

HUNTERDON COUNTY

2023 OPIOID ABATEMENT REPORT

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2023 Opioid Abatement Report

1. In what county are you located? **Hunterdon County**
2. For which eligible subdivision (county or municipality) are you reporting? **Hunterdon County**
3. What is your subdivision's State ID? **NJ100**
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): **Meagan Q. O'Reilly**
 - Name of Administering Agency: **Hunterdon County**
 - Business Address: **71 Main St.**
 - City/Town: **Flemington**
 - Lead Contact Phone Number: **908-788-1253**
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. **\$383,021.33**
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 Hunterdon County Opioid Settlement Task force has met; however, we did not set an overarching goal and priority for this spending period (ending 6/30/2023).**
11. (This question is for counties only) Have you established an Advisory Committee to inform allocation of funds? **Yes**
12. Did your subdivision engage the public (e.g., town hall meeting, online survey, convened stakeholders) prior to deciding how to use the opioid abatement funds you received? **Yes**
13. Please describe your public engagement/input efforts? **Our public engagement efforts include a community survey, an agency survey and a virtual listening session. The virtual listening session was shared with our email distribution lists and was asked to be shared by agencies with community members impacted by the opioid epidemic.**
14. Does your county/subdivision have a strategic plan? **No, but plan to develop one in the future.**
15. Can we post your strategic plan online?

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

17. Can we post your risk assessment online?

18. Please tell us your overall rationale for prioritizing the use of the opioid abatement funds that you received (e.g., are you using a needs assessment, a strategic or other plan, or an epidemiological analysis)? **We are using our survey data, listening session feedback, county specific data from NJSAMS, data from NJ CARES, and our various county plans (Human Services Needs Assessment, County Municipal Alliance Plan, and County Comprehensive Plan of Alcohol and Drug Use Services) to develop prioritization for use of the opioid abatement funds.**

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1. In what county are you located? **Hunterdon County**
2. For which eligible subdivision (county or municipality) are you reporting? **Clinton Town**
3. What is your subdivision's State ID? **NJ35**
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): **J Cory Kubinak**

Name of Administering Agency: **Town of Clinton**

Business Address: **43 Leigh St**

City/Town: **Clinton**

Lead Contact Phone Number: **908-735-2665**
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. **\$11,658.74**
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, but we plan to in the future.**
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)? **Enhance training and purchase equipment.**

Program 1

19. Program name/title: **Officer Training**

Agency/funding recipient name: **Town of Clinton Police**

Primary problem being addressed by this program: **Improve officer knowledge and train incoming officers.**

Brief program description: **To provide officers with new and emerging trends in the opioid world.**

Program target population: **Police Officers**

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

Amount of funding for this program: **\$3,000.00**

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? **None**

Please state this program's statement of impact: **Officers ability to rationalize and deal with opioid addiction and safety.**

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).

Workforce Development

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

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

Other (please specify):

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

Other (please specify): **As training becomes available or evolves.**

24. Rationale for Program

What is the reason for this program spending choice? **Improve training and reduce liability.**

What outcomes or impact does the program aim to achieve? **To expand knowledge and experience.**

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What is the anticipated number of unduplicated clients this program will reach annually? **13**

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

Program 2

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

Agency/funding recipient name: **Town of Clinton**

Primary problem being addressed by this program: **Drug identification**

Brief program description: **Purchase of equipment to help officers safely identify unknown drug substances they encounter.**

Program target population: **13**

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

Amount of funding for this program: **\$26,000.00**

Program launch date: **N/A**

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? **0**

Please state this program's statement of impact: **Officer safety.**

How do you plan to measure or track success and impact of this program? **Reduced exposure to 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). **Prevention and Education**

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

Other (please specify):

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

Other (please specify):

24. Rationale for Program

What is the reason for this program spending choice? **Officer safety.**

What outcomes or impact does the program aim to achieve? **Reduce harm to officers.**

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What is the anticipated number of unduplicated clients this program will reach annually? **13**

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

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1. In what county are you located? **Hunterdon County**
2. For which eligible subdivision (county or municipality) are you reporting? **Clinton Township**
3. What is your subdivision's State ID? **NJ36**
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): **Christine Licata**

Name of Administering Agency: **Clinton Township**

Business Address: **1225 Route 31 South**

City/Town: **Clinton Township**

Lead Contact Phone Number: **908-735-8800**
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. **\$41,413.72**
8. Please tell us the amount of opioid abatement funds you have expended (as of 6/30/23). **\$0.00**
9. Of the total opioid abatement funds, what amount was spent on program administrative expenses? **\$0.00**
10. Please share brief information on your subdivision's overarching goals and priorities to provide context for this program year's spending decisions.
11. (This question is for counties only) Have you established an Advisory Committee to inform allocation of funds?
12. Did your subdivision engage the public (e.g., town hall meeting, online survey, convened stakeholders) prior to deciding how to use the opioid abatement funds you received? **No, but plan to in the future.**
13. Please describe your public engagement/input efforts?
14. Does your county/subdivision have a strategic plan? **No**
15. Can we post your strategic plan online?
16. Have you completed a risk assessment profile for demographic or geographic impact? **No, but we plan to in the future.**

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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**

Program 1

19. Program name/title: **Operation Safe School**

Agency/funding recipient name: **Herren Talks**

Primary problem being addressed by this program: **Opioid /drug abuse**

Brief program description: **School presentation outreach for students**

Program target population: **High School Students/faculty**

Date this program was funded (please use M/D/Y): **12/06/23**

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

Program launch date: **December 6, 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? **Survey**

Please state this program's statement of impact: **By implementing this program the hope is to reach out to the students and young adults on dangers of opioid use**

How do you plan to measure or track success and impact of this program? **SRO will develop an internal survey for the students**

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, Recovery and Support, Treatment, Workforce Development**

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? **Speaker comes highly recommended and will have an impact on the welfare of the students**

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What outcomes or impact does the program aim to achieve? **By listening to the presenter's personal experience, the hope is to have an impact on students who may currently have a substance abuse problem will guide them to seek the help and to prevent other students from using opioid in the future.**

What is the anticipated number of unduplicated clients this program will reach annually? **1600**

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

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1. In what county are you located? **Hunterdon County**
2. For which eligible subdivision (county or municipality) are you reporting? **Raritan Township**
3. What is your subdivision's State ID? **NJ191**
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): **Karen Gilbert**
 - Name of Administering Agency: **Administrator**
 - Business Address: **1 Municipal Dr**
 - City/Town: **Flemington**
 - Lead Contact Phone Number: **908-806-6108**
5. As an eligible subdivision receiving abatement funds, which of the following applies to your current status regarding those funds? **We are a municipality and transferred all of our funds to the county.**

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1. In what county are you located? **Hunterdon County**
2. For which eligible subdivision (county or municipality) are you reporting? **Readington Township**
3. What is your subdivision's State ID? **NJ192**
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): **Richard Sheola**

Name of Administering Agency: **Richard Sheola**

Business Address: **509 Rt 523**

City/Town: **Whitehouse Station**

Lead Contact Phone Number: **908-534-4051**
5. As an eligible subdivision receiving abatement funds, which of the following applies to your current status regarding those funds? **We are a municipality and did not transfer our funds.**
6. What amount of your opioid abatement funds did you transfer to the county?
7. Please tell us the full amount of opioid abatement funds you received as of 6/30/23. **\$38,818.00**
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. **Readington Township endeavors to address the issue on a local, holistic basis using the funding from the Settlement to fund a Community Outreach Team blending the Police Department and Social Services.**
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**

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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 and empirical evidence supplied by the Police Department**

Program 1

19. Program name/title: **Community Outreach Team**

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

Primary problem being addressed by this program: **Address mental health issues as a result of opioid use.**

Brief program description: **Using a collaborative approach, when a mental health, domestic violence, homelessness or a non-ordinary call is received, the COT can respond. COT is comprised of a licensed Social Worker and a Police officer who is in process of receiving the same education and licensure.**

Program target population: **Readington Township sub-population**

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

Amount of funding for this program: **N/A**

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: **TBD**

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). **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, Long-Term Resiliency, Prevention and Education, Recovery and Support, Treatment**

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

Other (please specify):

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

Other (please specify): **N/A**

24. Rationale for Program

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What is the reason for this program spending choice? **To resolve issues as they happen.**

What outcomes or impact does the program aim to achieve? **Reduce opioid use and reduce violence fueled by opioid use.**

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**