

MERCER COUNTY

**2023 OPIOID
ABATEMENT REPORT**

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2023 Opioid Abatement Report

1. In what county are you located? **Mercer County**
2. For which eligible subdivision (county or municipality) are you reporting? **Mercer County**
3. What is your subdivision's State ID? **NJ131**
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 Dorocki**
 - Name of Administering Agency: **Mercer County**
 - Business Address: **640 South Broad Street**
 - City/Town: **Trenton**
 - Lead Contact Phone Number: **609-989-6826**
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. **\$444,015.97**
8. Please tell us the amount of opioid abatement funds you have expended (as of 6/30/23). **\$0.00**
9. Of the total opioid abatement funds, what amount was spent on program administrative expenses? **\$0.00**
10. Please share brief information on your subdivision's overarching goals and priorities to provide context for this program year's spending decisions. **Mercer County is still in the process of establishing an Opioid Advisory Committee. Once a committee is formed then the goals and funding priorities will be established.**
11. (This question is for counties only) Have you established an Advisory Committee to inform allocation of funds? **Applications and resumes have been received from interested residents. Administration will make final decisions and appoint members.**
12. Did your subdivision engage the public (e.g., town hall meeting, online survey, convened stakeholders) prior to deciding how to use the opioid abatement funds you received? **No, but plan to in the future.**
13. Please describe your public engagement/input efforts?
14. Does your county/subdivision have a strategic plan? **No, but plan to develop one in the future.**
15. Can we post your strategic plan online?

2023 Opioid Abatement Report

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

17. Can we post your risk assessment online?

18. Please tell us your overall rationale for prioritizing the use of the opioid abatement funds that you received (e.g., are you using a needs assessment, a strategic or other plan, or an epidemiological analysis)? **We have not yet established funding priorities. Mercer County's strategy will be developed once the committee is established. Typically, the Mercer County Department of Human Services uses a needs assessment process to look at community needs, health related data, data from stakeholders and community-based input from providers to determine "needs".**

2023 Opioid Abatement Report

1. In what county are you located? **Mercer County**
2. For which eligible subdivision (county or municipality) are you reporting? **East Windsor Township**
3. What is your subdivision's State ID? **NJ49**
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): **James P. Brady**

Name of Administering Agency: **East Windsor Township**

Business Address: **16 Lanning Blvd.**

City/Town: **East Windsor**

Lead Contact Phone Number: **609-443-4000**
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. **\$16,872.99**
8. Please tell us the amount of opioid abatement funds you have expended (as of 6/30/23). **\$0.00**
9. Of the total opioid abatement funds, what amount was spent on program administrative expenses?
\$0.00
10. Please share brief information on your subdivision's overarching goals and priorities to provide context for this program year's spending decisions.
11. (This question is for counties only) Have you established an Advisory Committee to inform allocation of funds?
12. Did your subdivision engage the public (e.g., town hall meeting, online survey, convened stakeholders) prior to deciding how to use the opioid abatement funds you received? **No, but plan to in the future.**
13. Please describe your public engagement/input efforts?
14. Does your county/subdivision have a strategic plan? **No, but plan to develop one in the future.**
15. Can we post your strategic plan online?
16. Have you completed a risk assessment profile for demographic or geographic impact? **No, but we plan to in the future.**

2023 Opioid Abatement Report

17. Can we post your risk assessment online?

18. Please tell us your overall rationale for prioritizing the use of the opioid abatement funds that you received (e.g., are you using a needs assessment, a strategic or other plan, or an epidemiological analysis)? **We will be using a need assessment to determine where the funds will best be used.**

2023 Opioid Abatement Report

1. In what county are you located? **Mercer County**
2. For which eligible subdivision (county or municipality) are you reporting? **Ewing Township**
3. What is your subdivision's State ID? **NJ59**
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): **JOANNA MUSTAFA**
 - Name of Administering Agency: **Township of Ewing**
 - Business Address: **2 Jake Garzio Drive**
 - City/Town: **Ewing, NJ**
 - Lead Contact Phone Number: **609-538-7601**
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. **\$35,527.11**
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)? **Needs assessment**

2023 Opioid Abatement Report

1. In what county are you located? **Mercer County**
2. For which eligible subdivision (county or municipality) are you reporting? **Hamilton Township**
3. What is your subdivision's State ID? **NJ82**
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): **Christopher Hellwig**
 - Name of Administering Agency: **Division of Health**
 - Business Address: **2100 Greenwood Ave**
 - City/Town: **Hamilton**
 - Lead Contact Phone Number: **609-890-3824**
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. **\$58,624.84**
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 Hamilton, through its Division of Health/Municipal Alliance, continues to seek input from our partnering agencies on how to best utilize these dollars. The overarching goal for this program is to expand existing programs that connect residents who need help to the services that they 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**
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 Division of Health is prioritizing usage of the funds through feedback from OUD response partners.**

2023 Opioid Abatement Report

1. In what county are you located? **Mercer County**
2. For which eligible subdivision (county or municipality) are you reporting? **Hopewell Township**
3. What is your subdivision's State ID? **NJ97**
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): **George Snyder**

Name of Administering Agency: **Hopewell Township**

Business Address: **203 Washington Crossing-Pennington Road**

City/Town: **Titusville, NJ**

Lead Contact Phone Number: **609-537-0277**
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. **\$11,599.91**
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. Zero spent to date
10. Please share brief information on your subdivision's overarching goals and priorities to provide context for this program year's spending decisions. **Partner with the Hopewell Valley Municipal Alliance to promote awareness about opioid use and treatment opportunities. Create a print and internet campaign to reach the targeted groups. Provide opioid treatment education to Police and First Responders.**
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? Township and Municipal Alliance planed use of funds.
14. Does your county/subdivision have a strategic plan? **No**
15. Can we post your strategic plan online? **No**
16. Have you completed a risk assessment profile for demographic or geographic impact? **No**
17. Can we post your risk assessment online? **No**

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)? **A needs plan recognizing how opioids impact the region.**

Program 1

19. Program name/title: **Prevention and Treatment Awareness**

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

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

Brief program description: **Provide treatment education to first responders and prevention education to residents**

Program target population: **16-60 year old residents**

Date this program was funded (please use M/D/Y): **6/30/2023**

Amount of funding for this program: **\$11,599.90**

Program launch date: **TBD**

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? **Overdose deaths**

Please state this program's statement of impact: **Reduce opioid deaths**

How do you plan to measure or track success and impact of this program? **Through first aid calls**

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**

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? **Quarterly**

Other (please specify):

24. Rationale for Program

What is the reason for this program spending choice? **A need to reduce overdose deaths**

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

What is the anticipated number of unduplicated clients this program will reach annually? **40**

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? **Mercer County**
2. For which eligible subdivision (county or municipality) are you reporting? **Lawrence Township**
3. What is your subdivision's State ID? **NJ108**
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): **Keith Levine**
 - Name of Administering Agency: **Keith Levine**
 - Business Address: **2207 Lawrence Rd**
 - City/Town: **Lawrence Township**
 - Lead Contact Phone Number: **609-844-7089**
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. **\$32,014.93**
8. Please tell us the amount of opioid abatement funds you have expended (as of 6/30/23). **\$0.00**
9. Of the total opioid abatement funds, what amount was spent on program administrative expenses?
\$0.00
10. Please share brief information on your subdivision's overarching goals and priorities to provide context for this program year's spending decisions.
11. (This question is for counties only) Have you established an Advisory Committee to inform allocation of funds?
12. Did your subdivision engage the public (e.g., town hall meeting, online survey, convened stakeholders) prior to deciding how to use the opioid abatement funds you received? **No**
13. Please describe your public engagement/input efforts?
14. Does your county/subdivision have a strategic plan? **No**
15. Can we post your strategic plan online?
16. Have you completed a risk assessment profile for demographic or geographic impact? **No**
17. Can we post your risk assessment online?

2023 Opioid Abatement Report

18. Please tell us your overall rationale for prioritizing the use of the opioid abatement funds that you received (e.g., are you using a needs assessment, a strategic or other plan, or an epidemiological analysis)? **I am planning to use the funds to expand programming in our grade-schools for drug/alc. prevention and life-skill lessons.**

Program 1

19. Program name/title: **Camp Fire elementary school programming**

Agency/funding recipient name: **Camp Fire**

Primary problem being addressed by this program: **Drug/Alcohol pressures, stranger danger, coping mechanisms, etc.**

Brief program description: **Education/prevention/preparation for children who will face life challenges in coming years as they grow.**

Program target population: **1st-3rd graders in Lawrence Twp.**

Date this program was funded (please use M/D/Y): **Still in planning phase**

Amount of funding for this program: **Approx. \$24k**

Program launch date: **Late 2023/early 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: **Unknown**

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

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). **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

2023 Opioid Abatement Report

What is the reason for this program spending choice? **Lawrence public schools already employ Camp Fire org. to provide this programming in some grades but not many so I would like to expand this programming to follow the kids through multiple grade levels as well as to reach more of our children.**

What outcomes or impact does the program aim to achieve? **To teach children life skills , build their resilience and ability to make positive choices and cope with life challenges**

What is the anticipated number of unduplicated clients this program will reach annually? **1**

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? **Mercer County**
2. For which eligible subdivision (county or municipality) are you reporting? **Princeton**
3. What is your subdivision's State ID? **NJ187**
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): **JEFFREY GROSSER**
 - Name of Administering Agency: **JEFFREY GROSSER**
 - Business Address: **400 Witherspoon Street**
 - City/Town: **Princeton**
 - Lead Contact Phone Number: **609-497-7610**
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. **\$26,096.32**
8. Please tell us the amount of opioid abatement funds you have expended (as of 6/30/23). **\$0.00**
9. Of the total opioid abatement funds, what amount was spent on program administrative expenses? **\$0.00**
10. Please share brief information on your subdivision's overarching goals and priorities to provide context for this program year's spending decisions. **Working between our municipal alliance and police department on education, prevention and intervention.**
11. (This question is for counties only) Have you established an Advisory Committee to inform allocation of funds?
12. Did your subdivision engage the public (e.g., town hall meeting, online survey, convened stakeholders) prior to deciding how to use the opioid abatement funds you received? **No, but plan to in the future.**
13. Please describe your public engagement/input efforts?
14. Does your county/subdivision have a strategic plan? **No**
15. Can we post your strategic plan online?
16. Have you completed a risk assessment profile for demographic or geographic impact? **No**

2023 Opioid Abatement Report

17. Can we post your risk assessment online?

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

2023 Opioid Abatement Report

1. In what county are you located? **Mercer County**
2. For which eligible subdivision (county or municipality) are you reporting? **Robbinsville Township**
3. What is your subdivision's State ID? **NJ199**
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): **Joy Tozzi**
 - Name of Administering Agency: **Robbinsville Township**
 - Business Address: **2298 Route 33**
 - City/Town: **Robbinsville**
 - Lead Contact Phone Number: **1-609-259-3600**
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. **\$14,236.90**
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. **Robbinsville Township has coordinated an action plan for police officers on duty to aid those arrested and struggling with opiate addiction by providing access to a Certified Peer Recovery Coach at the time of arrest. Conditions of that access include no current detainers (i.e., arrest warrants) in their name. Recovery Coaches will provide resources and pathways to recovery in lieu of being arrested. Recognize the short window of opportunity when a someone struggling from substance use disorder is at his/her most receptive moment.**
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?

2023 Opioid Abatement Report

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)? **In 2016, upon the realization that the Robbinsville Police Department continually arrested the same suspects for addiction to opioids, the township recognized addiction as a disease and national epidemic. The Township of Robbinsville developed Community Addiction Recovery Effort (C.A.R.E.), providing resources, access to a Certified Recovery Coach and a pathway to recovery during the suspect's most receptive moment. C.A.R.E. is standard operating procedure followed by the Robbinsville Township Police Department when faced with suspects arrested in the Township of Robbinsville for the possession of, or under the influence of opioids. Robbinsville C.A.R.E. is of the belief that every crisis is a window of opportunity, and the key to the program's success is to take a leading role in the recovery process with immediate intervention.**

Program 1

19. Program name/title: **Community Addiction Recovery Effort**

Agency/funding recipient name: **Community Addiction Recovery Effort**

Primary problem being addressed by this program: **Straight to Recovery**

Brief program description: **Robbinsville C.A.R.E. allows police officers to offer a pathway to recovery by providing resources, access to treatment, and guidance from a Trained Peer Recovery Specialist.**

Program target population: **Suspects arrested in Robbinsville Township who are under the influence or in possession of opioids.**

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

Amount of funding for this program: **\$14,236.90**

Program launch date: **NA**

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

What key performance indicators are you tracking to ensure success of the program? **Tracking the number of clients who accept the program at the time of arrest rather than face incarceration**

Please state this program's statement of impact: **Addiction is a**

How do you plan to measure or track success and impact of this program? **Tracking clients who accept the program at the time of arrest rather than face incarceration.**

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

2023 Opioid Abatement Report

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

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

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? **In the past, our Trained Peered Recovery Coaches were strictly volunteer, however now they require a fee to come to Robbinsville to speak to speak with our clients.**

What outcomes or impact does the program aim to achieve? **We intend to provide a solution to the problem of addiction by saving lives.**

What is the anticipated number of unduplicated clients this program will reach annually? **15-20 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? **Mercer County**
2. For which eligible subdivision (county or municipality) are you reporting? **Trenton City**
3. What is your subdivision's State ID? **NJ228**
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): **Alexis Durlacher**

Name of Administering Agency: **City of Trenton**

Business Address: **319 East State Street**

City/Town: **Trenton**

Lead Contact Phone Number: **(609) 989-4064**
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. **\$1,002,122.16**
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.
The City of Trenton Opioid and Overdose Mapping program focuses on areas to improve capacity to respond to drug overdoses and initiate and strengthen the availability and availability and accessibility to substance use treatment services necessary to improve protective behaviors and reduce harmful use of prescription and illicit drugs in order to reduce drug overdose morbidity and mortality.
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**

2023 Opioid Abatement Report

13. Please describe your public engagement/input efforts? **The City of Trenton Police Department participates in numerous public engagement efforts, including participation in the Statewide ODMAP program, the Mercer County Overdose Fatality Review Board, and has initiated the Opioid Response Roundtable/Working group where stakeholders attend, problem solve, and combine efforts, as to not duplicate services. We also respond out to the community twice per week, meeting with consumers during non-traditional work hours, created an Opioid Response Team office in the Department, and hold monthly community outreaches where we offer direct pathways to treatment, STD and HIV testing, Narcan distribution, and open access to housing services.**
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)? **Needs assessment and Strategic plan**

Program 1

19. Program name/title: **OPIOID AND OVERDOSE MAPPING RESPONSE TEAM**

Agency/funding recipient name: **City of Trenton**

Primary problem being addressed by this program: **Prevention, Intervention, and Access for Consumers with Opioid Addiction**

Brief program description: **This program focuses on areas to improve capacity to respond to drug overdoses and initiate and strengthen the availability and availability and accessibility to substance use treatment services necessary to improve protective behaviors and reduce harmful use of prescription and illicit drugs in order to reduce drug overdose morbidity and mortality.**

Program target population: **This program is designed to help those with substance abuse disorders receiving peer-recovery services. Police officers, EMS and peer recovery specialists will be specifically trained in substance use intervention, de-escalation techniques, and methods for interacting with individuals with substance use disorders and support them in help in overcoming their disorder**

Date this program was funded (please use M/D/Y): **8/1/2022**

Amount of funding for this program: **\$240,000.00 (from a different funding source)**

Program launch date: **8/1/22**

If program has started, how many clients have been seen as of 6/30/2023: **285 contacts, 27 referrals to treatment**

2023 Opioid Abatement Report

What key performance indicators are you tracking to ensure success of the program? **Community feedback, successful completion of treatment, harm reduction**

Please state this program's statement of impact: **To reduce boundaries to access to treatment, and reduce overdose fatalities**

How do you plan to measure or track success and impact of this program? **The City of Trenton will be conducting a formal evaluation on the program**

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

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

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? **Quarterly**

Other (please specify):

24. Rationale for Program

What is the reason for this program spending choice? **Community feedback and gaps in service**

What outcomes or impact does the program aim to achieve? **Harm reduction and early access to treatment**

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**

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1. In what county are you located? **Mercer County**
2. For which eligible subdivision (county or municipality) are you reporting? **West Windsor Township**
3. What is your subdivision's State ID? **NJ254**
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 V. Mauder, CFO**

Name of Administering Agency: **Finance**

Business Address: **271 Clarksville Rd PO Box 38**

City/Town: **West Windsor**

Lead Contact Phone Number: **609-799-2400 x 232**
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. **\$19,283.07**
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)? **Undecided**