalitions that engage in drug prevention efforts, and #11: Support evidence-informed programs or curricula to address mental health needs of young people who may be at risk of misusing opioids or other drugs, including emotional modulation and resilience skills".**

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

12. Did your subdivision engage the public (e.g., town hall meeting, online survey, convened stakeholders) prior to deciding how to use the opioid abatement funds you received? **Yes**

13. Please describe your public engagement/input efforts?
Discussed opioid funding with township Municipal Alliance and with township committee members and administration on how to use the funding.

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

15. Can we post your strategic plan online?

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

17. Can we post your risk assessment online?

18. Please tell us your overall rationale for prioritizing the use of the opioid abatement funds that you received (e.g., are you using a needs assessment, a strategic or other plan, or an epidemiological analysis)?
Based on police report data, Narcan administration by police and fire dept (EMS), opioid fatalies report from Essex County Regional Health Commission, feedback and objectives of the Municipal Alliance.

Program 1

19. Program name/title: **Part Time Crisis Intervention Social Worker**

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

Primary problem being addressed by this program: **Mental Health, substance use, including opioids, homelessness**

Brief program description: **The Crisis Intervention Social Worker (CISW) follows the Co-responder Team Model, which is a model for crisis response that pairs trained officers with mental health professionals to respond to incidents involving individuals experiencing a behavioral health crisis. The Crisis Intervention Social Worker responds to both mental health crises and mental health emergencies. A mental health crisis is defined as an individual's inability to cope with or adjust to everyday life stressors and is typically non-life threatening. A mental health emergency is defined as a life-threatening situation in which an individual is threatening immediate harm to themselves or others and is severely disoriented or out of touch with reality.**

Program target population: **All ages, those in crisis, families, elderly, neurodivergent, homeless.**

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

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

Program launch date: **June 2023**

If program has started, how many clients have been seen as of 6/30/2023: **20**

What key performance indicators are you tracking to ensure success of the program? **# of cases co-responded, # of cases referred to mental health resources or social services, # of cases closed, decrease in chronic callers who overburden the first responder system.**

Please state this program's statement of impact: **To improve the services provided to residents with a focus on mental health and wellness during a crisis, through a co-response model with first responders.**

How do you plan to measure or track success and impact of this program? **# of cases co-responded, # of cases referred to mental health resources or social services, # of cases closed, decrease in chronic callers who overburden the first responder system.**

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

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

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

Other (please specify): **ongoing program, throughout the year.**

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

Other (please specify):

24. Rationale for Program

What is the reason for this program spending choice? **To address mental health needs and provide resources to prevent or treat substance use when associated with a crisis situation.**

What outcomes or impact does the program aim to achieve? **To improve the services provided to residents with a focus on mental health and wellness during a crisis, through a co-response model with first responders.**

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

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

Program 2

19. Program name/title: **Municipal Alliance**

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

Primary problem being addressed by this program: **Education and community outreach programs to prevent substance use, esp. among vulnerable populations: youth, elderly, etc.**

Brief program description: **The purpose of the Maplewood/South Orange Municipal Alliance is to Prevent Alcoholism and Drug Abuse. Municipal Alliances are funded by state of New Jersey under the Governor's Council on Alcoholism and Drug Abuse. The Municipal Alliance local ordinance was issued in 1990 in Maplewood (Chapter 10, Ord. #1832). The Maplewood/South Orange Municipal Alliance promotes the mental, social and physical health of its community members by fostering an environment that is free of misuse and abuse of alcohol, marijuana, vaping and other illicit drugs.**

Program target population: **Families, middle and high school aged youth, young adults, LGBTQ+, elderly**

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

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

Program launch date: **ongoing annual programs**

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

What key performance indicators are you tracking to ensure success of the program? **# of students attending social after-school programs, # of students attending drug free sponsored community programming, # of educational information distributed, weight of monthly/ quarterly medications dropped off at police dept.**

Please state this program's statement of impact: **The Maplewood/South Orange Municipal Alliance promotes the mental, social and physical health of its community members by fostering an environment that is free of misuse and abuse of alcohol, marijuana, vaping and other illicit drugs.**

How do you plan to measure or track success and impact of this program? **# of students attending social after-school programs, # of students attending drug free sponsored community programming, # of educational information distributed, weight of monthly/ quarterly medications dropped off at police dept.**

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

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

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

Other (please specify):

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

Other (please specify):

24. Rationale for Program

What is the reason for this program spending choice? **Funding would support additional community programming through The Maplewood/South Orange Municipal Alliance which promotes the mental, social and physical health of its community members by fostering an environment that is free of misuse and abuse of alcohol, marijuana, vaping and other illicit drugs.**

What outcomes or impact does the program aim to achieve? **To increase in the number of innovative programs that students and community members are engaged in that promote drug prevention and safe drug disposal and an increased positive outlook, confidence and community attachment among the youth.**

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

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

2023 Opioid Abatement Report

1. In what county are you located? **Essex County**

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

3. What is your subdivision's State ID? **NJ137**

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

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

Name of Administering Agency: **Township of Millburn**

Business Address: **375 Millburn Ave**

City/Town: **Millburn**

Email Address: **mlaracy@millburntwp.org**

Lead Contact Phone Number: **973-564-7079**

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

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

7. Please tell us the full amount of opioid abatement funds you received as of 6/30/23. **$31,171.95**

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

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

10. Please share brief information on your subdivision's overarching goals and priorities to provide context for this program year's spending decisions. **The Township of Millburn plans to direct the funds towards education initiatives at our various schools.**

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

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

13. Please describe your public engagement/input efforts?

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

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)? **Needs Assessment**

Program 1

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

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

Primary problem being addressed by this program: **Educating the youth on dangers of opioids**

Brief program description: **Educating the youth on dangers of opioids**

Program target population: **K-12 Students**

Date this program was funded (please use M/D/Y): **04/01/2023**

Amount of funding for this program: **$30,000.00**

Program launch date: **01/01/2024**

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

What key performance indicators are you tracking to ensure success of the program? **None**

Please state this program's statement of impact: **We hope to impact the youth by educating them on opioids**

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

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

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

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

Other (please specify):

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

Other (please specify):

24. Rationale for Program

What is the reason for this program spending choice? **We feel this use will benefit our population**

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

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

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

2023 Opioid Abatement Report

1. In what county are you located? **Essex County**

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

3. What is your subdivision's State ID? **NJ143**

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

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

Name of Administering Agency: **Township of Montclair**

Business Address: **205 Claremont Avenue**

City/Town: **Montclair**

Lead Contact Phone Number: **973-509-4964**

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

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

7. Please tell us the full amount of opioid abatement funds you received as of 6/30/23. **$245,709.88**

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

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

10. Please share brief information on your subdivision's overarching goals and priorities to provide context for this program year's spending decisions. **We are planning to get an MOU with an outside agency that provides opioid treatment services. We also started the purchasing process for fentanyl and xylazine test strips to distribute to interested residents and at special events.**

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

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

13. Please describe your public engagement/input efforts?

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

15. Can we post your strategic plan online?

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

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)? ---

2023 Opioid Abatement Report

1. In what county are you located? **Essex County**

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

3. What is your subdivision's State ID? **NJ156**

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

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

Name of Administering Agency: **Newark Department of Health & Community Wellness**

Business Address: **110 William Street**

City/Town: **Newark**

Lead Contact Phone Number: **973-733-5310**

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. **$186,571.44**

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. **Effective 9/25/23, the City of Newark's Department of Health & Community Wellness has assumed responsibility for the implementation of an Opioid Response Program, which will be supported by the city's Opioid Abatement funds. The DHCW is the local health department of the City of Newark, providing an array of public health services. The DHCW also operates a federally qualified health center (Mary Eliza Mahoney Health Center) that provides outpatient adult and pediatric medical care, women's health, oral health, and behavioral health to thousands of residents across the city. The opioid abatement funds will be used to expand the department's Behavioral Health Practice, to include mental health services as well as substance use disorder services like harm reduction, overdose prevention, education and treatment.**

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

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

13. Please describe your public engagement/input efforts?

14. Does your county/subdivision have a strategic plan? **Yes**

15. Can we post your strategic plan online? **Yes, you may post it.**

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

17. Can we post your risk assessment online?

18. Please tell us your overall rationale for prioritizing the use of the opioid abatement funds that you received (e.g., are you using a needs assessment, a strategic or other plan, or an epidemiological analysis)? **The Newark Department of Health will utilize a variety of techniques to prioritize the use of abatement funds, including a needs assessment of the substance use disorder (SUD) community, key informant interviews with SUD organizations, and the development of SUD/Opioid Action plan to maximize use of the funds.**

Program 1

19. Program name/title: **Newark Behavioral Health & Wellness Program**

Agency/funding recipient name: **Newark Department of Health & Community Wellness/Mary Eliza Mahoney Health Center**

Primary problem being addressed by this program: **Substance Use Disorder including opioid addiction and medication misuse**

Brief program description: **Program will staff Advanced Practice Nurses and LCSWs to provide substance use disorder treatment and counseling at the health center and on its medical mobile units that will be deployed to hard-hit sections of the city. Funds will also be used to provide charity bed stays at inpatient/detox facilities in the city.**

Program target population: **Residents of Newark NJ suffering from substance use disorder**

Date this program was funded (please use M/D/Y): **9/25/23**

Amount of funding for this program: **$186,570.00**

Program launch date: **December 1, 2023 (tentative)**

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? **Screening & linkage to care, service utilization data, continuity of care after withdrawal and inpatient/residential treatment, rates of SUD related hospitalization and death**

Please state this program's statement of impact: **This program will provide unfettered access to substance use disorder treatment and support, including emergency interventions to prevent death.**

How do you plan to measure or track success and impact of this program? **The department will develop a portfolio of SUD metrics that will be used to measure impact and success.**

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

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

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

Other (please specify):

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

Other (please specify): **monthly**

24. Rationale for Program

What is the reason for this program spending choice? **Providers will be asked to invoice the department on a monthly cycle.**

What outcomes or impact does the program aim to achieve? **Improved quality of life for Newark residents (less crime, violence, death, etc.)**

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

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

2023 Opioid Abatement Report

1. In what county are you located? **Essex County**

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

3. What is your subdivision's State ID? **NJ161**

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

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

Name of Administering Agency: **Township of Nutley**

Business Address: **1 Kennedy Drive**

City/Town: **Nutley**

Lead Contact Phone Number: **973-284-4961**

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

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

7. Please tell us the full amount of opioid abatement funds you received as of 6/30/23. **$24,137.67**

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

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

10. Please share brief information on your subdivision's overarching goals and priorities to provide context for this program year's spending decisions. **The Township of Nutley's goal is to educate the residents on the dangers of opioid use.**

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

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

13. Please describe your public engagement/input efforts?

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

15. Can we post your strategic plan online?

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

17. Can we post your risk assessment online?

18. Please tell us your overall rationale for prioritizing the use of the opioid abatement funds that you received (e.g., are you using a needs assessment, a strategic or other plan, or an epidemiological analysis)? **The Health Department in cooperation with the Department of Public Safety are developing a strategic education plan to maximize the impact of the funds received.**

Program 1

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

Agency/funding recipient name: **TBD**

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

Brief program description: **Details TBD**

Program target population: **All Residents**

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

Amount of funding for this program: **$24,137.00**

Program launch date: **TBD**

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

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

Please state this program's statement of impact: **Education and Prevention**

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

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

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

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

Other (please specify):

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

Other (please specify): **TBD**

24. Rationale for Program

What is the reason for this program spending choice? **Education Program - Details TBD**

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

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

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

2023 Opioid Abatement Report

1. In what county are you located? **Essex County**

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

3. What is your subdivision's State ID? **NJ167**

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

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

Name of Administering Agency: **City of Orange**

Business Address: **29 North Day Street**

City/Town: **Orange**

Lead Contact Phone Number: **973-885-2103**

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

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

7. Please tell us the full amount of opioid abatement funds you received as of 6/30/23. **$58,341.52**

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

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

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

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

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

13. Please describe your public engagement/input efforts?

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

15. Can we post your strategic plan online?

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

17. Can we post your risk assessment online?

18. Please tell us your overall rationale for prioritizing the use of 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? **Essex County**

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

3. What is your subdivision's State ID? **NJ214**

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

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

Name of Administering Agency: **Township of South Orange**

Business Address: **76 South Orange Ave, 3rd floor**

City/Town: **South Orange**

Lead Contact Phone Number: **201-704-6800**

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

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

7. Please tell us the full amount of opioid abatement funds you received as of 6/30/23. **$24,285.08**

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

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

10. Please share brief information on your subdivision's overarching goals and priorities to provide context for this program year's spending decisions.
1. South Orange plans to hire a full- time Crisis Intervention Social Worker (CISW) and support the development of a CISW co-responder program for the following services 1. Schedule B: Approved Use-Treatment: "C: CISW will CONNECT PEOPLE WHO NEED HELP TO THE HELP THEY NEED (CONNECTIONS TO CARE), and D: ADDRESS THE NEEDS OF CRIMINAL JUSTICE-INVOLVED PERSONSE, #6: Co-Responder and/ or alternative responder models to address opioid use disorder (OUD)-related 911 calls with greater substance use disorder (SUD) expertise". 2. Schedule B: Approved Use- Prevention: "G: PREVENT MISUSE OF OPIOIDS, # 10: Create or support community-based education or intervention services for families, youth, and adolescents at risk for OUD and any co-occurring SUD/ mental health (MH) conditions". 2. South Orange plans to support the Municipal Alliance in their efforts to 1. Schedule A: Core Strategies "G. PREVENTION PROGRAMS, #4: Funding for community drug disposal programs". 2. Schedule B: Approved Use- Prevention: "G. PREVENT MISUSE OF OPIOIDS, #3: Public education relating to drug disposal, #4: Drug take back disposal or destruction programs, #5: Funding community anti-drug coalitions that engage in drug prevention efforts, and #11: Support evidence-informed programs or curricula to address mental health needs of young people who may be at risk of misusing opioids or other drugs, including emotional modulation and resilience skills".

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

12. Did your subdivision engage the public (e.g., town hall meeting, online survey, convened stakeholders) prior to deciding how to use the opioid abatement funds you received? **Yes**

13. Please describe your public engagement/input efforts?
Discussed with township administration and township municipal alliance.

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

15. Can we post your strategic plan online?

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

17. Can we post your risk assessment online?

18. Please tell us your overall rationale for prioritizing the use of the opioid abatement funds that you received (e.g., are you using a needs assessment, a strategic or other plan, or an epidemiological analysis)?
Based on police report data, Narcan administration by police and fire dept (EMS), opioid fatalities report from Essex County Regional Health Commission, feedback and objectives of the Municipal Alliance.

Program 1

19. Program name/title: **Full Time Crisis Intervention Social Worker**

Agency/funding recipient name: **Township of South Orange**

Primary problem being addressed by this program: **Mental health, substance use, lack of connection or access to social and mental health services and proper follow up**

Brief program description: **The Crisis Intervention Social Worker (CISW) follows the Co-responder Team Model, which is a model for crisis response that pairs trained officers with mental health professionals to respond to incidents involving individuals experiencing a behavioral health crisis. The Crisis Intervention Social Worker responds to incidents involving individuals experiencing a behavioral health crisis. The Crisis Intervention Social Worker responds to both mental health crises and mental health emergencies. A mental health crisis is defined as an individual's inability to cope with or adjust to everyday life stressors and is typically non-life threatening. A mental health emergency is defined as a life-threatening situation in which an individual is threatening immediate harm to themselves or others and is severely disoriented or out of touch with reality.**

Program target population: **Families, homeless, youth, elderly, neurodivergent, etc**

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

Amount of funding for this program: **$60,000.00**

Program launch date: **TBD**

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

What key performance indicators are you tracking to ensure success of the program? **# of cases co-responded, # of cases referred to mental health resources or social services, # of cases closed, decrease in chronic callers who overburden the first responder system.**

Please state this program's statement of impact: **To improve the services provided to residents with a focus on mental health and wellness during a crisis, through a co-response model with first responders.**

How do you plan to measure or track success and impact of this program? **# of cases co-responded, # of cases referred to mental health resources or social services, # of cases closed, decrease in chronic callers who overburden the first responder system.**

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

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

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

Other (please specify): **annually, ongoing**

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

Other (please specify):

24. Rationale for Program

What is the reason for this program spending choice? **To address mental health needs and provide resources to prevent or treat substance use when associated with a crisis situation.**

What outcomes or impact does the program aim to achieve? **# of cases co-responded, # of cases referred to mental health resources or social services, # of cases closed, decrease in chronic callers who overburden the first responder system.**

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

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

Program 2

19. Program name/title: **Municipal Alliance**

Agency/funding recipient name: **Township of South Orange**

Primary problem being addressed by this program: **Substance use among youth, elderly, and other vulnerable populations**

Brief program description: **The Maplewood/South Orange Municipal Alliance promotes the mental, social and physical health of its community members by fostering an environment that is free of misuse and abuse of alcohol, marijuana, vaping and other illicit drugs**

Program target population: **Families, youth- middle school and high school aged, young adults, elderly, neurodivergent, LGBTQ+**

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

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

Program launch date: **TBD**

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

What key performance indicators are you tracking to ensure success of the program? **# of students attending social after-school programs, # of students attending drug free sponsored community programming, # of educational information distributed, weight of monthly/ quarterly medications dropped off at police dept.**

Please state this program's statement of impact: **The Maplewood/South Orange Municipal Alliance promotes the mental, social and physical health of its community members by fostering an environment that is free of misuse and abuse of alcohol, marijuana, vaping and other illicit drugs**

How do you plan to measure or track success and impact of this program? **# of students attending social after-school programs, # of students attending drug free sponsored community programming, # of educational information distributed, weight of monthly/ quarterly medications dropped off at police dept.**

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

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

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

Other (please specify):

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

Other (please specify):

24. Rationale for Program

What is the reason for this program spending choice? **Funding would support additional community programming through The Maplewood/South Orange Municipal Alliance which promotes the mental, social and physical health of its community members by fostering an environment that is free of misuse and abuse of alcohol, marijuana, vaping and other illicit drugs.**

What outcomes or impact does the program aim to achieve? **# of students attending social after-school programs, # of students attending drug free sponsored community programming, # of educational information distributed, weight of monthly/ quarterly medications dropped off at police dept.**

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

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

2023 Opioid Abatement Report

1. In what county are you located? **Essex County**

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

3. What is your subdivision's State ID? **NJ234**

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

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

Name of Administering Agency: **Township of Verona**

Business Address: **600 Bloomfield Avenue**

City/Town: **Verona**

Lead Contact Phone Number: **973-857-4801**

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

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

7. Please tell us the full amount of opioid abatement funds you received as of 6/30/23. **$11,181.90**

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

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

10. Please share brief information on your subdivision's overarching goals and priorities to provide context for this program year's spending decisions.
On August 1st, 2023, National Night Out there will be future expenses to hand out educational and referral information.

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

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

13. Please describe your public engagement/input efforts?

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

15. Can we post your strategic plan online?

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

17. Can we post your risk assessment online?

18. Please tell us your overall rationale for prioritizing the use of the opioid abatement funds that you received (e.g., are you using a needs assessment, a strategic or other plan, or an epidemiological analysis)?
We intend to use monies for educational awareness at all age levels and establish partnerships with counseling centers.

Program 1

19. Program name/title: **National Night Out**

Agency/funding recipient name: **Verona Police**

Primary problem being addressed by this program: **Awareness and access to services**

Brief program description: **Tables set up with literature on education awareness and local resources available to the residents in need**

Program target population: **No limit on age**

Date this program was funded (please use M/D/Y): **08/01/2023**

Amount of funding for this program: **$1,370.00**

Program launch date: **08/01/2023**

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

What key performance indicators are you tracking to ensure success of the program? **To continue police community outreach program**

Please state this program's statement of impact: **To ensure the information reaches our at-risk population**

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

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

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

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

Other (please specify):

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

Other (please specify):

24. Rationale for Program

What is the reason for this program spending choice? **Targeting large events to reach the most amount of people.**

What outcomes or impact does the program aim to achieve? **Education, assistance and prevention**

What is the anticipated number of unduplicated clients this program will reach annually? **25 plus**

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

2023 Opioid Abatement Report

1. In what county are you located? **Essex County**

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

3. What is your subdivision's State ID? **NJ249**

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

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

Name of Administering Agency: **Nikole Baltycki**

Business Address: **30 Clinton Road**

City/Town: **West Caldwell**

Lead Contact Phone Number: **973-226-2300**

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. **$5,304.59**

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

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

10. Please share brief information on your subdivision's overarching goals and priorities to provide context for this program year's spending decisions. **The Township's goal is to provide education in an effort to prevent future substance abuse.**

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

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

13. Please describe your public engagement/input efforts?

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

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**

2023 Opioid Abatement Report

1. In what county are you located? **Essex County**

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

3. What is your subdivision's State ID? **NJ253**

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

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

Name of Administering Agency: **Laura Van Dyke**

Business Address: **66 Main Street**

City/Town: **West Orange**

Lead Contact Phone Number: **973-325-4105**

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

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

7. Please tell us the full amount of opioid abatement funds you received as of 6/30/23. **$ 44,322.06**

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

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

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

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)? **Other plan**