

MIDDLESEX COUNTY

**2023 OPIOID
ABATEMENT REPORT**

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2023 Opioid Abatement Report

1. In what county are you located? **Middlesex County**
2. For which eligible subdivision (county or municipality) are you reporting? **Middlesex County**
3. What is your subdivision's State ID? **NJ135**
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): **Anne Lori Dillon**

Name of Administering Agency: **Middlesex County**

Business Address: **75 Bayard St.**

City/Town: **New Brunswick**

Lead Contact Phone Number: **732-745-4518**
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. **\$894,108.28**
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?
N/A
10. Please share brief information on your subdivision's overarching goals and priorities to provide context for this program year's spending decisions. **Middlesex County has long been at the forefront of efforts to address the Opioid Crisis. As we continue to offer innovative strategies to end the opioid overdose epidemic, the following targets are priorities:**
 - **Preventing overdose deaths and harms through harm reduction strategies;**
 - **Providing connections to care;**
 - **Supporting people in treatment and recovery;**
 - **Cross-system collaborative efforts and/or research.**
11. (This question is for counties only) Have you established an Advisory Committee to inform allocation of funds? **Yes. The Middlesex County Opioid Settlement Advisory & Implementation Council (MOSAIC)**
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? **Middlesex County has convened stakeholders and persons with lived experience and survivor input have and will continue to be prioritized. An online survey to maximize public input has now launched to increase transparency and inclusion.**

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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.**
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 Epidemiological Analysis**

Program 1

19. Program name/title: **Middlesex County Healthcare Kiosks**

Agency/funding recipient name: **TBA**

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

Brief program description: **Widespread, creative, and low-barrier naloxone and other risk reduction supply distribution is essential to prevent overdose deaths in Middlesex County. Healthcare Kiosks are a tool to ensure the long-term availability of harm reduction services and supplies when other sources of naloxone, etc., like pharmacies or local service providers, are closed in the evenings or weekends, as well as adding a different access point option for people to obtain these lifesaving resources. Information about treatment, recovery support and connections to care will also be available.**

Program target population: **Individuals in Middlesex County**

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

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

Program launch date: **TBA**

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? **Harm reduction supplies distributed; Linkages to care documented.**

Please state this program's statement of impact: **Widespread, low barrier distribution of risk reduction supplies is essential to prevent overdose deaths in Middlesex County.**

How do you plan to measure or track success and impact of this program? **The kiosks have the ability to aggregate user data and supply distribution. Surveillance of impact on overdose data.**

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

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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, Prevention and Education, Recovery and Support, Treatment**

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

Other (please specify):

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

Other (please specify):

24. Rationale for Program

What is the reason for this program spending choice? **The MOSAIC felt this is an innovative strategy to prevent overdose and strengthen connections to care by meeting people where they are.**

What outcomes or impact does the program aim to achieve? **Prevent overdose, linkages to treatment, recovery support and harm reduction.**

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

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? **Middlesex County**
2. For which eligible subdivision (county or municipality) are you reporting? **Carteret Borough**
3. What is your subdivision's State ID? **NJ27**
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): **Ricardo Llanos**
 - Name of Administering Agency: **Borough of Carteret**
 - Business Address: **61 Cooke Avenue**
 - City/Town: **Carteret**
 - Lead Contact Phone Number: **732-541-3807**
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. **\$57,440.33**
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 Borough of Carteret is in the process of establishing a comprehensive plan for the expenditure of the referenced funds to include the following which are being more fully developed:**
 - **Prevention: Focusing on education and awareness campaigns to prevent opioid misuse and addiction from occurring in the first place.**
 - **Early Intervention: Identifying at-risk individuals and intervening early to provide appropriate support and treatment to prevent the escalation of addiction.**
 - **Access to Treatment: Ensuring that individuals with opioid addiction have access to evidence-based treatments, including medication-assisted treatment (MAT) and counseling.**
 - **Pain Management Alternatives: Developing and promoting non-opioid pain management options to reduce the over-reliance on opioids for pain relief.**
 - **Support Services: Providing comprehensive support services, including mental health care, housing assistance, and employment opportunities, to address the underlying factors contributing to addiction.**
 - **Reducing Stigma: Working to reduce the stigma associated with opioid addiction.**

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

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12. Did your subdivision engage the public (e.g., town hall meeting, online survey, convened stakeholders) prior to deciding how to use the opioid abatement funds you received? **No, but plan to in the future.**
13. Please describe your public engagement/input efforts?
14. Does your county/subdivision have a strategic plan? **No, but plan to develop one in the future.**
15. Can we post your strategic plan online?
16. Have you completed a risk assessment profile for demographic or geographic impact? **No, but we plan to in the future.**
17. Can we post your risk assessment online?
18. Please tell us your overall rationale for prioritizing the use of the opioid abatement funds that you received (e.g., are you using a needs assessment, a strategic or other plan, or an epidemiological analysis)? **We will have to conduct a needs assessment to determine where our main focus of funding should be.**

Program 1

19. Program name/title: **Opioid Prevention and Education**

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

Primary problem being addressed by this program: **Illicit Opioid Abuse**

Brief program description: **Primary objectives include: raising awareness about opioid addiction providing information on prevention, treatment, and recovery resources offered by local stakeholders undertaking initiatives to combat this public health emergency**

Program target population: **Carteret and Regional Residents**

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

Amount of funding for this program: **Specific allocations for each line item will be determined based on public input and meetings**

Program launch date: **November 2023**

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? **Pending professional input via consultation and advice**

Please state this program's statement of impact: **Pending input from all stakeholders**

How do you plan to measure or track success and impact of this program? **This will be managed by the project manager overseeing the project for succession**

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

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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: **2-3 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? **This is to bring awareness and education to those who are impacted by opioid use or to assist and interject into current addiction**

What outcomes or impact does the program aim to achieve? **Lessen the impact that opioids have on everyday residents and provide an outlet for the community to address their issues.**

What is the anticipated number of unduplicated clients this program will reach annually? **Pending further review on completion of coalition**

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? **Middlesex County**
2. For which eligible subdivision (county or municipality) are you reporting? **EAST BRUNSWICK TOWNSHIP**
3. What is your subdivision's State ID? **NJ45**
4. As an eligible subdivision (county or municipality) receiving opioid abatement funds, please tell us the following:
 - Full name of individual in your subdivision authorized to report on the settlement funds your subdivision received ("administrator" managing/overseeing these funds): **JENNIFER STETSON**
 - Name of Administering Agency: **TOWNSHIP OF EAST BRUNSWICK**
 - Business Address: **1 JEAN WALLING CIVIC CENTER DRIVE**
 - City/Town: **EAST BRUNSWICK**
 - Lead Contact Phone Number: **732-390-6822**
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. **\$40,908.91**
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**
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 SERVE A BROAD RANGE OF MEMBERS OF OUR COMMUNITY, PREVENTION, INTERVENTION AND TREATMENT FOR ALL AGES.
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.**

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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)?

WE MET WITH KEY COMMUNITY LEADERS TO DISCUSS THE ISSUES THEY SEE AND WAYS THEY BELIEVE WOULD BEST WAY TO ADDRESS.

2023 Opioid Abatement Report

1. In what county are you located? **Middlesex County**
2. For which eligible subdivision (county or municipality) are you reporting? **Edison Township**
3. What is your subdivision's State ID? **NJ52**
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): **Nima Patel**

Name of Administering Agency: **Township of Edison Department of Health and Human Services**

Business Address: **100 Municipal Blvd**

City/Town: **Edison**

Email Address: **nipatel@edisonnj.gov**

Lead Contact Phone Number: **732-248-7290**
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. **\$1,009,895.47**
8. Please tell us the amount of opioid abatement funds you have expended (as of 6/30/23). **N/A**
9. Of the total opioid abatement funds, what amount was spent on program administrative expenses?
N/A
10. Please share brief information on your subdivision's overarching goals and priorities to provide context for this program year's spending decisions.
 - 1.) **Provide officers the specialized equipment needed to perform their duties efficiently and safely, especially when handling heroin and fentanyl.**
 - 2.) **Provide training and education to officers on the use of naloxone.**
 - 3.) **Use statistics to monitor and track the progress of the services.**
 - 4.) **Build and strengthen the bond between our police force and the community.**
 - 5.) **Provide officers and mental health specialists the necessary resources to educate our residents through community-based events.**
 - 6.) **Support workforce development for our addiction professionals.**
 - 7.) **Hire or train staff to provide addiction recovery services.**
 - 8.) **Develop software to monitor and track community outreach services provided to our residents.**
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?

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14. Does your county/subdivision have a strategic plan? **No**
15. Can we post your strategic plan online?
16. Have you completed a risk assessment profile for demographic or geographic impact? **No**
17. Can we post your risk assessment online?
18. Please tell us your overall rationale for prioritizing the use of the opioid abatement funds that you received (e.g., are you using a needs assessment, a strategic or other plan, or an epidemiological analysis)?
- 1.) **Support intervention, treatment, and recovery services, offered by qualified professionals and service providers, such as peer recovery coaches, for persons with OUD and any co-occurring SUD/MH conditions and for persons who have experienced an opioid overdose.**
 - 2.) **Provide training on MAT for first responders or other supporting professionals, such as peer recovery coaches or recovery outreach specialists.**
 - 3.) **Support workforce development for addiction professionals who work with persons with OUD and any-co-occurring SUD/MH conditions.**
 - 4.) **Provide the full continuum of care of treatment and recovery services for OUD and any co-occurring SUD/MH conditions, including supportive housing, peer support services and counseling, community navigators, case management, and connections to community-based services.**
 - 5.) **Provide access to housing for people with OUD and any co-occurring SUD/MH conditions, including supportive housing, recovery housing, housing assistance programs, training for housing providers, or recovery housing programs that allow or intergrade FDA-approved medication with other supportive services.**
 - 6.) **Support or expand peer-recovery centers, which may include support groups, social events, computer access, or other services for persons with OUD and any co-occurring SUD/MH conditions.**
 - 7.) **Engage non-profits, faith-based communities, and community coalitions to support people in treatment and recovery and to support family members in their efforts to support the person with OUD in the family.**
 - 8.) **Provide training and development of procedures for government staff to appropriately interact and provide social and other services to individuals with or in recovery from OUD, including reducing stigma.**
 - 9.) **Support stigma reduction efforts regarding treatment and support for persons with OUD, including reducing the stigma on effective treatment.**
 - 10.) **Create or support culturally appropriate services and programs for persons with OUD and any co-occurring SUD/MH conditions, including new Americans.**
 - 11.) **Hire or train behavioral health workers to provide or expand any of the services or supports listed above.**
 - 12.) **Support centralized call centers that provide information and connections to appropriate services and supports for persons with OUD and any co-occurring SUD/MH conditions.**
 - 13.) **Purchase of Naloxone to use for dispensing as well as distribution to overdose victims. Including overtime for officers and salaries for conducting Drug resistance Education in the schools and in public forums as well as the use of a Narcotics K-9 for these presentations.**
 - 14.) **Salaries for two part time Juvenile Aid Counselors employed and supervised through the Juvenile Unit, (not yet hired).**
 - 15.) **Blue Cares. The Health Department is using a needs assessment based on data and reports compiled by our Police Department.**

Program 1

19. Program name/title: **Officer Safety / Evidence Retrieval**

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

2023 Opioid Abatement Report

Primary problem being addressed by this program: **On going safety concerns with the growing and deadly Heroin/Fentanyl epidemic.**

Brief program description: **Proper equipment for officers to process and handle CDS. Specifically deadly Heroin/ Fentanyl. Without these items officers are exposed to hyper potent opioids.**

Program target population: **All officers who need to process/handle highly dangerous/ Deadly CDS specifically Heroin/ Fentanyl. Without these items officers are exposed to hyper potent opioids.**

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

Amount of funding for this program: **New Program. Funds have not been dispersed for this program.**

Program launch date: **ASAP**

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

What key performance indicators are you tracking to ensure success of the program? **Officer safety. Not exposing officers to deadly CDS specifically Heroin/ Fentanyl. Follow up with Bureau commanders.**

Please state this program's statement of impact: **Providing officers new equipment to allow officer to safely and efficiently do their jobs. Without these items officers are exposed to hyper potent opioids.**

How do you plan to measure or track success and impact of this program? **Keeping officers safe each and every time they come in contact with potentially deadly CDS. Specifically, Heroin/Fentanyl.**

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, Overdose Prevention, Long-Term Resiliency, Prevention and Education, Workforce Development, Officer Safety to dangerous CDS**

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? **Proper equipment allowing officers to do their jobs safely and effectively.**

What outcomes or impact does the program aim to achieve? **Keeping officers safe.**

What is the anticipated number of unduplicated clients this program will reach annually? **Number would vary based on amount of jobs per year.**

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

Program 2

2023 Opioid Abatement Report

19. Program name/title: **Arrive Together/Mental Health Services**

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

Primary problem being addressed by this program: **Mental Health/ Strengthening the bond between Mental Health and Police Departments.**

Brief program description: **Mental Health services and Edison Police Department providing services for anyone effected by mental health and their families.**

Program target population: **Anyone effected by mental health including families.**

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

Amount of funding for this program: **Funds have not been dispersed for this program.**

Program launch date: **May 2023**

If program has started, how many clients have been seen as of 6/30/2023: **5**

What key performance indicators are you tracking to ensure success of the program? **Benchmark and statistics in order to better serve the community.**

Please state this program's statement of impact: **Anyone effected by Mental Health and their families. Breaking the negative stigma around Mental Health. Teaching officers and the community how to better support those suffering from mental health issues.**

How do you plan to measure or track success and impact of this program? **Benchmark, statistics from the Police Department.**

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, Long-Term Resiliency, Prevention and Education, 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? **Annually**

Other (please specify):

24. Rationale for Program

What is the reason for this program spending choice? **To help anyone effected by mental health including families.**

What outcomes or impact does the program aim to achieve? **Breaking the negative Stigma around mental health. Provide resources to all effected by mental health and their families.**

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What is the anticipated number of unduplicated clients this program will reach annually? **As many people as we can help.**

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

Program 3

19. Program name/title: **Safe and Sound/ Special Needs/ Elderly population suffering from memory deficits/ Project Life saver.**

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

Primary problem being addressed by this program: **Keeping special needs and Elderly population safe.**

Brief program description: **Providing officers education and the tools they need to help those who are vulnerable get home safe. In addition, providing resources to their families.**

Program target population: **Elderly suffering from Dementia or Alzheimer's disease. Adults or children with autism, Down syndrome or other cognitive disabilities**

Date this program was funded (please use M/D/Y): **Funds have not been dispersed for this program.**

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

Program launch date: **2015**

If program has started, how many clients have been seen as of 6/30/2023: **56**

What key performance indicators are you tracking to ensure success of the program? **Having the information in our CAD system to better prepare officers when they come in contact with these individuals. Thus, getting them home safe and sound.**

Please state this program's statement of impact: **Keeping those effected and their families safe. Getting the families, the resources they need.**

How do you plan to measure or track success and impact of this program? **Safe and Sound is located in our CAD system with those who have joined the program.**

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, Prevention and Education, Treatment, 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? **Annually**

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Other (please specify):

24. Rationale for Program

What is the reason for this program spending choice? **Keeping our vulnerable population safe. Providing education to our officers to best serve this community.**

What outcomes or impact does the program aim to achieve? **Continuing to give our officers the information they need to locate and keep those suffering from disabilities. In addition, providing families with the resources they need.**

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

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

Program 4

19. Program name/title: **Drug Take back program.**

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

Primary problem being addressed by this program: **Allowing the public to properly dispose of old and unwanted medications. In addition to educating officers on how to provide resources for those suffering from opioid addiction and their families.**

Brief program description: **Allowing the Public to properly dispose of old and unwanted medications. Training of officers to provide resources to families suffering from Opioid addiction**

Program target population: **Anyone effected by Prescription drug abuse and their families. Teaching officers and the community how to better support those suffering from prescription drug abuse.**

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

Amount of funding for this program: **Funds have not been dispersed for this program.**

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? **Weighing of the prescriptions before they are properly destroyed. Educating both officers and the public on the dangers of prescription drug abuse. Continued education classes to officers.**

Please state this program's statement of impact: **Reducing risk of accidental poisoning, helping to prevent prescription drug abuse. Reducing the chance of prescription drug overdoses.**

How do you plan to measure or track success and impact of this program? **Continuing to allow residents to drop off all unwanted prescription medications at any time. Weighing of the drugs before they are properly destroyed.**

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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, Overdose Prevention, Long-Term Resiliency**

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? **Educating the public on the dangers of Opioid abuse. Allowing the public, a safe and easy way to properly dispose of prescription medications.**

What outcomes or impact does the program aim to achieve? **Continued Education for both officers and the public. While providing resources to anyone effected by opioid addiction and their families. Keeping prescription drugs off the street.**

What is the anticipated number of unduplicated clients this program will reach annually? **People both young and old.**

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

Program 5

19. Program name/title: **Opioid/ Naloxone training and awareness**

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

Primary problem being addressed by this program: **Continued Training to Officers in order to save lives.**

Brief program description: **Teaching officers and the community how to better support those suffering from their addiction.**

Program target population: **Anyone affected by Prescription drug abuse and their families.**

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

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

Program launch date: **Approximately 2019**

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

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What key performance indicators are you tracking to ensure success of the program? **Edison Police Department statistics. Working with other Mental Health, Health Department and other agencies in order to best serve the community.**

Please state this program's statement of impact: **Keeping officers on best up to date techniques and training on Naloxone. Being able to educate those suffering from addiction and their families.**

How do you plan to measure or track success and impact of this program? **Lives saved by continued education on Naloxone.**

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, Overdose Prevention, Long-Term Resiliency, Prevention and Education, 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? **Annually**

Other (please specify):

24. Rationale for Program

What is the reason for this program spending choice? **The rise of overdose related deaths.**

What outcomes or impact does the program aim to achieve? **Saving lives and educating both officers and the public on dangerous of Opioid related drugs.**

What is the anticipated number of unduplicated clients this program will reach annually? **Anyone effected by Prescription drug abuse and their families. Teaching officers and the community how to better support those suffering from prescription drug abuse**

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

Program 6

19. Program name/title: **Addiction Recovery Counseling Services**

Agency/funding recipient name: **Department of Health and Human Services**

Primary problem being addressed by this program: **Mental health and substance abuse issues; overdoses**

Brief program description: **Provide wellness checks and follow-up on all individuals who received Narcan. Also, follow-up on all incidents that required police intervention for OUD/MH/SUD. Host SMART recovery meetings for prevention and counseling services.**

Program target population: **Residents and individuals of all ages affected by OUD/MH/SUD**

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Date this program was funded (please use M/D/Y): **6/20/2023**

Amount of funding for this program: **Currently finalizing funding amount**

Program launch date: **7/1/2023**

If program has started, how many clients have been seen as of 6/30/2023: **105**

What key performance indicators are you tracking to ensure success of the program? **Follow-up to provide referral services and offer additional services if needed or provide additional Narcan if needed.**

Please state this program's statement of impact: **Meetings are overwhelmingly positive. Affected individuals seek out these programs and are grateful for valuable services provided.**

How do you plan to measure or track success and impact of this program? **Continue to build and enhance resource center to spread awareness and provide updated referrals as needed.**

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, Prevention and Education, 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? **Annually**

Other (please specify):

24. Rationale for Program

What is the reason for this program spending choice? **Reduce stigma associated with OUD/MH/SUD and provide resources to those that are affected by it.**

What outcomes or impact does the program aim to achieve? **Increase awareness of OUD/MH/SUD within our community.**

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

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? **Middlesex County**
2. For which eligible subdivision (county or municipality) are you reporting? **Highland Park Borough**
3. What is your subdivision's State ID? **NJ90**
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): **Teri Jover**

Name of Administering Agency: **Borough of Highland Park**

Business Address: **221 So. 5th Ave**

City/Town: **Highland Park**

Lead Contact Phone Number: **732-819-3789**
5. As an eligible subdivision receiving abatement funds, which of the following applies to your current status regarding those funds? **We are a municipality and did not transfer our funds.**
6. What amount of your opioid abatement funds did you transfer to the county?
7. Please tell us the full amount of opioid abatement funds you received as of 6/30/23. **\$25,490.97**
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.
Highland Park is still working on its plan for use of these funds. As part of that work, we will establish goals and priorities.
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)? **We are still in the process of developing a plan for the use of these funds.**

2023 Opioid Abatement Report

1. In what county are you located? **Middlesex County**
2. For which eligible subdivision (county or municipality) are you reporting? **Metuchen Borough**
3. What is your subdivision's State ID? **NJ132**
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): **Becky Cuthbert**
 - Name of Administering Agency: **Becky Cuthbert**
 - Business Address: **500 Main Street**
 - City/Town: **Metuchen**
 - Lead Contact Phone Number: **732-632-8512**
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. **\$11,945.49**
8. Please tell us the amount of opioid abatement funds you have expended (as of 6/30/23). **\$4,705.16**
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. **Opioid awareness and education**
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)? **Continuing goals and focus from previous Municipal Alliance program**

Program 1

19. Program name/title: **Metuchen CARES**

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

Primary problem being addressed by this program: **Prevention and education concerning substance use disorders**

Brief program description: **Education and awareness**

Program target population: **Children and youth in community**

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

Amount of funding for this program: **\$11,945.49 (spent \$4,705.16 as of 6/30/23)**

Program launch date: **04/01/2023**

If program has started, how many clients have been seen as of 6/30/2023: **1000**

What key performance indicators are you tracking to ensure success of the program? **Surveys, evaluations, school feedback**

Please state this program's statement of impact: **Promote education and awareness with increased focus on prevention and recovery and promote mental wellness**

How do you plan to measure or track success and impact of this program? **Surveys, evaluations, school feedback**

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

21. The following are other categories that may apply (include all categories with the exception of the Primary category you chose above). **None of the above**

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? **Annually**

Other (please specify):

24. Rationale for Program

What is the reason for this program spending choice? **Continued work of prevention and education concerning substance use disorders**

2023 Opioid Abatement Report

What outcomes or impact does the program aim to achieve? **Provide education, community support and resources for substance use disorders, behavioral addictions and mental health**

What is the anticipated number of unduplicated clients this program will reach annually? **3000**

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? **Middlesex County**
2. For which eligible subdivision (county or municipality) are you reporting? **Middlesex Borough**
3. What is your subdivision's State ID? **NJ134**
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): **Caroline Benson - CFO**
 - Name of Administering Agency: **Borough of Middlesex**
 - Business Address: **1200 Mountain Ave**
 - City/Town: **Middlesex**
 - Lead Contact Phone Number: **732-356-7400**
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. **\$10,506.80**
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. **Awaiting Board of Health's plan for use of funds.**
11. (This question is for counties only) Have you established an Advisory Committee to inform allocation of funds? **N/A**
12. Did your subdivision engage the public (e.g., town hall meeting, online survey, convened stakeholders) prior to deciding how to use the opioid abatement funds you received? **No, but plan to in the future.**
13. Please describe your public engagement/input efforts?
14. Does your county/subdivision have a strategic plan? **No, but plan to develop one in the future.**
15. Can we post your strategic plan online?
16. Have you completed a risk assessment profile for demographic or geographic impact? **No, but we plan to in the future.**

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)? **Board of Health is working on this.**

2023 Opioid Abatement Report

1. In what county are you located? **Middlesex County**
2. For which eligible subdivision (county or municipality) are you reporting? **Monroe Township**
3. What is your subdivision's State ID? **NJ142**
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): **Kevin McGowan**

Name of Administering Agency: **Monroe Township**

Business Address: **1 Municipal Plaza**

City/Town: **Monroe Township**

Lead Contact Phone Number: **732-521-4400**
5. As an eligible subdivision receiving abatement funds, which of the following applies to your current status regarding those funds? **We are a municipality and did not transfer our funds.**
6. What amount of your opioid abatement funds did you transfer to the county?
7. Please tell us the full amount of opioid abatement funds you received as of 6/30/23. **\$40,906.73**
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?
N/A
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)? **Plan to use funds toward the L.E.A.D. program; still developing specific plans**

Program 1

19. Program name/title: **L.E.A.D.**

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

Primary problem being addressed by this program: **Drug abuse prevention and education**

Brief program description: **Still developing specific plans**

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

Date this program was funded (please use M/D/Y): **1/1/21**

Amount of funding for this program: **\$58,190.00**

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).
Prevention and Education

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

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

Other (please specify): **Unknown at this time**

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

Other (please specify): **Allocating opioid abatement funds to this program's budget as funds become available**

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? **Middlesex County**
2. For which eligible subdivision (county or municipality) are you reporting? **NEW BRUNSWICK CITY**
3. What is your subdivision's State ID? **NJ153**
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 MULRINE**

Name of Administering Agency: **NEW BRUNSWICK CITY**

Business Address: **78 BAYARD STREET**

City/Town: **NEW BRUNSWICK**

Lead Contact Phone Number: **732-745-5045**
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. **\$770,613.16**
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. **HAVE NOT YET DETERMINED**
11. (This question is for counties only) Have you established an Advisory Committee to inform allocation of funds?
12. Did your subdivision engage the public (e.g., town hall meeting, online survey, convened stakeholders) prior to deciding how to use the opioid abatement funds you received? **No**
13. Please describe your public engagement/input efforts?
14. Does your county/subdivision have a strategic plan? **No**
15. Can we post your strategic plan online?
16. Have you completed a risk assessment profile for demographic or geographic impact? **No**
17. Can we post your risk assessment online?

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)? **NOT YET DETERMINED**

Program 1

19. Program name/title: **OUTREACH AND RECOVERY**

Agency/funding recipient name: **NOT YET DETERMINED**

Primary problem being addressed by this program: **RECOVERY**

Brief program description: **NOT YET STARTED**

Program target population: **NOT YET STARTED**

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

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

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? **NA**

Please state this program's statement of impact: **NA**

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

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, Recovery and Support**

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

Other (please specify): **NOT YET STARTED**

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

Other (please specify): **NOT YET STARTED**

24. Rationale for Program

What is the reason for this program spending choice?

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? **Middlesex County**
2. For which eligible subdivision (county or municipality) are you reporting? **North Brunswick Township**
3. What is your subdivision's State ID? **NJ159**
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): **Cavel Gallimore**
 - Name of Administering Agency: **Township of North Brunswick**
 - Business Address: **710 Hermann Rd**
 - City/Town: **North Brunswick**
 - Lead Contact Phone Number: **732-247-0922**
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. **\$51,179.75**
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)? **None at this time**

2023 Opioid Abatement Report

1. In what county are you located? **Middlesex County**
2. For which eligible subdivision (county or municipality) are you reporting? **Old Bridge Township**
3. What is your subdivision's State ID? **NJ166**
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): **Rosemarie Rivoli**
 - Name of Administering Agency: **Old Bridge Township, Mayor's Health & Wellness Council**
 - Business Address: **1 Old Bridge Plaza**
 - City/Town: **Old Bridge**
 - Lead Contact Phone Number: **732-721-5600 X 4022**
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. **\$50,482.24**
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 at this time**
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?

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)? **N/A at this time**

2023 Opioid Abatement Report

1. In what county are you located? **Middlesex County**
2. For which eligible subdivision (county or municipality) are you reporting? **Perth Amboy City**
3. What is your subdivision's State ID? **NJ178**
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 E. Greene, Esq.**

Name of Administering Agency: **City of Perth Amboy**

Business Address: **260 High Street**

City/Town: **Perth Amboy**

Lead Contact Phone Number: **732-826-0290 Ext. 4007**
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. **\$144,505.72**
8. Please tell us the amount of opioid abatement funds you have expended (as of 6/30/23).
\$43,890.00
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. **Drug Prevention Awareness through Digital Advertisements**
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)? **Create Awareness & Illicit Drug Use Prevention Campaigns**

Program 1

19. Program name/title: **Anti-Drug Prevention**

Agency/funding recipient name: **City of Perth Amboy**

Primary problem being addressed by this program: **Illicit Drug Use**

Brief program description: **Media Campaign**

Program target population: **City Residents and Visitors**

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

Amount of funding for this program: **\$43,890.00**

Program launch date: **1/1/2023**

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

What key performance indicators are you tracking to ensure success of the program? **N/A**

Please state this program's statement of impact: **Drug Use Prevention**

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

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**

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? **Awareness**

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

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? **Middlesex County**
2. For which eligible subdivision (county or municipality) are you reporting? **Piscataway Township**
3. What is your subdivision's State ID? **NJ181**
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): **Timothy Dacey**

Name of Administering Agency: **Piscataway Township**

Business Address: **455 Hoes Lane**

City/Town: **Piscataway NJ**

Lead Contact Phone Number: **732-529-2528**
5. As an eligible subdivision receiving abatement funds, which of the following applies to your current status regarding those funds? **We are a municipality and did not transfer our funds.**
6. What amount of your opioid abatement funds did you transfer to the county?
7. Please tell us the full amount of opioid abatement funds you received as of 6/30/23. **\$44,865.20**
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. **Community education, outreach and prevention activities**
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.**

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)? **Still developing a strategic plan**

2023 Opioid Abatement Report

1. In what county are you located? **Middlesex County**
2. For which eligible subdivision (county or municipality) are you reporting? **Plainsboro Township**
3. What is your subdivision's State ID? **NJ183**
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): **Anthony Cancro**
 - Name of Administering Agency: **PLAINSBORO TOWNSHIP**
 - Business Address: **641 Plainsboro Rd**
 - City/Town: **Plainsboro Township**
 - Lead Contact Phone Number: **609-799-0909**
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. **\$3,451.80**
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?
13. Please describe your public engagement/input efforts?
14. Does your county/subdivision have a strategic plan?
15. Can we post your strategic plan online?
16. Have you completed a risk assessment profile for demographic or geographic impact?
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)?

2023 Opioid Abatement Report

1. In what county are you located? **Middlesex County**
2. For which eligible subdivision (county or municipality) are you reporting? **Sayreville Borough**
3. What is your subdivision's State ID? **NJ207**
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): **Glenn Skarzynski**

Name of Administering Agency: **Borough of Sayreville**

Business Address: **167 Main St.**

City/Town: **Sayreville**

Lead Contact Phone Number: **732-390-7071**
5. As an eligible subdivision receiving abatement funds, which of the following applies to your current status regarding those funds? **We are a municipality and did not transfer our funds.**
6. What amount of your opioid abatement funds did you transfer to the county?
7. Please tell us the full amount of opioid abatement funds you received as of 6/30/23. **\$31,753.77**
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. **In development, awaiting guidance.**
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.**

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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)? **Undecided**

2023 Opioid Abatement Report

1. In what county are you located? **Middlesex County**
2. For which eligible subdivision (county or municipality) are you reporting? **South Brunswick Township**
3. What is your subdivision's State ID? **NJ213**
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): **Bryan Bidlack**
 - Name of Administering Agency: **South Brunswick Township**
 - Business Address: **540 Ridge Road**
 - City/Town: **Monmouth Junction**
 - Lead Contact Phone Number: **732-329-4000**
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. **\$21,325.51**
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.
Funds have not been spent as of 6/30/2023. Funds will be spent through our Municipal Alliance to curb substance abuse.
11. (This question is for counties only) Have you established an Advisory Committee to inform allocation of funds?
12. Did your subdivision engage the public (e.g., town hall meeting, online survey, convened stakeholders) prior to deciding how to use the opioid abatement funds you received? **No**
13. Please describe your public engagement/input efforts?
14. Does your county/subdivision have a strategic plan? **No, 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 used a needs assessment plan.**

Program 1

19. Program name/title: **Substance Abuse Education for Students**

Agency/funding recipient name: **South Brunswick Municipal Alliance**

Primary problem being addressed by this program: **Lack of substance abuse education available to students**

Brief program description: **Bring awareness to the substance abuse problem to students**

Program target population: **South Brunswick Township students**

Date this program was funded (please use M/D/Y): **12/31/2023**

Amount of funding for this program: **\$21,325.51**

Program launch date: **September 2023**

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

What key performance indicators are you tracking to ensure success of the program? **Long-term trend decrease of substance abuse issues**

Please state this program's statement of impact: **Provide education to reduce substance abuse issues**

How do you plan to measure or track success and impact of this program? **Look long-term to see a decrease in incidents of substance abuse**

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

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

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

2023 Opioid Abatement Report

What is the reason for this program spending choice? **To bring awareness to the substance abuse issue in society.**

What outcomes or impact does the program aim to achieve? **To prevent as many substance abuse cases as possible.**

What is the anticipated number of unduplicated clients this program will reach annually? **250**

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? **Middlesex County**
2. For which eligible subdivision (county or municipality) are you reporting? **South Plainfield Borough**
3. What is your subdivision's State ID? **NJ215**
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): **Glenn F. Cullen**
 - Name of Administering Agency: **South Plainfield**
 - Business Address: **2480 Plainfield Avenue**
 - City/Town: **South Plainfield**
 - Lead Contact Phone Number: **908-226-7602**
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. **\$35,936.64**
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?
N/A
10. Please share brief information on your subdivision's overarching goals and priorities to provide context for this program year's spending decisions. **To provide education and prevention of opioids and 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, 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**

Program 1

19. Program name/title: **Opioid Education and Prevention**

Agency/funding recipient name: **South Plainfield**

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

Brief program description: **Education and Prevention**

Program target population: **24000**

Date this program was funded (please use M/D/Y): **N/A - Program hasn't started**

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

Program launch date: **TND**

If program has started, how many clients have been seen as of 6/30/2023: **None**

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). **Prevention and Education**

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

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

Other (please specify): **Hasn't started**

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? **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? **Middlesex County**
2. For which eligible subdivision (county or municipality) are you reporting? **South River Borough**
3. What is your subdivision's State ID? **NJ216**
4. As an eligible subdivision (county or municipality) receiving opioid abatement funds, please tell us the following:
Full name of individual in your subdivision authorized to report on the settlement funds your subdivision received ("administrator " managing/overseeing these funds): **Joseph Zanga**

Name of Administering Agency: **Borough of South River**

Business Address: **48 Washington Street**

City/Town: **South River**

Lead Contact Phone Number: **732-257-1999 ext. 518**
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. **\$17,725.78**
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?
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)?

2023 Opioid Abatement Report

1. In what county are you located? **Middlesex County**
2. For which eligible subdivision (county or municipality) are you reporting? **Woodbridge Township**
3. What is your subdivision's State ID? **NJ259**
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): **Manuel Fernandez, CFO**

Name of Administering Agency: **Woodbridge Township**

Business Address: **One Main Street**

City/Town: **Woodbridge**

Lead Contact Phone Number: **732-602-6008**
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. **\$155,071.37**
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?
15. Can we post your strategic plan online?
16. Have you completed a risk assessment profile for demographic or geographic impact?
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)?