

# **MORRIS COUNTY**

**2023 OPIOID  
ABATEMENT REPORT**

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## *2023 Opioid Abatement Report*

1. In what county are you located? **Morris County**
2. For which eligible subdivision (county or municipality) are you reporting? **Morris County**
3. What is your subdivision's State ID? **NJ147**
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): **Addictions Coordinator, Rosalyn Suarez**
  - Name of Administering Agency: **Morris County Department of Human Services, Division of Community and Behavioral Health**
  - Business Address: **1 Medical Drive**
  - City/Town: **Morris Plains**
  - Lead Contact Phone Number: **(973) 285-6867**
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. **\$991,295.21**
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 County of Morris will post opioid settlement funding information on the County website which will include, but not be limited to, applications, awards, and State funding requirements. The County is going to focus on recommendation on treatment, prevention and other strategies to combat the opioid epidemic.**
11. (This question is for counties only) Have you established an Advisory Committee to inform allocation of funds? **We are in the process of doing this and will have our first meeting in September 2023.**
12. Did your subdivision engage the public (e.g., town hall meeting, online survey, convened stakeholders) prior to deciding how to use the opioid abatement funds you received? **No, but plan to in the future.**
13. Please describe your public engagement/input efforts?
14. Does your county/subdivision have a strategic plan? **No, but plan to develop one in the future.**
15. Can we post your strategic plan online?

## *2023 Opioid Abatement Report*

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

17. Can we post your risk assessment online?

18. Please tell us your overall rationale for prioritizing the use of the opioid abatement funds that you received (e.g., are you using a needs assessment, a strategic or other plan, or an epidemiological analysis)? **The County will gather public input to develop priorities for the opioid settlement funds using current documents as well as newly gathered feedback which include the following: yearly priorities used in determining County and State funding recommendations, public hearings and surveys to gather input from the community.**

## 2023 Opioid Abatement Report

1. In what county are you located? **Morris County**
2. For which eligible subdivision (county or municipality) are you reporting? **Chatham Township**
3. What is your subdivision's State ID? **NJ29**
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): **Debra A. King**
  - Name of Administering Agency: **Chatham Township**
  - Business Address: **58 Meyersville Road**
  - City/Town: **Chatham Township**
  - Lead Contact Phone Number: **973-635-3208**
5. As an eligible subdivision receiving abatement funds, which of the following applies to your current status regarding those funds? **We are a municipality and did not transfer our funds.**
6. What amount of your opioid abatement funds did you transfer to the county?
7. Please tell us the full amount of opioid abatement funds you received as of 6/30/23. **\$20,962.26**
8. Please tell us the amount of opioid abatement funds you have expended (as of 6/30/23). **\$846.91**
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? **Yes**
13. Please describe your public engagement/input efforts? **Township Committee Meetings**
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)? **For the initial expenditure, our immediate priority was public education and awareness. We wanted to empower and create a partnership with the public and first responder efforts.**

### Program 1

19. Program name/title: **Public Education and Collaboration Campaign**

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

Primary problem being addressed by this program: **Lack of information and tools to respond to overdose.**

Brief program description: **Postcard mailing and Public Service Announcement production, promotion and NARCAN kit education and giveaway.**

Program target population: **10,000**

Date this program was funded (please use M/D/Y): **6/1/23**

Amount of funding for this program: **\$2,765.91 (spent \$846.91 as of 6/30/23)**

Program launch date: **6/1/23**

If program has started, how many clients have been seen as of 6/30/2023: **107**

What key performance indicators are you tracking to ensure success of the program? **Number of PSA views and responses for NARCAN kit requests**

Please state this program's statement of impact: **Education and prevention**

How do you plan to measure or track success and impact of this program? **Requests for kits, use of kits, feedback from residents**

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**

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

Other (please specify):

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

Other (please specify):

### 24. Rationale for Program

What is the reason for this program spending choice? **Immediate impact to the community**

## *2023 Opioid Abatement Report*

What outcomes or impact does the program aim to achieve? **Preventing overdose deaths**

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

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

## 2023 Opioid Abatement Report

1. In what county are you located? **Morris County**
2. For which eligible subdivision (county or municipality) are you reporting? **Denville Township**
3. What is your subdivision's State ID? **NJ41**
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): **Steven Ward**  
  
Name of Administering Agency: **Township of Denville**  
  
Business Address: **1 St. Mary's Place**  
  
City/Town: **Denville**  
  
Lead Contact Phone Number: **973-625-8300 x 222**
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. **\$31,778.06**
8. Please tell us the amount of opioid abatement funds you have expended (as of 6/30/23). **\$0.00**
9. Of the total opioid abatement funds, what amount was spent on program administrative expenses?  
**\$0.00**
10. Please share brief information on your subdivision's overarching goals and priorities to provide context for this program year's spending decisions. **We are currently in discussion with Morris County to potentially reallocate our funds to a larger Opioid program/initiative they are working on**
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**



## *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)? **Again, working with Morris County to potentially participate in larger County-wide initiative.**

## 2023 Opioid Abatement Report

1. In what county are you located? **Morris County**
2. For which eligible subdivision (county or municipality) are you reporting? **Dover Town**
3. What is your subdivision's State ID? **NJ43**
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 O'Reilly**  
  
Name of Administering Agency: **Town of Dover**  
  
Business Address: **37 N. Sussex St.**  
  
City/Town: **Dover**  
  
Lead Contact Phone Number: **973-366-2200 ext. 1179**
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. **\$35,471.61**
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 the reduction of opioid use within the community through various outreach programs**
11. (This question is for counties only) Have you established an Advisory Committee to inform allocation of funds?
12. Did your subdivision engage the public (e.g., town hall meeting, online survey, convened stakeholders) prior to deciding how to use the opioid abatement funds you received? **No, but plan to in the future.**
13. Please describe your public engagement/input efforts?
14. Does your county/subdivision have a strategic plan? **No, but plan to develop one in the future.**
15. Can we post your strategic plan online?
16. Have you completed a risk assessment profile for demographic or geographic impact? **No, but we plan to in the future.**

## *2023 Opioid Abatement Report*

17. Can we post your risk assessment online?

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

## 2023 Opioid Abatement Report

1. In what county are you located? **Morris County**
2. For which eligible subdivision (county or municipality) are you reporting? **East Hanover Township**
3. What is your subdivision's State ID? **NJ47**
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): **Kenneth Huelbig**  
  
Name of Administering Agency: **Township of East Hanover**  
  
Business Address: **411 Ridgedale Avenue**  
  
City/Town: **East Hanover**  
  
Lead Contact Phone Number: **973-888-6004**
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. **\$37,428.59**
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 in the processing of deciding whether to send funds to the County. At this time, we have not spent any funds.**
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**

## *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)? **Not sure yet.**

## *2023 Opioid Abatement Report*

1. In what county are you located? **Morris County**
2. For which eligible subdivision (county or municipality) are you reporting? **Florham Park Borough**
3. What is your subdivision's State ID? **NJ63**
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): **Patrice Visco**
  - Name of Administering Agency: **Borough of Florham Park**
  - Business Address: **111 Ridgedale Ave.**
  - City/Town: **Borough of Florham Park**
  - Lead Contact Phone Number: **973-410-5318**
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. **\$40,098.97**
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.
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)? **Our Police Chief is in the process of developing a plan**

## 2023 Opioid Abatement Report

1. In what county are you located? **Morris County**
2. For which eligible subdivision (county or municipality) are you reporting? **Hanover Township**
3. What is your subdivision's State ID? **NJ84**
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): **Silvio Esposito**
  - Name of Administering Agency: **Hanover Township**
  - Business Address: **1000 Route 10 - PO Box 250**
  - City/Town: **Whippany**
  - Lead Contact Phone Number: **973-428-2483**
5. As an eligible subdivision receiving abatement funds, which of the following applies to your current status regarding those funds? **We are a municipality and did not transfer our funds.**
6. What amount of your opioid abatement funds did you transfer to the county?
7. Please tell us the full amount of opioid abatement funds you received as of 6/30/23. **\$23,542.29**
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. **Prevention**
11. (This question is for counties only) Have you established an Advisory Committee to inform allocation of funds?
12. Did your subdivision engage the public (e.g., town hall meeting, online survey, convened stakeholders) prior to deciding how to use the opioid abatement funds you received? **No, but plan to in the future.**
13. Please describe your public engagement/input efforts?
14. Does your county/subdivision have a strategic plan? **No, but plan to develop one in the future.**
15. Can we post your strategic plan online?
16. Have you completed a risk assessment profile for demographic or geographic impact? **No, but we plan to in the future.**



## *2023 Opioid Abatement Report*

17. Can we post your risk assessment online?

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

## 2023 Opioid Abatement Report

1. In what county are you located? **Morris County**
2. For which eligible subdivision (county or municipality) are you reporting? **Jefferson Township**
3. What is your subdivision's State ID? **NJ103**
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): **Bill Eagen**  
  
Name of Administering Agency: **Township of Jefferson**  
  
Business Address: **1033 Weldon Road**  
  
City/Town: **Lake Hopatcong**  
  
Lead Contact Phone Number: **973-208-6136**
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. **\$30,480.54**
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.  
**The Township is working with the Municipal Alliance and JT Connect to come up with goals for spending of the money.**
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? **Meeting with the Municipal Alliance and JT Connect representatives.**
14. Does your county/subdivision have a strategic plan? **No**
15. Can we post your strategic plan online?
16. Have you completed a risk assessment profile for demographic or geographic impact? **No**

## *2023 Opioid Abatement Report*

17. Can we post your risk assessment online?

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

**The Township is still developing goals for the utilization of the money with the Municipal Alliance and JT. Connect. Have begun some community outreach regarding opioid awareness.**

## 2023 Opioid Abatement Report

1. In what county are you located? **Morris County**
2. For which eligible subdivision (county or municipality) are you reporting? **Lincoln Park Borough**
3. What is your subdivision's State ID? **NJ109**
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): **Fabiana Mello**
  - Name of Administering Agency: **Borough of Lincoln Park**
  - Business Address: **34 Chapel Hill Road**
  - City/Town: **Lincoln Park**
  - Lead Contact Phone Number: **973-270-2021**
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. **\$25,029.09**
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 of Lincoln Park is investigating teaming up with the County of Morris to pool our funds, along with other interested municipalities, to maximize the benefit of dollars spent on identified initiatives and not duplicate efforts.**
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?

## *2023 Opioid Abatement Report*

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

17. Can we post your risk assessment online?

18. Please tell us your overall rationale for prioritizing the use of the opioid abatement funds that you received (e.g., are you using a needs assessment, a strategic or other plan, or an epidemiological analysis)? **At this time, we have not developed a rationale for prioritizing the use of the opioid abatement funds. We are discussing with the County of Morris to develop a countywide plan.**

## 2023 Opioid Abatement Report

1. In what county are you located? **Morris County**
2. For which eligible subdivision (county or municipality) are you reporting? **Madison Borough**
3. What is your subdivision's State ID? **NJ121**
4. As an eligible subdivision (county or municipality) receiving opioid abatement funds, please tell us the following:  
Full name of individual in your subdivision authorized to report on the settlement funds your subdivision received ("administrator " managing/overseeing these funds): **Christine Mahler**  
  
Name of Administering Agency: **Borough of Madison**  
  
Business Address: **50 Kings Rd**  
  
City/Town: **Madison**  
  
Lead Contact Phone Number: **973-593-3054**
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. **\$59,914.36**
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 - No spending planned for this year.**
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?

## *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 - We have not decided how we will be spending funds yet.**

## 2023 Opioid Abatement Report

1. In what county are you located? **Morris County**
2. For which eligible subdivision (county or municipality) are you reporting? **Montville Township**
3. What is your subdivision's State ID? **NJ145**
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): **June E. Hercek**  
  
Name of Administering Agency: **Montville Township**  
  
Business Address: **195 Changebridge Road**  
  
City/Town: **Montville**  
  
Lead Contact Phone Number: **973-331-3302**
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. **\$28,889.91**
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. **The Township would likely provide Morris County with our funds as we feel the County has established programs that benefit the Township and 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?
14. Does your county/subdivision have a strategic plan? **Yes**
15. Can we post your strategic plan online? **Yes, you may post it.**
16. Have you completed a risk assessment profile for demographic or geographic impact? **No**
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 using our internal policies as guidance.**

## 2023 Opioid Abatement Report

1. In what county are you located? **Morris County**
2. For which eligible subdivision (county or municipality) are you reporting? **Morris Township**
3. What is your subdivision's State ID? **NJ148**
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 Quinn**  
  
Name of Administering Agency: **Morris Township**  
  
Business Address: **P.O. Box 7603**  
  
City/Town: **Convent Station**  
  
Lead Contact Phone Number: **973-326-7360**
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. **\$39,613.04**
8. Please tell us the amount of opioid abatement funds you have expended (as of 6/30/23). **\$0.00**
9. Of the total opioid abatement funds, what amount was spent on program administrative expenses?  
**\$0.00**
10. Please share brief information on your subdivision's overarching goals and priorities to provide context for this program year's spending decisions.
11. (This question is for counties only) Have you established an Advisory Committee to inform allocation of funds?
12. Did your subdivision engage the public (e.g., town hall meeting, online survey, convened stakeholders) prior to deciding how to use the opioid abatement funds you received? **No**
13. Please describe your public engagement/input efforts?
14. Does your county/subdivision have a strategic plan? **No, but plan to develop one in the future.**
15. Can we post your strategic plan online?
16. Have you completed a risk assessment profile for demographic or geographic impact? **No, but we plan to in the future.**
17. Can we post your risk assessment online?

## *2023 Opioid Abatement Report*

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

## 2023 Opioid Abatement Report

1. In what county are you located? **Morris County**
2. For which eligible subdivision (county or municipality) are you reporting? **MORRISTOWN**
3. What is your subdivision's State ID? **NJ149**
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): **FRANK MASON**  
  
Name of Administering Agency: **TOWN OF MORRISTOWN**  
  
Business Address: **200 SOUTH ST PO BOX 914**  
  
City/Town: **MORRISTOWN 07963-0914**  
  
Lead Contact Phone Number: **973-292-6661**
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. **\$69,945.42**
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. **PROVIDE OPIOID SAFETY**
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)?

## 2023 Opioid Abatement Report

1. In what county are you located? **Morris County**
2. For which eligible subdivision (county or municipality) are you reporting? **Mount Olive Township**
3. What is your subdivision's State ID? **NJ151**
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): **Administrator**  
  
Name of Administering Agency: **Mount Olive Township**  
  
Business Address: **204 Flanders-Drakestown Road**  
  
City/Town: **Budd Lake**  
  
Lead Contact Phone Number: **19736910900**
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. **\$44,940.15**
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. **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**
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)? **n/a**

## 2023 Opioid Abatement Report

1. In what county are you located? **Morris County**
2. For which eligible subdivision (county or municipality) are you reporting? **Parsippany-Troy Hills Township**
3. What is your subdivision's State ID? **NJ170**
4. As an eligible subdivision (county or municipality) receiving opioid abatement funds, please tell us the following:
  - Full name of individual in your subdivision authorized to report on the settlement funds your subdivision received ("administrator " managing/overseeing these funds): **James Cryan**
  - Name of Administering Agency: **Township of Parsippany - Troy Hills**
  - Business Address: **1001 Parsippany Blvd**
  - City/Town: **Parsippany**
  - Lead Contact Phone Number: **973-263-4391**
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. **\$82,443.67**
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)? **Other plan**

## 2023 Opioid Abatement Report

1. In what county are you located? **Morris County**
2. For which eligible subdivision (county or municipality) are you reporting? **Pequannock Township**
3. What is your subdivision's State ID? **NJ177**
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): **Adam Brewer**  
  
Name of Administering Agency: **Township of Pequannock**  
  
Business Address: **530 Newark-Pompton Tpk**  
  
City/Town: **Pompton Plains**  
  
Lead Contact Phone Number: **973-835-5700**
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. **\$39,844.66**
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)?

## 2023 Opioid Abatement Report

1. In what county are you located? **Morris County**
2. For which eligible subdivision (county or municipality) are you reporting? **Randolph Township**
3. What is your subdivision's State ID? **NJ190**
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): **Gregory V Poff II**  
  
Name of Administering Agency: **Randolph Township**  
  
Business Address: **502 Millbrook Avenue**  
  
City/Town: **Randolph**  
  
Lead Contact Phone Number: **973-989-7060**
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. **\$35,880.24**
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.  
**Support county and local initiatives through evidence informed programs and strategies**
11. (This question is for counties only) Have you established an Advisory Committee to inform allocation of funds?
12. Did your subdivision engage the public (e.g., town hall meeting, online survey, convened stakeholders) prior to deciding how to use the opioid abatement funds you received? **No, but plan to in the future.**
13. Please describe your public engagement/input efforts?
14. Does your county/subdivision have a strategic plan? **No**
15. Can we post your strategic plan online?
16. Have you completed a risk assessment profile for demographic or geographic impact? **No**

## 2023 Opioid Abatement Report

17. Can we post your risk assessment online?

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

### Program 1

19. Program name/title: **Drug take-back disposal**

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

Primary problem being addressed by this program: **Prevent misuse of opioids**

Brief program description: **Install drug-take back receptacle in police department**

Program target population: **General population**

Date this program was funded (please use M/D/Y): **0/0/0**

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: **NA**

What key performance indicators are you tracking to ensure success of the program? **Amount of drugs collected/destroyed**

Please state this program's statement of impact: **Supports efforts to discourage or prevent misuse of opioids**

How do you plan to measure or track success and impact of this program? **Amount of drugs collected/destroyed**

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

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

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

Other (please specify):

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

Other (please specify):

### 24. Rationale for Program

What is the reason for this program spending choice? **Meet community need**

## 2023 Opioid Abatement Report

What outcomes or impact does the program aim to achieve? **Supports efforts to discourage or prevent misuse of opioids**

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? **Yes**

### Program 2

19. Program name/title: **Increased availability and distribution of naloxone**

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

Primary problem being addressed by this program: **Prevent overdose deaths and other harms**

Brief program description: **Increased availability and distribution of naloxone through health department and/or schools**

Program target population: **General population**

Date this program was funded (please use M/D/Y): **0/0/0**

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

Program launch date: **0/0/0**

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? **Amount of naloxone distributed and number of people served**

Please state this program's statement of impact: **Prevent overdose deaths**

How do you plan to measure or track success and impact of this program? **Maintaining records of amount of naloxone distributed and number of people served**

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

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

22. Please choose the length of time of this program's duration: **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? **Prevent overdose deaths and other harms**

## 2023 Opioid Abatement Report

What outcomes or impact does the program aim to achieve? **Prevent or reduce overdose deaths or other related harms**

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? **Yes**

### Program 3

19. Program name/title: **Other strategies for first responders**

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

Primary problem being addressed by this program: **Other strategies**

Brief program description: **Provision of wellness and support services for first responders and others who experience secondary trauma associated with opioid-related emergency events.**

Program target population: **First responders**

Date this program was funded (please use M/D/Y): **0/0/0**

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

Program launch date: **0/0/0**

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 first responders served**

Please state this program's statement of impact: **Provision of wellness and support services for first responders and others who experience secondary trauma associated with opioid-related emergency events.**

How do you plan to measure or track success and impact of this program? **Number of first responders served**

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

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

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):

## 2023 Opioid Abatement Report

### 24. Rationale for Program

What is the reason for this program spending choice? **Assist first responders who experience secondary trauma associated with opioid-related emergency events.**

What outcomes or impact does the program aim to achieve? **Harm reduction through supporting first responders**

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? **Yes**

### Program 4

19. Program name/title: **Treat opioid use disorder**

Agency/funding recipient name: **Morris County**

Primary problem being addressed by this program: **Support treatment of Opioid Use Disorder**

Brief program description: **Support and reimburse evidence-based services that adhere to the American Society of Addiction Medicine ("ASAM") continuum of care for OUD**

Program target population: **Opioid users**

Date this program was funded (please use M/D/Y): **0/0/0**

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

Program launch date: **0/0/0**

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

What key performance indicators are you tracking to ensure success of the program? **Number of persons treated**

Please state this program's statement of impact: **Support treatment of Opioid Use Disorder**

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

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). **None of the above**

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**



## *2023 Opioid Abatement Report*

Other (please specify):

### **24. Rationale for Program**

What is the reason for this program spending choice? **Support treatment of Opioid Use Disorder**

What outcomes or impact does the program aim to achieve? **Support and reimburse evidence-based services that adhere to the American Society of Addiction Medicine ("ASAM") continuum of care for OUD**

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? **Morris County**
2. For which eligible subdivision (county or municipality) are you reporting? **Rockaway Township**
3. What is your subdivision's State ID? **NJ200**
4. As an eligible subdivision (county or municipality) receiving opioid abatement funds, please tell us the following:  
Full name of individual in your subdivision authorized to report on the settlement funds your subdivision received ("administrator " managing/overseeing these funds): **Lisa Palmieri**  
  
Name of Administering Agency: **Rockaway Township**  
  
Business Address: **65 Mount Hope Road**  
  
City/Town: **Rockaway**  
  
Lead Contact Phone Number: **973-983-2825 ext. 2011**
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. **\$54,261.84**
8. Please tell us the amount of opioid abatement funds you have expended (as of 6/30/23). **\$0.00**
9. Of the total opioid abatement funds, what amount was spent on program administrative expenses? **\$0.00**
10. Please share brief information on your subdivision's overarching goals and priorities to provide context for this program year's spending decisions.  
**Rockaway Township aims to implement educational programs and training focused on prevention, support for dependents of those with OUD, and encouragement of alternate treatments where possible.**
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?

## 2023 Opioid Abatement Report

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

17. Can we post your risk assessment online?

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

**We're currently in the process of creating a needs assessment; we are also developing a coalition for community input/involvement in prevention strategies.**

### Program 1

19. Program name/title: **7 Habits of Highly Effective Teens**

Agency/funding recipient name: **Prevention is Key**

Primary problem being addressed by this program: **Alcohol and drug use**

Brief program description: **Introducing seven healthy habits that will encourage resiliency, leadership and making healthy life choices.**

Program target population: **Middle and high school students**

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

Amount of funding for this program: **\$1650 for 6 sessions**

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). **Harm Reduction, Overdose Prevention, 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? **One time only**

Other (please specify):

### 24. Rationale for Program

## 2023 Opioid Abatement Report

What is the reason for this program spending choice? **Spending time and money on prevention will hopefully lead to less of a need or spending on**

What outcomes or impact does the program aim to achieve? **More resilient, confident young adults who are less likely to succumb to an unhealthy "high."**

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 2

19. Program name/title: **Cannabis 101**

Agency/funding recipient name: **Prevention is Key**

Primary problem being addressed by this program: **Impact of cannabis on adolescent brains.**

Brief program description: **Informative session touching on current use trends, various forms and potency of cannabis and the potential cognitive impacts on adolescents.**

Program target population: **Middle school and high school students.**

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

Amount of funding for this program: **\$750/session**

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). **Harm Reduction**

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

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

## 2023 Opioid Abatement Report

What is the reason for this program spending choice? **Ensuring that young adults are aware of the reality of cannabis use and its effects.**

What outcomes or impact does the program aim to achieve? **Helping young adults make informed, healthy decisions about what is safe and/or smart to ingest. To make them aware that even though cannabis is legal, that does not mean it is healthy for adolescents.**

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 3

19. Program name/title: **Escape the Vape**

Agency/funding recipient name: **Prevention is Key**

Primary problem being addressed by this program: **Harm caused by electronic nicotine delivery systems.**

Brief program description: **Informative program that discusses marketing, FDA regulations and New Jersey state laws, as well as the harm caused by using these products.**

Program target population: **Middle and high school students**

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

Amount of funding for this program: **\$750/session**

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). **Harm Reduction, Prevention and Education**

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):

## *2023 Opioid Abatement Report*

### **24. Rationale for Program**

What is the reason for this program spending choice? **The vape campaign in the United States is aimed towards adolescents and is harmfully deceptive.**

What outcomes or impact does the program aim to achieve? **We hope to give participants the opportunity to see the truth behind the clever marketing and make healthy choices moving forward.**

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

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

## 2023 Opioid Abatement Report

1. In what county are you located? **Morris County**
2. For which eligible subdivision (county or municipality) are you reporting? **Roxbury Township**
3. What is your subdivision's State ID? **NJ203**
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): **Valarie Wyble**
  - Name of Administering Agency: **Township of Roxbury**
  - Business Address: **1715 Route 46**
  - City/Town: **Ledgewood**
  - Lead Contact Phone Number: **973-448-2005**
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. **\$59,958.66**
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 develop one 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?

## *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)? **Strategic or other plan**



## 2023 Opioid Abatement Report

1. In what county are you located? **Morris County**
2. For which eligible subdivision (county or municipality) are you reporting? **Washington Township**
3. What is your subdivision's State ID? **NJ245**
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): **Administrator**  
  
Name of Administering Agency: **Charles Daniel**  
  
Business Address: **43 Schooley's Mountain Road**  
  
City/Town: **Long Valley**  
  
Lead Contact Phone Number: **908-876-8621**
5. As an eligible subdivision receiving abatement funds, which of the following applies to your current status regarding those funds? **We are a municipality and did not transfer our funds.**
6. What amount of your opioid abatement funds did you transfer to the county?
7. Please tell us the full amount of opioid abatement funds you received as of 6/30/23. **\$26,042.69**
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.  
**Township committee will be assessing and prioritizing goals for the program'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**

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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)?

**A needs assessment and strategy to implement the plan will be determined by the township committee.**