MONMOUTH COUNTY

2023 Opioid Abatement Report

Table of Contents

Monmouth County 1
Aberdeen Township 3
Asbury Park City 5
Eatontown Borough 8
Freehold Borough 10
Freehold Township 12
Hazlet Township 15
Holmdel Township 17
Howell Township 20
Long Branch City 27
Manalapan Township 30
Marlboro Township 33
Middletown Township 36
Millstone Township 39
Neptune Township 41
Ocean Township, Monmouth County 43
Red Bank Borough 51
Tinton Falls Borough 53
Wall Township 55

2023 Opioid Abatement Report

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

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

3. What is your subdivision's State ID? **NJ140**

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): **Kaitlyn Silagyi**

Name of Administering Agency: **Monmouth County Department of Human Services/Division of Behavioral Health**

Business Address: **3000 Kozloski Rd.**

City/Town: **Freehold**

Lead Contact Phone Number: **732-431-6451 X 6454**

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

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

7. Please tell us the full amount of opioid abatement funds you received as of 6/30/23. **$1,476,014.20**

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. **Peer recovery specialist services to respond to overdose related referrals from law enforcement to engage and connect to treatment, county-wide awareness campaign with a focus on dangers of fentanyl, enhancements to current SUD services that will reduce barriers and bolster capacity/ability to serve more residents. This includes strategies to recruit and retain workforce to meet demand, transportation for residents to obtain services, sober living, & ability to serve non-English speakers. Expansion of recovery diversion program at municipal courts, re-entry connections and supports, supporting people in treatment and recovery, connections to care, preventing problematic use, preventing overdose deaths, general awareness, education, and prevention activities.**

11. (This question is for counties only) Have you established an Advisory Committee to inform allocation of funds? **Yes, an advisory council was established by Commissioner resolution and includes representation from the County, treatment agencies, prevention agencies, law enforcement, harm reduction, and individuals with lived experience.**

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? **The Opioid Settlement Advisory Council utilized information collected from a variety of local level needs assessments including the County Comprehensive Plan, Overdose Fatality Review Team annual report, Prevention Coalition needs assessment, Monmouth ACTS community action forums, and other available qualitative and quantitative data. Data from these sources was collected through a combination of stakeholder meetings, focus groups, surveys, and key informant interviews.**

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)? **As previously mentioned, Monmouth County regularly conducts a variety of needs assessments gathering information from sources including quantitative data review, focus groups, surveys, stakeholder meetings, and key informant interviews. Information from existing, recent assessments was reviewed by the Monmouth County Opioid Settlement Advisory Council to inform recommendations and set priorities for opioid abatement funding.**

Program 1

19. Program name/title: **No programs funded in the previous fiscal year. RFP currently out and programs using opioid abatement funds are expected to begin in October.**

2023 Opioid Abatement Report

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

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

3. What is your subdivision's State ID? **NJ1**

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): **Angela Morin**

Name of Administering Agency: **Angela Morin**

Business Address: **1 Aberdeen Sq.**

City/Town: **Matawan**

Lead Contact Phone Number: **732-583-4200 Ext 128**

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. **$31,847.65**

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?

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? **Monmouth County**

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

3. What is your subdivision's State ID? **NJ2**

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): **Doug Schultz**

Name of Administering Agency: **Doug Schultz**

Business Address: **1 Municipal Plaza**

City/Town: **Asbury Park**

Lead Contact Phone Number: **732-502-5731**

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. **$164,671.57**

8. Please tell us the amount of opioid abatement funds you have expended (as of 6/30/23). **$1,927.54**

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. **Improve internal capabilities, increase staff efforts, reduce recidivism, increase interactions, interventions and outreach in the community; improve interagency coordination and responses**

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

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

13. Please describe your public engagement/input efforts? **City Manager, CFO and City Council**

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 are using our experiences as a Social Service agency and affiliation with APPD, APFD and emergency services**

Program 1

19. Program name/title: **Improve ability to access rehabs by increasing ability to create Client ID's**

Agency/funding recipient name: **City of Asbury Park**

Primary problem being addressed by this program: **Clients cannot access treatment without an ID**

Brief program description: **Upgrade program for more users**

Program target population: **at risk and active Opiate individuals**

Date this program was funded (please use M/D/Y): **6/14/23**

Amount of funding for this program: **$1,927.54**

Program launch date: **FY 2023**

If program has started, how many clients have been seen as of 6/30/2023: **Estimate 12**

What key performance indicators are you tracking to ensure success of the program? **Tracking the # of ID's made in total**

Please state this program's statement of impact: **Allows for clients to get to treatment, thus far a few have started the process**

How do you plan to measure or track success and impact of this program? **Keep statistics on individual clients**

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, Diversion from Incarceration, Recovery and Support, Treatment**

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

Other (please specify): **Should be ongoing for the duration of our work here**

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? **Without it, clients cannot access treatment and other resources**

What outcomes or impact does the program aim to achieve? **Improve access to treatment**

What is the anticipated number of unduplicated clients this program will reach annually? **45**

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? **Monmouth County**

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

3. What is your subdivision's State ID? **NJ50**

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): **DENA AMODEA**

Name of Administering Agency: **Eatontown Borough**

Business Address: **47 BROAD STREET**

City/Town: **EATONTOWN NJ**

Lead Contact Phone Number: **732-720-2576**

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. **$34,301.91**

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.

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

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

13. Please describe your public engagement/input efforts?

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

15. Can we post your strategic plan online?

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

17. Can we post your risk assessment online?

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

2023 Opioid Abatement Report

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

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

3. What is your subdivision's State ID? **NJ68**

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): **Stephen J. Gallo**

Name of Administering Agency: **Freehold Borough**

Business Address: **30 Mechanic Street**

City/Town: **Freehold**

Lead Contact Phone Number: **732-462-4200**

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. **$34,338.95**

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

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

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

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

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

2023 Opioid Abatement Report

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

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

3. What is your subdivision's State ID? **NJ69**

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): **Margy Jahn**

Name of Administering Agency: **Freehold Area Health Department**

Business Address: **1 Municipal Plaza**

City/Town: **Freehold**

Lead Contact Phone Number: **732-294-2061**

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. **$53,234.37**

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. **To connect and provide uninsured and underinsured individuals to treatment services.**

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

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

13. Please describe your public engagement/input efforts? **Discussion of funds at Freehold Municipal Alliance meetings and with Township Committee members**

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)? **Community input and feedback**

Program 1

19. Program name/title: **Access to Free Treatment**

Agency/funding recipient name: **High Focus Treatment Facility**

Primary problem being addressed by this program: **Treatment of substance use, mental health**

Brief program description: **Providing treatment to uninsured and underinsured community members**

Program target population: **Uninsured and underinsured**

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

Amount of funding for this program: **100%**

Program launch date: **ASAP/ TBD**

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

What key performance indicators are you tracking to ensure success of the program? **Number of clients receiving free or reduced-price treatment**

Please state this program's statement of impact: **To provide free treatment to uninsured and underinsured community members**

How do you plan to measure or track success and impact of this program? **Data from High Focus Treatment Facility on the number of clients helped**

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

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

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

Other (please specify): **1 year to start, ongoing if successful**

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

Other (please specify): **Monthly invoice**

24. Rationale for Program

What is the reason for this program spending choice? **Feedback from community members on lack of affordable treatment options**

What outcomes or impact does the program aim to achieve? **Assist community members in recovery especially for uninsured and under-insured individuals**

What is the anticipated number of unduplicated clients this program will reach annually? **20**

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? **Monmouth County**

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

3. What is your subdivision's State ID? **NJ89**

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 Mannino**

Name of Administering Agency: **Twp of Hazlet**

Business Address: **1766 Union Ave**

City/Town: **Hazlet**

Lead Contact Phone Number: **732-264-8690**

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. **$7,889.81**

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

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

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

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

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

13. Please describe your public engagement/input efforts?

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

15. Can we post your strategic plan online?

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

17. Can we post your risk assessment online?

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

2023 Opioid Abatement Report

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

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

3. What is your subdivision's State ID? **NJ95**

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): **Sean Brady**

Name of Administering Agency: **Holmdel Township Municipal Alliance**

Business Address: **4 Crawfords Corner Road**

City/Town: **Holmdel**

Lead Contact Phone Number: **732-946-2820 ext. 1225**

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. **$44,522.78**

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? **No, but plan to develop one in the future.**

15. Can we post your strategic plan online?

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

17. Can we post your risk assessment online?

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

Program 1

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

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

Primary problem being addressed by this program: **Drug/Opioid Use Prevention**

Brief program description: **National Night out is an annual event taken place in August. The town interacts with the police department through demonstrations, expos, and games.**

Program target population: **All ages**

Date this program was funded (please use M/D/Y): **08/01/2019**

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

Program launch date: **08/01/2019**

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

What key performance indicators are you tracking to ensure success of the program? **How many giveaways were given out**

Please state this program's statement of impact: **To make the public aware of the harmful effects of drugs/opioids.**

How do you plan to measure or track success and impact of this program? **How many giveaways were given out**

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

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

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

Other (please specify):

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

Other (please specify):

24. Rationale for Program

What is the reason for this program spending choice? **It's a yearly event that our town puts on. It's a great opportunity for the Alliance to use these funds for drug prevention since a big population of the town is here.**

What outcomes or impact does the program aim to achieve? **To reduce the use of drugs within the community.**

What is the anticipated number of unduplicated clients this program will reach annually? **50-100**

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? **Monmouth County**

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

3. What is your subdivision's State ID? **NJ98**

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): **Christa Riddle, Alliance Coordinator**

Name of Administering Agency: **Howell Alliance**

Business Address: **4567 Route 9 North, 2nd Fl.**

City/Town: **Howell**

Lead Contact Phone Number: **732-938-4500 x4012**

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. **$86,933.83**

8. Please tell us the amount of opioid abatement funds you have expended (as of 6/30/23).
$69,772.30

9. Of the total opioid abatement funds, what amount was spent on program administrative expenses?
$0; all of our money has been spent directly on program implementation

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

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

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

13. Please describe your public engagement/input efforts?
Announcing opioid settlement agreement funds plans for spending and spending completed while asking for program suggestions. We also planned through our Alliance committee at our meetings that are open to the public.

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

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?

18. Please tell us your overall rationale for prioritizing the use of the opioid abatement funds that you received (e.g., are you using a needs assessment, a strategic or other plan, or an epidemiological analysis)?
Based on police data for calls for overdoses/Narcan deployments, juvenile arrests, suicide attempts/threats/completions, mental health crises, and domestic violence, plus school (pre-K to 8 and high school) SAC and administrations' communicated needs and student behavioral health trends

Program 1

19. Program name/title: **Unwanted Medication Disposal**

Agency/funding recipient name: **DisposeRx**

Primary problem being addressed by this program: **Prescription medication diversion**

Brief program description: **Immediate, at-home disposal of opioids and other unused, unwanted prescription and OTC medications using DisposeRx packets**

Program target population: **Youth, adults, seniors**

Date this program was funded (please use M/D/Y): **01/20/2023**

Amount of funding for this program: **$1,338.99**

Program launch date: **02/01/2023**

If program has started, how many clients have been seen as of 6/30/2023: **Distributed approximately 1/3 of 1,200 total packets at town hall, senior center, and public events, so 400**

What key performance indicators are you tracking to ensure success of the program? **How many packets we give away, users' ease of use for immediate disposal at-home, and how many packets we need to reorder**

Please state this program's statement of impact: **To eliminate medication diversion that can lead to misuse, overdoses (intentional and unintentional), substance use disorder, and accidental poisonings**

How do you plan to measure or track success and impact of this program? **Community response to using packets they take and how many packets we give out**

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). **Prevention and Education, Risk mitigation**

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

Other (please specify): **On-going indefinitely**

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

Other (please specify): **As we need to replenish our supply**

24. Rationale for Program

What is the reason for this program spending choice? **Address the risk of medications being diverted from the home medicine cabinet and misused**

What outcomes or impact does the program aim to achieve? **Lower the risk of prescription opioid diversion and misuse, which can lead to substance use disorder and overdoses**

What is the anticipated number of unduplicated clients this program will reach annually? **Dispensing packets across adult and senior community populations, so potential reach of 40,000+/- adults**

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

Program 2

19. Program name/title: **Pre-K to 8, High School & Town Buildings Substance Use Prevention and Potential Overdose Mitigation**

Agency/funding recipient name: **V.E. Ralph and Son, Inc.; CopQuest; Soter Technologies; R.K. Electric**

Primary problem being addressed by this program: **Underage e-cigarette use (nicotine and marijuana) and overdose mitigation on schools and in township-run buildings**

Brief program description: **Placed Narcan kits & trained key staff on Narcan use in all pre-k to 8 and high school buildings (in nurses' offices and with SLEO III/SRO police officers), as well as in town hall, DPW garage, and senior center; installed middle school and high school bathroom vape/noise detectors**

Program target population: **Pre-k to high school students, school staff, and parents/adults visiting the schools**

Date this program was funded (please use M/D/Y): **1/24/2023 to 6/20/2023 (finishing middle school #2 vape detectors installation in July & August 2023)**

Amount of funding for this program: **$25,493.31**

Program launch date: **02/01/2023**

If program has started, how many clients have been seen as of 6/30/2023: **N/A (all Narcan kits have been placed and none have been deployed yet; vape detectors will be activated for start of school year in Sept. 2023)**

What key performance indicators are you tracking to ensure success of the program? **Narcan deployments, overdoses reported and responded to, vape/noise detector alarms that go off**

Please state this program's statement of impact: **Early intervention of youth substance use, underage nicotine use, and overdose prevention/early intervention with access to detox, treatment, and recovery support services**

How do you plan to measure or track success and impact of this program? **Number of Narcan deployments, number of vape/noise detector activations and number of people receiving immediate and on-going support resources after these events**

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). **Prevention and Education, 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? **Overdose trends due to fake pills and vapes laced with fentanyl that have increased in availability to adults and youth through social media**

What outcomes or impact does the program aim to achieve? **Early intervention for overdoses and substance use**

What is the anticipated number of unduplicated clients this program will reach annually? **8,000+/- pre-k to high school students/staff, plus general Howell community population of 47,500 (minus students accounted for already), plus business owners in community and anyone coming into Howell and visiting the above-noted schools/town buildings**

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

Program 3

19. Program name/title: **Substance Use/Mental Health Support Services for People Engaging in Criminal Activity**

Agency/funding recipient name: **LeadsOnline**

Primary problem being addressed by this program: **Criminal activity (especially low level, non-violent) motivated by mental health and substance use disorders**

Brief program description: **Use LeadsOnline police data (crimes/crime patterns, stolen property, investigations, etc.) to offer mental health and substance use support resources due to link between criminal activity and substance use/mental health disorders**

Program target population: **Depends on number of calls, investigations, and arrests (2013-2021 saw +/-10,000 arrests made)**

Date this program was funded (please use M/D/Y): **05/22/2023**

Amount of funding for this program: **$39,032.00 (for 5-year plan; most cost-effective purchasing option)**

Program launch date: **05/31/2023**

If program has started, how many clients have been seen as of 6/30/2023: **Data to be provided annually, so no figures yet**

What key performance indicators are you tracking to ensure success of the program? **Number of criminal activity-related investigations and arrests related to substance use/mental health disorders and number given mental health/substance use support resources and how many entered/completed programs**

Please state this program's statement of impact: **Eliminate recidivism and substance use; increase number of individuals involved in crime that receive support services; lower township criminal activity to improve quality of life and safety for residents and business owners**

How do you plan to measure or track success and impact of this program? **Annual data on number of criminal activity-related investigations and arrests related to substance use/mental health disorders and number given mental health/substance use support resources and how many entered/completed programs**

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

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? **Impact of substance use/mental health disorders on recidivism and criminal activity**

What outcomes or impact does the program aim to achieve? **Lower rates of recidivism and criminal activity related to mental health/substance use disorders**

What is the anticipated number of unduplicated clients this program will reach annually? **Depends on number of calls, investigations, and arrests (2013-2021 saw +/-10,000 arrests made)**

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

Program 4

19. Program name/title: **Tackling Opioids Through Prevention**

Agency/funding recipient name: **Therapeutic Impact, LLC and Little Hat Marketing & Design**

Primary problem being addressed by this program: **Youth opioid misuse, including fentanyl-laced pills, illicit drugs, and misused prescription pain and other medications (prescribed to youth for wisdom teeth or injuries OR diverted from others)**

Brief program description: **Deliver 30-minute presentation with Q&A (PowerPoint) to youth sports league coaches and high school sports team captains at start of each season annually so they can turnkey information to parents/caregivers and high school teammates through leave-behind & digital flyer distribution**

Program target population: **Youth athletes, age 5 through 18 years**

Date this program was funded (please use M/D/Y): **04/06/2023**

Amount of funding for this program: **$3,908.00**

Program launch date: **06/15/2023**

If program has started, how many clients have been seen as of 6/30/2023: **+/- 1,000 (team coaches plus youth families participating)**

What key performance indicators are you tracking to ensure success of the program? **Number of leagues participating, number of families who received prevention information**

Please state this program's statement of impact: **To divert youth opioid misuse, including fentanyl-laced pills, illicit drugs, and misused prescription pain and other medications through coach/parent education and awareness**

How do you plan to measure or track success and impact of this program? **Number of leagues participating, number of families who received prevention information, and impact on pre-k to 8 and high school SAC data for youth substance misuse involving prescription and illicitly-obtained pills**

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). **Prevention and Education**

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

Other (please specify):

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

Other (please specify):

24. Rationale for Program

What is the reason for this program spending choice? **Increase in youth using illicit and prescribed pain and other medications, increase in social media and other availability of these substances to youth at younger and younger ages, and increase in fentanyl-laced pills**

What outcomes or impact does the program aim to achieve? **Eliminate youth substance/opioid use**

What is the anticipated number of unduplicated clients this program will reach annually? **+/-7,500 township youth and their parents/caregivers**

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? **Monmouth County**

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

3. What is your subdivision's State ID? **NJ117**

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): **Charles Shirley Jr.**

Name of Administering Agency: **City of Long Branch**

Business Address: **344 Broadway, City of Long Branch**

City/Town: **Long Branch**

Lead Contact Phone Number: **732-222-1000**

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. **$260,448.91**

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. **We are currently in the planning phase for this project.**

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

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

13. Please describe your public engagement/input efforts?

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

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 are having those discussions now.**

Program 1

19. Program name/title: **Health & Wellness Center**

Agency/funding recipient name: **Long Branch City**

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

Brief program description: **In planning phase**

Program target population: **In planning phase**

Date this program was funded (please use M/D/Y): **8/28/2023**

Amount of funding for this program: **In planning phase**

Program launch date: **8/28/2023**

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? **In planning phase**

Please state this program's statement of impact: **In planning phase**

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

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

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

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

Other (please specify):

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

Other (please specify): **None yet**

24. Rationale for Program

What is the reason for this program spending choice?

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

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

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? **Monmouth County**

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

3. What is your subdivision's State ID? **NJ123**

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): **Tara Lovrich**

Name of Administering Agency: **Manalapan Township**

Business Address: **120 Route 522**

City/Town: **Manalapan**

Lead Contact Phone Number: **732-446-8305**

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. **$55,435.50**

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

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

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

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

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

13. Please describe your public engagement/input efforts?

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

15. Can we post your strategic plan online?

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

17. Can we post your risk assessment online?

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

Program 1

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

Agency/funding recipient name: **Manalapan Township Community Alliance**

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

Brief program description: **Volunteer Organization that provides education to community**

Program target population: **40,000 Residents of Manalapan Township**

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

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

Program launch date: **TBD**

If program has started, how many clients have been seen as of 6/30/2023: **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: **We hope to impact all the residents of Manalapan Township**

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

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: **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? **Already established Community Group for Drug Prevention**

What outcomes or impact does the program aim to achieve? **Better Education and Prevention**

What is the anticipated number of unduplicated clients this program will reach annually? **Should reach all residents $40k**

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? **Monmouth County**

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

3. What is your subdivision's State ID? **NJ129**

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): **Jonathan Capp**

Name of Administering Agency: **Marlboro Township**

Business Address: **1979 Township Drive**

City/Town: **Marlboro**

Lead Contact Phone Number: **732-536-0200**

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. **$82,236.82**

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. **Education for the police department**

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?

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

Program 1

19. Program name/title: **Education of police officers**

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

Primary problem being addressed by this program: **Education about opioid issues**

Brief program description: **Education about opioid issues**

Program target population: **Public safety officers**

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

Amount of funding for this program: **$82,236.82**

Program launch date: **TBD**

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).

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? **Other (please specify)**

Other (please specify): **Not disbursed yet**

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? **Monmouth County**

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

3. What is your subdivision's State ID? **NJ136**

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 DeBenedetto**

Name of Administering Agency: **Middletown Township**

Business Address: **1 Kings Hwy**

City/Town: **Middletown**

Lead Contact Phone Number: **732-615-2000 x 2165**

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. **$115,875.11**

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. **To provide support to individuals and families regarding opioid use and consequences of opioid 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, but plan to in the future.**

13. Please describe your public engagement/input efforts?

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

15. Can we post your strategic plan online?

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

17. Can we post your risk assessment online?

18. Please tell us your overall rationale for prioritizing the use of the opioid abatement funds that you received (e.g., are you using a needs assessment, a strategic or other plan, or an epidemiological analysis)? **We will be looking at the public / community input when we conduct surveys.**

Program 1

19. Program name/title: **Crisis Intervention Team (CIT)**

Agency/funding recipient name: **TBD**

Primary problem being addressed by this program: **Provide crisis counseling and intervention at time of response to an overdose or when practically possible.**

Brief program description: **At the request of our Police Dept and EMS, provide an on-call counselor 24/7 to respond to the scene or when practically possible.**

Program target population: **Any community member that an opioid overdose or other crisis is responded to by Police and EMS.**

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

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

Program launch date: **Not launched yet**

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? **Number of patients following up on seeking treatment or detox.**

Please state this program's statement of impact: **To provide support to patients and their families involved in a drug crisis directing them to receive detox or treatment.**

How do you plan to measure or track success and impact of this program? **Follow for 90 days and document outcome.**

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). **Overdose Prevention, Prevention and Education**

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

Other (please specify):

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

Other (please specify): **TBD**

24. Rationale for Program

What is the reason for this program spending choice? **Abundance of responses to overdoses in the municipality.**

What outcomes or impact does the program aim to achieve? **Provide intervention at the time of the incident or as soon as possible to encourage participation in treatment or detox.**

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

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

2023 Opioid Abatement Report

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

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

3. What is your subdivision's State ID? **NJ138**

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): **Melissa Peerboom**

Name of Administering Agency: **Melissa Peerboom**

Business Address: **470 Stage Coach Road**

City/Town: **Millstone Township**

Lead Contact Phone Number: **1-732-446-3712**

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

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

7. Please tell us the full amount of opioid abatement funds you received as of 6/30/23. **$2,779.28**

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? **$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. **Spending determinations have not been decided.**

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

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

13. Please describe your public engagement/input efforts?

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

15. Can we post your strategic plan online?

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

17. Can we post your risk assessment online?

18. Please tell us your overall rationale for prioritizing the use of the opioid abatement funds that you received (e.g., are you using a needs assessment, a strategic or other plan, or an epidemiological analysis)? **No determinations have been decided as to how to prioritize the abatement funds**

2023 Opioid Abatement Report

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

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

3. What is your subdivision's State ID? **NJ152**

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): **Gina LaPlaca**

Name of Administering Agency: **Township of Neptune**

Business Address: **25 Neptune Blvd**

City/Town: **Neptune**

Lead Contact Phone Number: **732-988-5200 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. **$103,030.42**

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

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

10. Please share brief information on your subdivision's overarching goals and priorities to provide context for this program year's spending decisions. **To provide Opioid awareness for the community that will include training and supplies to implement a program.**

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

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

13. Please describe your public engagement/input efforts?

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

15. Can we post your strategic plan online?

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

17. Can we post your risk assessment online?

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

2023 Opioid Abatement Report

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

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

3. What is your subdivision's State ID? **NJ165**

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): **Sharon Moleski**

Name of Administering Agency: **Township of Ocean Department of Human Services**

Business Address: **601 Deal Road**

City/Town: **Ocean Township**

Lead Contact Phone Number: **732-531-2600**

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. **$58,330.54**

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. **Ocean Township in Monmouth County, NJ is pleased to be a recipient of the Opioid Abatement Funds. Following numerous meetings with the Monmouth County Opioid Settlement Advisory Council as well as residents with a personal or professional interest in opioid abatement, our priorities will focus primarily on Prevention and Education as well as Workforce Development.**

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**

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)? **Our overall rationale for prioritizing the use of opioid abatement funds for primarily Prevention and Education is based on information provided in Evidence-Based Interventions for Preventing Substance Use Disorders in Adolescents, Child and Adolescent Psychiatric Clinics of North America, Volume 19, Issue 3, Kenneth Griffin PhD, MPH & Gilbert J. Botvin, PhD. As such, Prevention and Education efforts will focus on Risk and Protective Factors; social influence factors, developmental factors and the Multiple Levels of Influence. These include; individual factors, family factors as well as school and community factors.**
In regard to our prioritizing the use of these funds for Workforce Development, the current opioid epidemic highlights the need for and the shortage of mental health professionals trained in evidence-based treatment methods for persons with OUD and any co-occurring SUD/MH conditions as well as individuals presenting with issues such as PTSD or ACES who are at higher risk for developing a SUD. As such, our workforce development program will include trainings in evidence-based treatment methods such as Motivational Interviewing, Cognitive Behavioral Therapy, and trauma-informed treatment such as EMDR.

Program 1

19. Program name/title: **Matt Bellace, Ph.D, Motivational Speaker and Comedian**

Agency/funding recipient name: **Township of Ocean Department of Human Services**

Primary problem being addressed by this program: **Adolescent Risk Factors: i.e., stress, bullying, poor communication within family, misconceptions of use and impact of substances**

Brief program description: **This dynamic presentation focuses on three qualities that allow teens to be more resilient: Leaning on Positive People for Support, Coping with Emotions in a Healthy Way and Having the Confidence to Rise Above. Research suggests that teens with positive social support are less likely to bully or be bullied. In addition, resilient teens have been shown to cope better with emotions and are more confident when bouncing back from adversity.**
This program handles a sensitive topic with the perfect combination of stand-up comedy, interactive demonstrations and inspirational stories. We must all accept that life is full of stressful life events (e.g., bullying, failure, social rejection), but we all have a choice in determining our response to the stressors.
Parent Presentation: Recent research suggests that well-adjusted teenagers have stronger non-cognitive skills, such as self-control, grit and resilience. This program will focus on how parents can help foster those skills in a supportive environment without arguing.
Specifically, it will present techniques such as mindfulness meditation, effective communication and using natural highs as healthy coping mechanisms against stress, alcohol and other drug use and bullying behavior. The goal is to help improve the quality of life for both parents and their teens. The current research on adolescent brain development will be presented and time will be given for questions and answers. As a clinical psychologist and stand-up comedian, Dr. Bellace uses humor to convey his very powerful message – we need to support young people in both words and actions if we want them to make healthy choices for themselves.

Program target population: **High School Students, Intermediate School Students, and Parents**

Date this program was funded (please use M/D/Y): **11/1/23**

Amount of funding for this program: **$5,000.00**

Program launch date: **10/24/2023**

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? **Student and parent response**

Please state this program's statement of impact: **Increase stress management skills (e.g., meditation, reframing emotional pain) and the importance/benefit of seeking out an empathetic support network to students. Recent research suggests that well-adjusted teenagers have stronger non-cognitive skills, such as self-control, grit and resilience. This program will focus on how parents can help foster those skills in a supportive environment without arguing.**

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

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: **Other (please specify)**

Other (please specify): **October 24 and November 1, 2023**

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? **Prevention of OUD and co-occurring SUD/MH conditions**

What outcomes or impact does the program aim to achieve? **Increase of resiliency skills and healthy alternative to substance use**

What is the anticipated number of unduplicated clients this program will reach annually? **300 students and parents**

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

Program 2

19. Program name/title: **Trauma, Addiction and Men: Create Connection, Increase Vulnerability and Improve Treatment Outcomes with the Male Client**

Agency/funding recipient name: **Township of Ocean Department of Human Services**

Primary problem being addressed by this program: **Trauma and Addiction in the male client**

Brief program description: **Don't be weak, don't ask for help, don't cry, don't show emotion. These damaging expectations of masculinity are ruining your sessions, causing many male clients to bottle up the shame of past traumas, struggle to be vulnerable and open in therapy, and labor to leave emotion numbing drugs behind. It can make therapeutic progress seem impossible and leave you frustrated, questioning your competence, and feeling powerless when nothing you try seems to work.**
Treat male clients with trauma and addiction issues more effectively than ever before. No matter your own gender, this essential recording will give you exactly what you need to:

- **Keep male clients from leaving treatment;**
- **Experience more productive sessions with men who struggle with "talk" therapy;**
- **Create greater openness in sessions with tips to overcome male shame and stigma;**
- **Add value to the clinical techniques you already use for trauma and addiction work;**
- **Experience new levels of therapeutic success with the guidance and tailored approaches you need to meet the needs of men in therapy.**

Program target population: **Mental Health professions working with Male clients with OUD or SUD/mental health**

Date this program was funded (please use M/D/Y): **10/18/23**

Amount of funding for this program: **$7,500.00**

Program launch date: **10/18/23**

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? **Participants take a test at end**

Please state this program's statement of impact: **Enhance providers skills to work with male clients presenting with OUD, SUD/MH issues.**

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

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

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

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

Other (please specify):

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

Other (please specify):

24. Rationale for Program

What is the reason for this program spending choice? **Training of mental health professionals in evidence-based methods**

What outcomes or impact does the program aim to achieve? **Enhance providers skills to work with male clients presenting with OUD, SUD/MH issues.**

What is the anticipated number of unduplicated clients this program will reach annually? **75 provides and all of their clients.**

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

Program 3

19. Program name/title: **2 Day Seminar: EMDR: A Rapid, Safe and proven Treatment for Trauma**

Agency/funding recipient name: **Township of Ocean Department of Human Services**

Primary problem being addressed by this program: **Lack of professional training in trauma for mental health and substance abuse providers**

Brief program description: **Clients dealing with trauma aren't always receptive to the therapeutic process. And using treatment techniques that repeatedly confront clients with the horrific details of the traumas that haunt them can cause them to be avoidant, reactionary, or completely withdrawn. It's painful for clients and clinician alike, and it doesn't feel like healing. Watch this 2-Day EMDR session and discover how this powerful, evidence-based treatment has helped thousands of clients safely and rapidly process their traumas without the need to focus on explicit details. You'll learn:**

- **How EMDR can be used to overcome avoidance in clients;**
- **How EMDR techniques can help clients resolve traumatic memories;**
- **When and with which clients EMDR should be used;**
- **How to emphasize safety during sessions;**
- **How the 8-phase model is used in treatment.**

Demonstrations and brief practice opportunities will give attendees an opportunity to see how EMDR is used and give them a chance to experience it themselves.

Program target population: **Therapist working with clients who present with OUD, SUD/MH or risk factors towards addictions such as PTDS or ACES**

Date this program was funded (please use M/D/Y): **September 28 and September 29, 2023**

Amount of funding for this program: **$16,750.00**

Program launch date: **September 28 and September 29, 2023**

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

2023 Opioid Abatement Report

What key performance indicators are you tracking to ensure success of the program? **The objectives of the seminar are:**

- **Describe the role of the autonomic nervous system in trauma symptomology;**
- **Articulate the clinical implications of the freeze response in trauma treatment.**
- **Characterize the potential neurobiological mechanisms of change in the EMDR approach.**
- **Demonstrate EMDR techniques can build dual awareness in clients to treat the avoidance that makes trauma treatment challenging.**
- **Demonstrate the 8 Phases of the EMDR protocol.**
- **Assess clients to determine the appropriateness and potential risks of using EMDR.**
- **Analyze resourcing strategies from EMDR to facilitate the processing of trauma.**
- **Utilize EMDR techniques to reinforce and activate positive neural networks.**
- **Modify EMDR to work with complex/developmental trauma to directly treat traumatic memories.**
- **Evaluate strategies to foster the critical connection between client and therapist in EMDR therapy.**
- **Articulate the research limitations and potential risks associated with EMDR.**
- **Establish the order of operations for attachment-based EMDR treatment to resolve relational trauma.**

Please state this program's statement of impact: **Increased awareness of and availability of evidence-based treatment for OUD, SUD/MH**

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

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

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

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

Other (please specify):

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

Other (please specify):

24. Rationale for Program

What is the reason for this program spending choice? **By training the professionals in evidence-based modalities increase the prevention and treatment of OUD and co-occurring SUD/MH**

What outcomes or impact does the program aim to achieve? **More therapists trained in trauma informed approaches and better outcomes for clients**

What is the anticipated number of unduplicated clients this program will reach annually? **90 participants and all of their clients**

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

Program 4

19. Program name/title: **Ocean High on Life...Not Drugs Campaign @ National Night Out**

Agency/funding recipient name: **Township of Ocean Department of Human Services**

Primary problem being addressed by this program: **Difficulty parents have speaking with their children about substance abuse and healthy alternatives**

Brief program description: **Increase developmentally appropriate conversations between parents and their young children about healthy alternative to substance use through clear messaging, information and fun activities. A photo booth messaging: "High on Life...Not Drugs" for free family use and a goodie bag with healthy alternatives (frisbees, with slogan) and friendly education for families to help them be drug free.**

Program target population: **School age children and their parents**

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

Amount of funding for this program: **$2,489.91**

Program launch date: **August 1, 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? **Number of visits to booth and material distributed**

Please state this program's statement of impact: **Increase youth and families' knowledge of healthy alternatives to substance abuse**

How do you plan to measure or track success and impact of this program? **Increase awareness of the need for parents to talk with their children about healthy alternatives to substance use**

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: **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? **Estimated 750 -1000 individuals attend this family event as such it was deemed a good audience for this campaign to educate families**

What outcomes or impact does the program aim to achieve? **Increase youth and families' knowledge of healthy alternatives to substance abuse**

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

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? **Monmouth County**

2. For which eligible subdivision (county or municipality) are you reporting? **Red Bank Borough**

3. What is your subdivision's State ID? **NJ193**

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

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

Name of Administering Agency: **Thomas X Seaman**

Business Address: **90 Monmouth Street**

City/Town: **Red Bank**

Lead Contact Phone Number: **732-858-8147**

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. **$59,733.81**

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 Borough awarded a contract for Professional Social Worker Services**

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

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

13. Please describe your public engagement/input efforts? **Discussion and resolution at public meeting.**

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)? **The Borough thought that the Social Worker Services would be the best use of the funds**

2023 Opioid Abatement Report

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

2. For which eligible subdivision (county or municipality) are you reporting? **Tinton Falls Borough**

3. What is your subdivision's State ID? **NJ225**

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

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

Name of Administering Agency: **Tinton Falls Borough**

Business Address: **556 Tinton Avenue**

City/Town: **Tinton Falls, NJ**

Lead Contact Phone Number: **732-542-3400 ext. 224**

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. **$37,070.51**

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. **To Enhance the Borough's Educational Prevention and Outreach Efforts to those most vulnerable in our Community.**

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

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

13. Please describe your public engagement/input efforts?

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

15. Can we post your strategic plan online?

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

17. Can we post your risk assessment online?

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

2023 Opioid Abatement Report

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

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

3. What is your subdivision's State ID? **NJ238**

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

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

Name of Administering Agency: **Wall Township**

Business Address: **2700 Allaire Rd.**

City/Town: **Wall**

Lead Contact Phone Number: **732-449-8444**

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. **$69,413.55**

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. **Formal goals and priorities have not yet been finalized**

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

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

13. Please describe your public engagement/input efforts?

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

15. Can we post your strategic plan online?

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

17. Can we post your risk assessment online?

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