

GLOUCESTER COUNTY

**2023 OPIOID
ABATEMENT REPORT**

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2023 Opioid Abatement Report

1. In what county are you located? **Gloucester County**
2. For which eligible subdivision (county or municipality) are you reporting? **Gloucester County**
3. What is your subdivision's State ID? **NJ75**
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): **Lisa Cerny**
 - Name of Administering Agency: **GC Division of Human & Special Services**
 - Business Address: **115 Budd Blvd**
 - City/Town: **West Deptford**
 - Lead Contact Phone Number: **1-856-384-6874**
5. As an eligible subdivision receiving abatement funds, which of the following applies to your current status regarding those funds? **We are a county and did not transfer our funds.**
6. What amount of your opioid abatement funds did you transfer to the county?
7. Please tell us the full amount of opioid abatement funds you received as of 6/30/23. **\$1,654,651.00**
8. Please tell us the amount of opioid abatement funds you have expended (as of 6/30/23). **\$0.00**
9. Of the total opioid abatement funds, what amount was spent on program administrative expenses? **\$0.00**
10. Please share brief information on your subdivision's overarching goals and priorities to provide context for this program year's spending decisions. **N/A**
11. (This question is for counties only) Have you established an Advisory Committee to inform allocation of funds? **Not yet**
12. Did your subdivision engage the public (e.g., town hall meeting, online survey, convened stakeholders) prior to deciding how to use the opioid abatement funds you received? **No, but plan to in the future.**
13. Please describe your public engagement/input efforts?
14. Does your county/subdivision have a strategic plan? **No, but plan to develop one in the future.**
15. Can we post your strategic plan online?
16. Have you completed a risk assessment profile for demographic or geographic impact? **No, but we plan to in the future.**

2023 Opioid Abatement Report

17. Can we post your risk assessment online?

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

2023 Opioid Abatement Report

1. In what county are you located? **Gloucester County**
2. For which eligible subdivision (county or municipality) are you reporting? **Deptford Township**
3. What is your subdivision's State ID? **NJ42**
4. As an eligible subdivision (county or municipality) receiving opioid abatement funds, please tell us the following:
Full name of individual in your subdivision authorized to report on the settlement funds your subdivision received ("administrator" managing/overseeing these funds): **Thomas Newman Jr**

Name of Administering Agency: **Deptford Township**

Business Address: **1011 Cooper St.**

City/Town: **Deptford**

Lead Contact Phone Number: **856-686-2220**
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. **\$92,507.88**
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.
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?

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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 have not yet initiated the use of funds but plan to in the near future.**

2023 Opioid Abatement Report

1. In what county are you located? **Gloucester County**
2. For which eligible subdivision (county or municipality) are you reporting? **East Greenwich Township**
3. What is your subdivision's State ID? **NJ46**
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): **Chief Matthew Brenner**
 - Name of Administering Agency: **East Greenwich Twp Police Dept.**
 - Business Address: **159 Democrat Road**
 - City/Town: **Mickleton**
 - Lead Contact Phone Number: **856-423-4322**
5. As an eligible subdivision receiving abatement funds, which of the following applies to your current status regarding those funds? **We are a municipality and did not transfer our funds.**
6. What amount of your opioid abatement funds did you transfer to the county?
7. Please tell us the full amount of opioid abatement funds you received as of 6/30/23. **\$8,918.39**
8. Please tell us the amount of opioid abatement funds you have expended (as of 6/30/23). **\$2,097.64**
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. **Community Engagement/Information/Outreach**
11. (This question is for counties only) Have you established an Advisory Committee to inform allocation of funds?
12. Did your subdivision engage the public (e.g., town hall meeting, online survey, convened stakeholders) prior to deciding how to use the opioid abatement funds you received? **No**
13. Please describe your public engagement/input efforts?
14. Does your county/subdivision have a strategic plan? **No**
15. Can we post your strategic plan online?
16. Have you completed a risk assessment profile for demographic or geographic impact? **No**
17. Can we post your risk assessment online?

2023 Opioid Abatement Report

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

Solely spending funds on items that assist our Public Safety Officers to engage with our community and stakeholders in a positive, impactful way. Provided methods and space to have conversations, provide pamphlets and giveaways, and to set up mobile medicine drop and safety areas during events.

Program 1

19. Program name/title: **Straight to Treatment**

Agency/funding recipient name: **EGPD**

Primary problem being addressed by this program: **Addiction/substance abuse**

Brief program description: **Allowing community members and residents to be connected through the Police Department with Professional substance abuse counselors and programs, without delay.**

Program target population: **Entire Township and those that walk in**

Date this program was funded (please use M/D/Y): **05/26/2022**

Amount of funding for this program: **\$0.00**

Program launch date: **05/26/2022**

If program has started, how many clients have been seen as of 6/30/2023: **2**

What key performance indicators are you tracking to ensure success of the program? **Walk in referral- Potential follow up by program/GCPO**

Please state this program's statement of impact: **Helping the impact of opiate abuse here in NJ, without stigma or questions, to those in need**

How do you plan to measure or track success and impact of this program? **Follow up with those willing**

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, Long-Term Resiliency, Recovery and Support**

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

Other (please specify):

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

Other (please specify): **No funds have been necessary to date, post launch**

24. Rationale for Program

2023 Opioid Abatement Report

What is the reason for this program spending choice? **If we need additional launches, education or outreach.**

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

What is the anticipated number of unduplicated clients this program will reach annually? **5**

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

Program 2

19. Program name/title: **Project Medicine Drop and Detera medication destruction pouches**

Agency/funding recipient name: **EGPD**

Primary problem being addressed by this program: **Eliminating, safely, unused and unsafe prescription medications from the reach of those that should not have access.**

Brief program description: **Permanently and mobile medicine drop collection box at headquarters, for residents to drop unused medications.**

Program target population: **Entire Township-Residents**

Date this program was funded (please use M/D/Y): **2020**

Amount of funding for this program: **\$0.00**

Program launch date: **10/20/2020**

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

What key performance indicators are you tracking to ensure success of the program? **Measurement and destruction weights of medications.**

Please state this program's statement of impact: **Prevention of overdose, environmental damage, and abuse of illicit medications by safe disposal methods.**

How do you plan to measure or track success and impact of this program? **Community events, conversations with those partaking and continued measuring of turned over medications/drugs.**

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

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

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

Other (please specify):

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

Other (please specify):

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24. Rationale for Program

What is the reason for this program spending choice? **Providing education and information to our public.**

What outcomes or impact does the program aim to achieve? **Safe medication disposals and prevention of abuse/overdose.**

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

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? **Gloucester County**
2. For which eligible subdivision (county or municipality) are you reporting? **Franklin Township**
3. What is your subdivision's State ID? **NJ66**
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 Freijomil**
 - Name of Administering Agency: **Barbara Freijomil**
 - Business Address: **1571 Delsea Drive**
 - City/Town: **Franklinville**
 - Lead Contact Phone Number: **856-694-1234**
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. **\$36,621.60**
8. Please tell us the amount of opioid abatement funds you have expended (as of 6/30/23). **\$689.98**
9. Of the total opioid abatement funds, what amount was spent on program administrative expenses? **\$0.00**
10. Please share brief information on your subdivision's overarching goals and priorities to provide context for this program year's spending decisions.
Our goal is to educate and help the individuals and families with addiction.
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?

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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: **Laptop for Drug Testing for Impaired Drivers**

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

Primary problem being addressed by this program: **Getting impaired drivers off the road and possibly into treatment**

Brief program description: **The funds were spent to buy a laptop onboard a police vehicle to run the Drug Testing for Impaired Drivers program**

Program target population: **Township Residents**

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

Amount of funding for this program: **\$689.98**

Program launch date: **November 2022**

If program has started, how many clients have been seen as of 6/30/2023: **25**

What key performance indicators are you tracking to ensure success of the program? **Working with Police to ensure the success and other resources.**

Please state this program's statement of impact: **Education and resources will help address addiction.**

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). **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, Long-Term Resiliency, Diversion from Incarceration, Recovery and Support, Workforce Development.**

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? **One time only**

Other (please specify):

24. Rationale for Program

What is the reason for this program spending choice? **The addiction problems our township sees.**

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What outcomes or impact does the program aim to achieve? **Reduction in deaths and addiction issues.**

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

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

2023 Opioid Abatement Report

1. In what county are you located? **Gloucester County**
2. For which eligible subdivision (county or municipality) are you reporting? **Glassboro Borough**
3. What is your subdivision's State ID? **NJ72**
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): **Chief Financial Officer**
 - Name of Administering Agency: **Borough of Glassboro**
 - Business Address: **1 South Main Street**
 - City/Town: **Glassboro**
 - Lead Contact Phone Number: **1-856-881-9230 ext 88255**
5. As an eligible subdivision receiving abatement funds, which of the following applies to your current status regarding those funds? **We are a municipality and did not transfer our funds.**
6. What amount of your opioid abatement funds did you transfer to the county?
7. Please tell us the full amount of opioid abatement funds you received as of 6/30/23. **\$81,915.81**
8. Please tell us the amount of opioid abatement funds you have expended (as of 6/30/23). **\$68,554.47**
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.
Funds are used to offset Police salaries because they are in contact with opioid related calls. Glassboro also has a "Straight to Treatment" program our Police Officers maintain.
11. (This question is for counties only) Have you established an Advisory Committee to inform allocation of funds?
12. Did your subdivision engage the public (e.g., town hall meeting, online survey, convened stakeholders) prior to deciding how to use the opioid abatement funds you received? **No**
13. Please describe your public engagement/input efforts?
14. Does your county/subdivision have a strategic plan? **No**
15. Can we post your strategic plan online?
16. Have you completed a risk assessment profile for demographic or geographic impact? **No**

2023 Opioid Abatement Report

17. Can we post your risk assessment online?

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

Glassboro is prioritizing funds to maintain our Police Force for the Straight to Treatment program and Opioid related calls.

Program 1

19. Program name/title: **Glassboro Police Straight to Treatment**

Agency/funding recipient name: **Borough of Glassboro**

Primary problem being addressed by this program: **Addiction issues.**

Brief program description: **Site at Police Dept to help walk-ins with addiction issues and to provide support.**

Program target population: **All Glassboro residents**

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

Amount of funding for this program: **\$68,554.47**

Program launch date: **1/1/2022**

If program has started, how many clients have been seen as of 6/30/2023: **10**

What key performance indicators are you tracking to ensure success of the program? **Building trust with individuals who are dealing with addiction.**

Please state this program's statement of impact: **Aid a person with addiction problem to receive help.**

How do you plan to measure or track success and impact of this program? **Less repeat overdose calls.**

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

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

22. Please choose the length of time of this program's duration: **4-5 years**

Other (please specify):

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

Other (please specify):

24. Rationale for Program

2023 Opioid Abatement Report

What is the reason for this program spending choice? **To support Police budget.**

What outcomes or impact does the program aim to achieve? **Less repeat overdose calls.**

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? **Gloucester County**
2. For which eligible subdivision (county or municipality) are you reporting? **Harrison Township**
3. What is your subdivision's State ID? **NJ86**
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): **Shawn Glynn**
 - Name of Administering Agency: **Harrison Township**
 - Business Address: **114 Bridgeton Pike**
 - City/Town: **Mullica Hill**
 - Email Address: **sglynn@harrisontwp.us**
 - Lead Contact Phone Number: **856-223-9054**
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. **\$20,119.06**
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. **Program not in Place**
11. (This question is for counties only) Have you established an Advisory Committee to inform allocation of funds?
12. Did your subdivision engage the public (e.g., town hall meeting, online survey, convened stakeholders) prior to deciding how to use the opioid abatement funds you received? **No, but plan to in the future.**
13. Please describe your public engagement/input efforts?
14. Does your county/subdivision have a strategic plan? **No, but plan to develop one in the future.**
15. Can we post your strategic plan online?
16. Have you completed a risk assessment profile for demographic or geographic impact? **No, but we plan to in the future.**

2023 Opioid Abatement Report

17. Can we post your risk assessment online?

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

2023 Opioid Abatement Report

1. In what county are you located? **Gloucester County**
2. For which eligible subdivision (county or municipality) are you reporting? **Mantua Township**
3. What is your subdivision's State ID? **NJ125**
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): **Jennica Bileci**

Name of Administering Agency: **Mantua Township**

Business Address: **401 Main Street**

City/Town: **Mantua**

Lead Contact Phone Number: **856-468-1500 x 120**
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. **\$14,169.83**
8. Please tell us the amount of opioid abatement funds you have expended (as of 6/30/23). **\$0.00**
9. Of the total opioid abatement funds, what amount was spent on program administrative expenses? **\$0.00**
10. Please share brief information on your subdivision's overarching goals and priorities to provide context for this program year's spending decisions.
11. (This question is for counties only) Have you established an Advisory Committee to inform allocation of funds?
12. Did your subdivision engage the public (e.g., town hall meeting, online survey, convened stakeholders) prior to deciding how to use the opioid abatement funds you received? **No**
13. Please describe your public engagement/input efforts?
14. Does your county/subdivision have a strategic plan? **No, but plan to develop one in the future.**
15. Can we post your strategic plan online?
16. Have you completed a risk assessment profile for demographic or geographic impact? **No**
17. Can we post your risk assessment online?

2023 Opioid Abatement Report

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

Program 1

19. Program name/title: **Increase Police Department Staff**

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

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

Brief program description: **Increase the number of police officers to assist with the opioid crisis and the day to day response in combatting the number of overdose calls and intervention to save lives.**

Program target population: **Teenagers and young adults**

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

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

Program launch date: **N/A**

If program has started, how many clients have been seen as of 6/30/2023: **No data**

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

Please state this program's statement of impact: **Still determining**

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

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

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

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

Other (please specify):

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

Other (please specify):

24. Rationale for Program

What is the reason for this program spending choice? **N/A**

What outcomes or impact does the program aim to achieve? **N/A**

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

2023 Opioid Abatement Report

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

2023 Opioid Abatement Report

1. In what county are you located? **Gloucester County**
2. For which eligible subdivision (county or municipality) are you reporting? **Monroe Township**
3. What is your subdivision's State ID? **NJ141**
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): **Lorraine Boyer**
 - Name of Administering Agency: **Monroe Township**
 - Business Address: **125**
 - City/Town: **Williamstown**
 - Lead Contact Phone Number: **856-728-9800**
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. **\$76,581.01**
8. Please tell us the amount of opioid abatement funds you have expended (as of 6/30/23). **\$46,680.25**
9. Of the total opioid abatement funds, what amount was spent on program administrative expenses? **\$0.00**
10. Please share brief information on your subdivision's overarching goals and priorities to provide context for this program year's spending decisions. **We are forming an opioid task force with the balance of these funds which will be of offices and officials.**
11. (This question is for counties only) Have you established an Advisory Committee to inform allocation of funds?
12. Did your subdivision engage the public (e.g., town hall meeting, online survey, convened stakeholders) prior to deciding how to use the opioid abatement funds you received? **No, but plan to in the future.**
13. Please describe your public engagement/input efforts?
14. Does your county/subdivision have a strategic plan? **No, but plan to develop one in the future.**
15. Can we post your strategic plan online?
16. Have you completed a risk assessment profile for demographic or geographic impact? **No, but we plan to in the future.**

2023 Opioid Abatement Report

17. Can we post your risk assessment online?

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

Program 1

19. Program name/title: **Opioid Task force - \$46,680.25 the balance of our funds and add funds when available.**

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

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

Brief program description: **Educating residents of the harmfulness of these drugs.**

Program target population: **20000**

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

Amount of funding for this program: **\$46,680.25**

Program launch date: **2024**

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

What key performance indicators are you tracking to ensure success of the program? **Not yet started**

Please state this program's statement of impact: **No impact as of yet.**

How do you plan to measure or track success and impact of this program? **We will put this in our plan when we finish developing.**

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

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

Other (please specify):

24. Rationale for Program

What is the reason for this program spending choice? **We are limited on funds.**

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What outcomes or impact does the program aim to achieve?

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

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

2023 Opioid Abatement Report

1. In what county are you located? **Gloucester County**
2. For which eligible subdivision (county or municipality) are you reporting? **Washington Township**
3. What is your subdivision's State ID? **NJ244**
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 Bachich**

Name of Administering Agency: **Washington Township**

Business Address: **523 Egg Harbor Road**

City/Town: **Sewell**

Lead Contact Phone Number: **856-589-0520**
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. **\$103,872.38**
8. Please tell us the amount of opioid abatement funds you have expended (as of 6/30/23). **NA**
9. Of the total opioid abatement funds, what amount was spent on program administrative expenses?
NA
10. Please share brief information on your subdivision's overarching goals and priorities to provide context for this program year's spending decisions.
The goals and priorities for the spending decisions are to provide access to our existing programs in order for officers to facilitate assistance to those who are in need.
11. (This question is for counties only) Have you established an Advisory Committee to inform allocation of funds?
12. Did your subdivision engage the public (e.g., town hall meeting, online survey, convened stakeholders) prior to deciding how to use the opioid abatement funds you received? **No**
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**

2023 Opioid Abatement Report

17. Can we post your risk assessment online?

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

The opioid abatement funds are being utilized on as needed assessment.

2023 Opioid Abatement Report

1. In what county are you located? **Gloucester County**
2. For which eligible subdivision (county or municipality) are you reporting? **West Deptford Township**
3. What is your subdivision's State ID? **NJ250**
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 Thomas Kwasizur**
 - Name of Administering Agency: **Michael Thomas Kwasizur**
 - Business Address: **400 Crown Point Road**
 - City/Town: **West Deptford**
 - Lead Contact Phone Number: **8563711339**
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. **\$58,952.70**
8. Please tell us the amount of opioid abatement funds you have expended (as of 6/30/23). **\$0.00**
9. Of the total opioid abatement funds, what amount was spent on program administrative expenses? **\$0.00**
10. Please share brief information on your subdivision's overarching goals and priorities to provide context for this program year's spending decisions. **Probably use on Narcan - We'll let our police decide.**
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?

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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)?

Our police use Narcan a lot and will be able to purchase more.

Program 1

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

Agency/funding recipient name: **n/a**

Primary problem being addressed by this program: **n/a**

Brief program description: **n/a**

Program target population: **n/a**

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

Amount of funding for this program: **n/a**

Program launch date: **n/a**

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? **n/a**

Please state this program's statement of impact: **n/a**

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

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

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

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

Other (please specify): **n/a**

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

Other (please specify): **n/a**

24. Rationale for Program

What is the reason for this program spending choice? **Police use a lot of Narcan**

What outcomes or impact does the program aim to achieve? **Saves lives from overdoses.**

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

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

2023 Opioid Abatement Report

1. In what county are you located? **Gloucester County**
2. For which eligible subdivision (county or municipality) are you reporting? **Woolwich Township**
3. What is your subdivision's State ID? **NJ261**
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): **Lois Yarrington**

Name of Administering Agency: **Woolwich Township**

Business Address: **120 VILLAGE GREEN DRIVE**

City/Town: **WOOLWICH TWP**

Lead Contact Phone Number: **856-467-2666**
5. As an eligible subdivision receiving abatement funds, which of the following applies to your current status regarding those funds? **We are a municipality and did not transfer our funds.**
6. What amount of your opioid abatement funds did you transfer to the county?
7. Please tell us the full amount of opioid abatement funds you received as of 6/30/23. **\$23,935.44**
8. Please tell us the amount of opioid abatement funds you have expended (as of 6/30/23). **NA**
9. Of the total opioid abatement funds, what amount was spent on program administrative expenses?
NA
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 still in the process of creating a plan to best utilize the funding.
11. (This question is for counties only) Have you established an Advisory Committee to inform allocation of funds?
12. Did your subdivision engage the public (e.g., town hall meeting, online survey, convened stakeholders) prior to deciding how to use the opioid abatement funds you received? **No, but plan to in the future.**
13. Please describe your public engagement/input efforts?
14. Does your county/subdivision have a strategic plan? **No, but plan to develop one in the future.**
15. Can we post your strategic plan online?
16. Have you completed a risk assessment profile for demographic or geographic impact? **No, but we plan to in the future.**

2023 Opioid Abatement Report

17. Can we post your risk assessment online?

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