

PASSAIC COUNTY

2023 OPIOID ABATEMENT REPORT

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2023 Opioid Abatement Report

1. In what county are you located? **Passaic County**
2. For which eligible subdivision (county or municipality) are you reporting? **Passaic County**
3. What is your subdivision's State ID? **NJ172**
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): **Dr. Arti Kakkar**
 - Name of Administering Agency: **Dr. Arti Kakkar**
 - Business Address: **401 Grand Street, Room 506**
 - City/Town: **Paterson**
 - Lead Contact Phone Number: **973-881-2834**
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. **\$916,860.68**
8. Please tell us the amount of opioid abatement funds you have expended (as of 6/30/23). **\$99,616.09**
9. Of the total opioid abatement funds, what amount was spent on program administrative expenses? **\$5,352.64**
10. Please share brief information on your subdivision's overarching goals and priorities to provide context for this program year's spending decisions. **To facilitate appropriate educational and individualized services to Passaic County residents struggling with substance use, misuse, and co-occurring morbidities for a better quality of life.**
11. (This question is for counties only) Have you established an Advisory Committee to inform allocation of funds? **Passaic County's Opioid advisory board approved the creation of the Office of Recovery in October 2022.**
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 Passaic County Division of Mental Health and Addiction Services (PCDMHAS) conducted a needs assessment and completed the County Comprehensive Plan in 2020. In addition, PCDMHAS also has an open discussion in several public meetings, such as Local Advisory Council on Alcoholism & Drug Abuse (LACADA and Mental Health Board (MHB) on forming an advisory board. On 9/27, the county formed the Opioid Recovery and Remediation Fund Local Advisory Council.**

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14. Does your county/subdivision have a strategic plan? **Yes**
15. Can we post your strategic plan online? **Yes, you may post it.**
16. Have you completed a risk assessment profile for demographic or geographic impact? **No, but we plan to in the future.**
17. Can we post your risk assessment online?
18. Please tell us your overall rationale for prioritizing the use of the opioid abatement funds that you received (e.g., are you using a needs assessment, a strategic or other plan, or an epidemiological analysis)? **To Provide Passaic County residents a seamless process to Support Health through Identification, Networking, and Education. The Passaic County Division of Mental Health and Addiction Services (PCDMHAS) conducted a needs assessment and completed the County Comprehensive Plan in 2020. We are in the process of conducting risk assessments by analyzing qualitative and qualitative data from the New Jersey Substance Abuse Monitoring System (NJSAMs), Intoxicated Driver Resource Center (IDRC), New Jersey Division of Mental Health and Addiction Services, Passaic County Overdose Fatality Review Team (OFRT) and the New Jersey State Police. In addition, focused groups and key informant interviews have been held in each municipality to assess risks and identify gaps.**

Program 1

19. Program name/title: **Office of Recovery**

Agency/funding recipient name: **Passaic County Department of Human Services, Division of Mental Health and Addiction Services**

Primary problem being addressed by this program: **Stigma, lack of knowledge and resources among residents, geographic barriers to some municipalities**

Brief program description: **9/1/2022 to 12/31/2023**

Program target population: **County residents who suffer from Substance Use Disorders and co-occurring disorders and their families.**

Date this program was funded (please use M/D/Y): **9/1/2022**

Amount of funding for this program: **\$137,440.00 (spent \$44,278.45 as of 6/30/23)**

Program launch date: **10/1/2022**

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

- **Four Key informant meetings**
- **One Hundred Fifty Narcan® kits distributed.**
- **One Hundred Forty individuals trained in the use of Narcan®**
- **Eight Focus groups held.**
- **6 Residents currently enroll in case management services.**

What key performance indicators are you tracking to ensure success of the program? **Identified gaps in services to be education regarding Harm Reduction, attainability of Narcan®, availability of immediate services, less services in upper county.**

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Please state this program's statement of impact: **Through this wellness initiative, the office of recovery pledges to promote wellness for community members struggling with behavioral health conditions by motivating Passaic County residents to act and work toward improved quality of life.**

How do you plan to measure or track success and impact of this program? **Follow up with residents we serve and calculate the successful rate.**

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, 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? **Identified gaps in services to be education regarding Harm Reduction, attainability of Narcan®, availability of immediate services, less services in upper county.**

What outcomes or impact does the program aim to achieve? **Through this wellness initiative, the office of recovery pledges to promote wellness for community members struggling with behavioral health conditions by motivating Passaic County residents to act and work toward improved quality of life.**

What is the anticipated number of unduplicated clients this program will reach annually? **Four Key informant meetings, Two Hundred Fifty Narcan® kits distribution. Two Hundred Fifty individuals trained in the use of Narcan®, Hold Eight Focus groups. 50 Residents screen, intervene and refer to treatment.**

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

Program 2

19. Program name/title: **Sober Housing**

Agency/funding recipient name: **STRUCTURED RESIDENCE RECOVERY**

Primary problem being addressed by this program: **Lack of housing while residents receiving treatment for substance use disorders.**

Brief program description: **Homelessness while receiving treatment**

Program target population: **Homeless**

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Date this program was funded (please use M/D/Y): **6/1/2023**

Amount of funding for this program: **\$49,985.00 (encumbered)**

Program launch date: **6/1/2023**

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? **Linkage to resources, rate of completing treatment.**

Please state this program's statement of impact: **Increase treatment completion rate.**

How do you plan to measure or track success and impact of this program? **Annual monitor the contracted provider on the objectives set on the contract.**

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**

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? **Lack of housing identified by need assessment**

What outcomes or impact does the program aim to achieve? **Increase treatment completion rate.**

What is the anticipated number of unduplicated clients this program will reach annually? **Provide 1000 bed days annually.**

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

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1. In what county are you located? **Passaic County**
2. For which eligible subdivision (county or municipality) are you reporting? **Clifton City**
3. What is your subdivision's State ID? **NJ34**
4. As an eligible subdivision (county or municipality) receiving opioid abatement funds, please tell us the following:
Full name of individual in your subdivision authorized to report on the settlement funds your subdivision received ("administrator " managing/overseeing these funds): **Joseph D. Kunz**

Name of Administering Agency: **Joseph D. Kunz**

Business Address: **900 Clifton Avenue**

City/Town: **Clifton**

Lead Contact Phone Number: **1-973-470-5787**
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. **\$148,647.76**
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**
13. Please describe your public engagement/input efforts?
14. Does your county/subdivision have a strategic plan? **No**
15. Can we post your strategic plan online?
16. Have you completed a risk assessment profile for demographic or geographic impact? **No**
17. Can we post your risk assessment online?

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18. Please tell us your overall rationale for prioritizing the use of the opioid abatement funds that you received (e.g., are you using a needs assessment, a strategic or other plan, or an epidemiological analysis)? **Not sure at the moment**

2023 Opioid Abatement Report

1. In what county are you located? **Passaic County**
2. For which eligible subdivision (county or municipality) are you reporting? **Hawthorne Borough**
3. What is your subdivision's State ID? **NJ88**
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): **Eric Maurer**

Name of Administering Agency: **Borough of Hawthorne**

Business Address: **445 Lafayette Ave**

City/Town: **Hawthorne**

Lead Contact Phone Number: **973-427-1168**
5. As an eligible subdivision receiving abatement funds, which of the following applies to your current status regarding those funds? **We are a municipality and did not transfer our funds.**
6. What amount of your opioid abatement funds did you transfer to the county?
7. Please tell us the full amount of opioid abatement funds you received as of 6/30/23. **\$10,125.29**
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. **The Borough intends to prevent the misuse of opioids by educating youth, parents and other adults**
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**

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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)? **Borough will use the input from the coalition of stakeholders that make up our Municipal Alliance Committee**

Program 1

19. Program name/title: **Combatting the Opioid Epidemic**

Agency/funding recipient name: **Hawthorne Municipal Alliance Committee**

Primary problem being addressed by this program: **Dangers of substance use**

Brief program description: **Prevention of drug use and its consequence by educating youth and parents**

Program target population: **Students, athletes, parents, community**

Date this program was funded (please use M/D/Y): **9/1/2023**

Amount of funding for this program: **\$10,125.21**

Program launch date: **10/1/2023**

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

What key performance indicators are you tracking to ensure success of the program? **# of activities and participants**

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

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

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: **2-3 years**

Other (please specify):

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

Other (please specify): **As needed**

24. Rationale for Program

What is the reason for this program spending choice? **We believe prevention education before drug use starts is the key to minimizing drug abuse**

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What outcomes or impact does the program aim to achieve? **Less use of opioids and other drugs by youth and adults**

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

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

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1. In what county are you located? **Passaic County**
2. For which eligible subdivision (county or municipality) are you reporting? **Little Falls Township**
3. What is your subdivision's State ID? **NJ113**
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 Cuccia**

Name of Administering Agency: **Charles Cuccia**

Business Address: **225 Main Street**

City/Town: **Little Falls**

Lead Contact Phone Number: **973-890-4500**
5. As an eligible subdivision receiving abatement funds, which of the following applies to your current status regarding those funds? **We are a municipality and did not transfer our funds.**
6. What amount of your opioid abatement funds did you transfer to the county?
7. Please tell us the full amount of opioid abatement funds you received as of 6/30/23. **\$10,878.00**
8. Please tell us the amount of opioid abatement funds you have expended (as of 6/30/23). **\$0.00**
9. Of the total opioid abatement funds, what amount was spent on program administrative expenses? **\$0.00**
10. Please share brief information on your subdivision's overarching goals and priorities to provide context for this program year's spending decisions. **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**
13. Please describe your public engagement/input efforts?
14. Does your county/subdivision have a strategic plan? **No**
15. Can we post your strategic plan online?
16. Have you completed a risk assessment profile for demographic or geographic impact? **No**
17. Can we post your risk assessment online?

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

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1. In what county are you located? **Passaic County**
2. For which eligible subdivision (county or municipality) are you reporting? **Passaic City**
3. What is your subdivision's State ID? **NJ171**
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): **Dan Smith LCSW LCADC**
 - Name of Administering Agency: **Passaic City**
 - Business Address: **286 Passaic Street**
 - City/Town: **Passaic**
 - Lead Contact Phone Number: **973-365-5740**
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. **\$209,589.06**
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 determining goals and priorities prior to any expenditures.**
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**

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17. Can we post your risk assessment online?

18. Please tell us your overall rationale for prioritizing the use of the opioid abatement funds that you received (e.g., are you using a needs assessment, a strategic or other plan, or an epidemiological analysis)? **We have pre-existing treatment and prevention operations that may benefit from the funds more significantly than any attempt to launch new programs.**

Program 1

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

Agency/funding recipient name: **Passaic City**

Primary problem being addressed by this program: **Substance Abuse Prevention and Treatment**

Brief program description: **Early intervention in K-12 population; assessment and outpatient/intensive outpatient treatment for adults**

Program target population: **Kindergarteners through Senior Citizens**

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

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

Program launch date: **01/01/2006**

If program has started, how many clients have been seen as of 6/30/2023: **100**

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

Please state this program's statement of impact: **No funding used to date**

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

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). **Prevention and Education**

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

Other (please specify):

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

Other (please specify): **No funds disbursed yet**

24. Rationale for Program

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What is the reason for this program spending choice? **A subset of the population is known to use opioids**

What outcomes or impact does the program aim to achieve? **Abstinence or harm reduction**

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

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

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1. In what county are you located? **Passaic County**
2. For which eligible subdivision (county or municipality) are you reporting? **Paterson City**
3. What is your subdivision's State ID? **NJ173**
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): **Kathleen M. Long**

Name of Administering Agency: **Business Administration**

Business Address: **155 Market Street**

City/Town: **Paterson**

Lead Contact Phone Number: **973-321-1370**
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. **\$391,628.14**
8. Please tell us the amount of opioid abatement funds you have expended (as of 6/30/23). **\$0.00**
9. Of the total opioid abatement funds, what amount was spent on program administrative expenses? **\$0.00**
10. Please share brief information on your subdivision's overarching goals and priorities to provide context for this program year's spending decisions. **The City of Paterson is committed to spending is settlement funds in support of its numerous programs addressing opioid use disorder - including but not limited to our ORT (opioid response team), our "RealFix" program providing MAT (medication assisted treatment) in real time, and our community court.**
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?

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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)? **Our advisory committee will provide recommendations to the Mayor on areas of promise or in need of gap funding for current pilot programs in ORT, MAT, and community court.**

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1. In what county are you located? **Passaic County**
2. For which eligible subdivision (county or municipality) are you reporting? **Pompton Lakes Borough**
3. What is your subdivision's State ID? **NJ186**
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): **Paula Cozzarelli**

Name of Administering Agency: **Paula Cozzarelli**

Business Address: **25 LENOX AVE**

City/Town: **POMPTON LAKES**

Lead Contact Phone Number: **973-835-0143**
5. As an eligible subdivision receiving abatement funds, which of the following applies to your current status regarding those funds? **We are a municipality and did not transfer our funds.**
6. What amount of your opioid abatement funds did you transfer to the county?
7. Please tell us the full amount of opioid abatement funds you received as of 6/30/23. **\$14,434.00**
8. Please tell us the amount of opioid abatement funds you have expended (as of 6/30/23). **\$0.00**
9. Of the total opioid abatement funds, what amount was spent on program administrative expenses?
\$0.00
10. Please share brief information on your subdivision's overarching goals and priorities to provide context for this program year's spending decisions. **The Borough is in the process of working with its professionals regarding a plan that will best utilize opioid monies.**
11. (This question is for counties only) Have you established an Advisory Committee to inform allocation of funds?
12. Did your subdivision engage the public (e.g., town hall meeting, online survey, convened stakeholders) prior to deciding how to use the opioid abatement funds you received? **No, but plan to in the future.**
13. Please describe your public engagement/input efforts?
14. Does your county/subdivision have a strategic plan? **No, but plan to develop one in the future.**
15. Can we post your strategic plan online?
16. Have you completed a risk assessment profile for demographic or geographic impact? **No, but we plan to in the future.**

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17. Can we post your risk assessment online?

18. Please tell us your overall rationale for prioritizing the use of the opioid abatement funds that you received (e.g., are you using a needs assessment, a strategic or other plan, or an epidemiological analysis)? **The Borough just received funding and is working with its professionals to determine the best use of the funds.**

2023 Opioid Abatement Report

1. In what county are you located? **Passaic County**
2. For which eligible subdivision (county or municipality) are you reporting? **Ringwood Borough**
3. What is your subdivision's State ID? **NJ197**
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): **Jeannette C Davison**

Name of Administering Agency: **Ringwood Health Department**

Business Address: **60 Margaret King Ave**

City/Town: **Ringwood**

Lead Contact Phone Number: **1-973-962-4343**
5. As an eligible subdivision receiving abatement funds, which of the following applies to your current status regarding those funds? **We are a municipality and did not transfer our funds.**
6. What amount of your opioid abatement funds did you transfer to the county?
7. Please tell us the full amount of opioid abatement funds you received as of 6/30/23. **\$16,043.07**
8. Please tell us the amount of opioid abatement funds you have expended (as of 6/30/23). **\$0.00**
9. Of the total opioid abatement funds, what amount was spent on program administrative expenses?
\$0.00
10. Please share brief information on your subdivision's overarching goals and priorities to provide context for this program year's spending decisions.
11. (This question is for counties only) Have you established an Advisory Committee to inform allocation of funds?
12. Did your subdivision engage the public (e.g., town hall meeting, online survey, convened stakeholders) prior to deciding how to use the opioid abatement funds you received? **No**
13. Please describe your public engagement/input efforts?
14. Does your county/subdivision have a strategic plan? **No, but plan to develop one in the future.**
15. Can we post your strategic plan online?
16. Have you completed a risk assessment profile for demographic or geographic impact? **No, but we plan to in the future.**
17. Can we post your risk assessment online?

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

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1. In what county are you located? **Passaic County**
2. For which eligible subdivision (county or municipality) are you reporting? **Totowa Borough**
3. What is your subdivision's State ID? **NJ227**
4. As an eligible subdivision (county or municipality) receiving opioid abatement funds, please tell us the following:
Full name of individual in your subdivision authorized to report on the settlement funds your subdivision received ("administrator " managing/overseeing these funds): **Joseph Wassel**

Name of Administering Agency: **Totowa Borough**

Business Address: **537 Totowa Road**

City/Town: **Totowa**

Lead Contact Phone Number: **973-956-1000 x 1004**
5. As an eligible subdivision receiving abatement funds, which of the following applies to your current status regarding those funds? **We are a municipality and did not transfer our funds.**
6. What amount of your opioid abatement funds did you transfer to the county?
7. Please tell us the full amount of opioid abatement funds you received as of 6/30/23. **\$17,737.53**
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**
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)? **Will develop a plan for prioritizing the use of opioid abatement funds going forward.**

2023 Opioid Abatement Report

1. In what county are you located? **Passaic County**
2. For which eligible subdivision (county or municipality) are you reporting? **Wanaque Borough**
3. What is your subdivision's State ID? **NJ240**
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): **Paul M Carelli**
 - Name of Administering Agency: **Borough of Wanaque**
 - Business Address: **579 Ringwood Avenue**
 - City/Town: **Wanaque**
 - Lead Contact Phone Number: **973-839-3000**
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. **\$0.00**
8. Please tell us the amount of opioid abatement funds you have expended (as of 6/30/23). **\$0.00**
9. Of the total opioid abatement funds, what amount was spent on program administrative expenses? **\$0.00**
10. Please share brief information on your subdivision's overarching goals and priorities to provide context for this program year's spending decisions.
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**

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)?

2023 Opioid Abatement Report

1. In what county are you located? **Passaic County**
2. For which eligible subdivision (county or municipality) are you reporting? **Wayne Township**
3. What is your subdivision's State ID? **NJ247**
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): **Heather McNamara**

Name of Administering Agency: **Wayne Township**

Business Address: **475 Valley Rd**

City/Town: **Wayne**

Lead Contact Phone Number: **973-694-1800**
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. **\$72,508.10**
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 will be working with the Municipal Alliance to formulate programs that fit our communities needs**
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)? **Strategic Other Plan**

2023 Opioid Abatement Report

1. In what county are you located? **Passaic County**
2. For which eligible subdivision (county or municipality) are you reporting? **West Milford Township**
3. What is your subdivision's State ID? **NJ251**
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): **Ellen Mageean**

Name of Administering Agency: **Township of West Milford**

Business Address: **1480 Union Valley Road**

City/Town: **West Milford**

Lead Contact Phone Number: **973-728-2752**
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. **\$27,110.05**
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)? **We have not yet determined the prioritizing the use of the funds**

2023 Opioid Abatement Report

1. In what county are you located? **Passaic County**
2. For which eligible subdivision (county or municipality) are you reporting? **Woodland Park Borough**
3. What is your subdivision's State ID? **NJ260**
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): **Heather Barkenbush**
 - Name of Administering Agency: **Heather Barkenbush**
 - Business Address: **5 Brophy Lane**
 - City/Town: **Borough of Woodland Park**
 - Lead Contact Phone Number: **973-345-8100 ext. 205**
5. As an eligible subdivision receiving abatement funds, which of the following applies to your current status regarding those funds? **We are a municipality and did not transfer our funds.**
6. What amount of your opioid abatement funds did you transfer to the county?
7. Please tell us the full amount of opioid abatement funds you received as of 6/30/23. **\$11,682.26**
8. Please tell us the amount of opioid abatement funds you have expended (as of 6/30/23). **\$2,965.92**
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. **Educate and raise awareness of the dangers of Opioid use through school and community-based 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)? **School and Community based programs on opioid usage**

Program 1

19. Program name/title: **Simulation Education**

Agency/funding recipient name: **Innocorp**

Primary problem being addressed by this program: **Opioid/ drug and alcohol usage**

Brief program description: **Driving Simulator to show students the effects of drug use.**

Program target population: **K- Adult**

Date this program was funded (please use M/D/Y): **06/21/2023**

Amount of funding for this program: **\$2,965.92**

Program launch date: **06/21/2023**

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

What key performance indicators are you tracking to ensure success of the program? **None at this time**

Please state this program's statement of impact: **In health and safety domains, people underestimate both the degree of their possible incapacitation and the likelihood of negative consequence, including harmful consequences of narcotics use. The simulator goggles show firsthand how usage effects normal everyday life and the consequences of such usage. Some of**

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

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? **One time only**

Other (please specify):

24. Rationale for Program

2023 Opioid Abatement Report

What is the reason for this program spending choice? **These goggles simulate the intensified impairments from using narcotics, showing compromised coordination, distorted thinking, and impaired driving.**

What outcomes or impact does the program aim to achieve? **Simulate impairments like distorted perception, poor motor coordination, slowed decision-making, and delayed reactions. Demonstrating cognitive distortion and balance challenges when impaired**

What is the anticipated number of unduplicated clients this program will reach annually? **Multiple activities demonstrate the amplified impairments and their negative impact on communities, homes, schools, and workplaces**

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